

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

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

Doing business as
 CDC FOUNDATION

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

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

D Employer identification number
 58-2106707

E Telephone number
 (404) 653-0790

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

G Gross receipts \$ 319,202,905

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

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CDCFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶

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

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	354
6 Total number of volunteers (estimate if necessary)	6	21
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	76,118,865	252,838,369
9 Program service revenue (Part VIII, line 2g)	1,593,287	625,007
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,847,505	2,019,884
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,559,657	255,483,260
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,695,575	18,513,417
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,952,275	20,702,073
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶2,173,700		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	32,702,059	74,228,421
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	65,349,909	113,443,911
19 Revenue less expenses. Subtract line 18 from line 12	14,209,748	142,039,349

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	135,680,593	277,520,478
21 Total liabilities (Part X, line 26)	24,161,521	22,432,062
22 Net assets or fund balances. Subtract line 21 from line 20	111,519,072	255,088,416

Part II Signature Block

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

Sign Here

 Signature of officer
 Date 2021-03-10

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

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-03-10 Check if self-employed PTIN P00846200

Firm's name ▶ WARREN AVERETT LLC Firm's EIN ▶ 45-4084437

Firm's address ▶ SIX CONCOURSE PARKWAY SUITE 600 ATLANTA, GA 30328 Phone no. (770) 396-1100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 46,953,520 including grants of \$ 7,820,830) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 6,055,038 including grants of \$ 0) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 5,745,534 including grants of \$ 153,621) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 44,548,674 including grants of \$ 10,538,966) (Revenue \$ 625,007)

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 44,548,674 including grants of \$ 10,538,966) (Revenue \$ 625,007)

4e Total program service expenses ▶ 103,302,766

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Includes a grid for responses (Yes/No) and a column for numerical values.

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



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES S MARKS MD DIRECTOR	2.00	X					0	0	0	
(2) SHIRLEY FRANKLIN DIRECTOR	1.00	X					0	0	0	
(3) KRISTEN SILVERBERG DIRECTOR	1.00	X					0	0	0	
(4) ELAINE CHAMBERS DIRECTOR	1.00	X					0	0	0	
(5) DIKEMBE MUTOMBO DIRECTOR	1.00	X					0	0	0	
(6) BETTY E KING DIRECTOR	1.00	X					0	0	0	
(7) PHIL KENT DIRECTOR	1.00	X					0	0	0	
(8) MATT JAMES DIRECTOR	2.00	X					0	0	0	
(9) RAYMOND J BAXTER PHD SECRETARY	2.00	X		X			0	0	0	
(10) DR LEAH DEVLIN CHAIR	2.00	X		X			0	0	0	
(11) DAVID S ALDRIDGE TREASURER	2.00	X		X			0	0	0	
(12) JOHN G RICE DIRECTOR	1.00	X					0	0	0	
(13) VANESSA M BENAVIDES DIRECTOR	1.00	X					0	0	0	
(14) JEFFREY KOPLAN MD MPH DIRECTOR	1.00	X					0	0	0	
(15) AMELIE G RAMIREZ DRPH DIRECTOR	1.00	X					0	0	0	
(16) JUDITH MONROE PRESIDENT & CEO	60.00			X			398,661	0	28,896	
(17) CULLEN BRYENTON VP OF FINANCE AND CONTROLLER	54.00				X		156,809	0	21,615	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) MONIQUE PATRICK COO	55.00				X			232,472	0	29,228	
(19) PIERCE NELSON VP OF COMMUNICATIONS	52.00					X		250,126	0	26,142	
(20) LAURA ANGEL VP FOR ADVANCEMENT	56.00					X		189,370	0	24,878	
(21) MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	55.00					X		167,911	0	22,642	
1b Sub-Total											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								1,395,349	0	153,401	

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 ▶ 34		
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	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 276759000	FEES - FREEDOM FROM SMOKING INITIATIVE	1,682,499
DAVCAS CONSULTING RUE 995 GOUGHIN, OUAGADOUGOU UV	FEES - VACCINE RESEARCH AND SURVEILLANCE	1,583,336
ABT ASSOCIATES INC 10 FAWCETT STREET CAMBRIDGE, MA 02138	ASSIST WITH MALARIA INDOOR SPRAYING	998,820
IMA WORLD HEALTH 1730 M STREET NW SUITE 1100 WASHINGTON DC, DC 20036	MDA CAMPAIGN FOR MALARIA ZERO	701,710
THE AGA KHAN UNIVERSITY PO BOX 350AE0 KARACHI CITY, KARACHI PK	IMPACT ASSESSMENT OF ROTAVIRUS VACCINE	637,366

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 ▶ 57
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Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns. Rows include 2a-2f for LAB RESEARCH AGREEMENT, HEALTH SURVEILLANCE, EMERGENCY RESPONSE, HEALTH TRAINING, and DATA COLLECTION RESEAR.

Table for Other Revenue with 5 columns. Rows include 3-12 for investment income, royalties, rental income, sales of assets, fundraising events, gaming activities, and sales of inventory.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,505,683	16,505,683		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,007,734	2,007,734		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,605,463	211,794	961,342	432,327
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	15,243,997	12,242,342	2,213,864	787,791
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,308,396	1,050,797	177,754	79,845
9 Other employee benefits	1,285,290	1,183,608	64,976	36,706
10 Payroll taxes	1,258,927	933,022	235,637	90,268
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	137,888		137,888	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	101,481		101,481	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	39,186,170	38,072,072	1,078,505	35,593
12 Advertising and promotion				
13 Office expenses	11,374,122	11,131,424	153,226	89,472
14 Information technology	647,116	178,621	221,955	246,540
15 Royalties				
16 Occupancy	772,746	359,645	300,095	113,006
17 Travel	2,256,267	2,185,420	59,241	11,606
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	558,464	506,246	48,019	4,199
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	502,301	203,371	195,201	103,729
23 Insurance	1,916,919	10,966	1,768,796	137,157
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRIBUTED GOODS	16,506,211	16,506,211		
b				
c				
d				
e All other expenses	268,736	13,810	249,465	5,461
25 Total functional expenses. Add lines 1 through 24e	113,443,911	103,302,766	7,967,445	2,173,700
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	12,103,805	2	106,046,040
	3 Pledges and grants receivable, net	41,976,280	3	96,203,433
	4 Accounts receivable, net	4,911,712	4	2,013,717
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,103,142	9	4,393,652
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,388,904		
	b Less: accumulated depreciation	10b 1,602,553	2,269,057	10c 1,786,351
	11 Investments—publicly traded securities	72,316,597	11	67,077,285
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	135,680,593	16	277,520,478	
Liabilities	17 Accounts payable and accrued expenses	1,900,107	17	2,585,601
	18 Grants payable	3,719,204	18	7,375,946
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	93,640	21	77,847
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	18,448,570	25	12,392,668
	26 Total liabilities. Add lines 17 through 25	24,161,521	26	22,432,062
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,312,807	27	29,318,131
	28 Net assets with donor restrictions	96,206,265	28	225,770,285
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	111,519,072	32	255,088,416	
33 Total liabilities and net assets/fund balances	135,680,593	33	277,520,478	

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	255,483,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,443,911
3	Revenue less expenses. Subtract line 2 from line 1	3	142,039,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	111,519,072
5	Net unrealized gains (losses) on investments	5	1,529,995
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	255,088,416

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

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

Form 990 (2019)

Form 990, Part III, Line 4a:

COVID-19 RESPONSESEE SCHEDULE O FOR DESCRIPTIONCOVID-19 RESPONSEIN JANUARY 2020, THE CDC FOUNDATION ACTIVATED ITS EMERGENCY RESPONSE FUND TO SUPPORT CDC'S RELIEF AND RECOVERY EFFORTS IN RESPONSE TO THE NOVEL CORONAVIRUS. DURING FY2020, THE FOUNDATION WAS ABLE TO MOBILIZE MORE THAN \$172 MILLION IN FUNDING AND IN-KIND CONTRIBUTIONS FROM A WIDE VARIETY OF DONORSFOUNDATIONS, CORPORATIONS, GOVERNMENT AGENCIES AND INDIVIDUALSTO EXTEND COVID-19 RESPONSE EFFORTS. AS COVID-19 BEGAN TO RAPIDLY SPREAD THROUGH THE UNITED STATES IN FEBRUARY AND MARCH 2020, THE CDC FOUNDATION RAMPED UP CRUCIAL EFFORTS TO SUPPORT THE MANY NEEDS OF FEDERAL, STATE AND LOCAL OFFICIALS. AS THE RESPONSE ADVANCED, THE FOUNDATION FOCUSED IN ON ADDRESSING THREE AREAS OF NEEDSUPPORTING HEALTH EQUITY, TACKLING FRONTLINE RESPONSE CHALLENGES, AND ACTIVATING HEALTH PROTECTION CAMPAIGNS. AS PART OF ITS EFFORTS IN FY2020, THE CDC FOUNDATION DISTRIBUTED OVER 7 MILLION PIECES OF PERSONAL PROTECTIVE EQUIPMENT FOR FRONT-LINE WORKERS; PROVIDED URGENTLY NEEDED LABORATORY AND MEDICAL EQUIPMENT; STARTED HIRING WHAT EVENTUALLY INCLUDED 1,000 SURGE STAFF FOR STATE, LOCAL, TRIBAL AND TERRITORIAL HEALTH DEPARTMENTS; SUPPORTED AND EXPANDED COVID-19 TESTING; AIDED LONG-TERM CARE FACILITIES AND COMMUNITY-BASED ORGANIZATIONS SERVING AT-RISK POPULATIONS; AND SUPPORTED MUCH-NEEDED COMMUNICATIONS CAMPAIGNS, RESEARCH AND MORE. EXAMPLES OF CDC FOUNDATION SUPPORT IN FY2020 SPANNED FROM COMMUNICATION EFFORTS TO EDUCATE ABOUT COVID-19 MITIGATION EFFORTS AND THE IMPORTANCE OF MAINTAINING YOUR MENTAL HEALTH DURING THE PANDEMIC TO DEVELOPMENT OF A MONITORING TOOL, CALLED SARA ALERT, FOR COVID-19 AND CONTACT TRACING THAT WENT LIVE TO SUPPORT HEALTH DEPARTMENTS IN APRIL 2020 AS WELL AS SUPPORT FOR A HELP DESK TO EDUCATE AND SUCCESSFULLY ONBOARD 750 JURISDICTIONS, WITH OVER 1 MILLION PEOPLE HAVING BEEN MONITORED IN THE SARA ALERT SYSTEM. DOMESTICALLY, OUTREACH TO VULNERABLE POPULATIONS WAS EXTENSIVE AND INCLUDED SUPPORT TO HOMELESS POPULATIONS, NATIVE AMERICANS, LATINX, AND AFRICAN-AMERICAN COMMUNITIES, RURAL COMMUNITIES AND THE ESTABLISHMENT OF THE COVID-19 HEALTH EQUITY TASK FORCE IN PARTNERSHIP WITH THE SATCHER HEALTH LEADERSHIP INSTITUTE AT THE MOREHOUSE SCHOOL OF MEDICINE. LOCAL RESPONSE EFFORTS MAY HAVE BEEN THE MOST CRUCIAL IN THE FIGHT AGAINST COVID-19 WITH FUNDING AND PARTNERSHIPS ALLOWING CDC FOUNDATION TO INCREASE TESTING CAPACITY AND SUPPORT CONTACT TRACING IN NUMEROUS STATES ACROSS THE COUNTRY, PROVIDE PPE TO FRONTLINE WORKERS AND SURGE STAFFING FOR OVERWHELMED PUBLIC HEALTH DEPARTMENTS IN A TIME OF CRITICAL NEED. ON A GLOBAL SCALE, THE CDC FOUNDATION STRENGTHENED THE COORDINATING CAPACITY OF CENTRAL LABORATORIES TO SCALE UP COVID-19 DIAGNOSTIC TESTING THROUGH NATIONAL LABORATORY NETWORKS OF 15 SUB-SAHARAN AFRICAN COUNTRIES AS PRIORITIZED BY THE AFRICA CDC. RESPONSE WORK IS CONTINUING IN FY2021 AS THE CDC FOUNDATION CONTINUES TO SUPPORT CRITICAL RESPONSE EFFORTS THAT ARE NEEDED TO EXTEND THE RESPONSE BEYOND AVAILABLE GOVERNMENT SUPPORT OR BANDWIDTH. MORE INFORMATION IS AVAILABLE AT WWW.CDCFOUNDATION.ORG.

Form 990, Part III, Line 4b:

OPIOID SURGE STAFFINGSEE SCHEDULE O FOR DESCRIPTIONOPIOID SURGE STAFFINGIN 2018, THE CDC FOUNDATION WAS AWARDED A COOPERATIVE AGREEMENT (CDC-RFAOT18-1804) BY THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN THE AMOUNT OF \$10.57M TO ASSIST STATE HEALTH DEPARTMENTS IN BUILDING CAPACITY TO COMBAT THE RAPID INCREASE OF DEATHS RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY. THE CDC FOUNDATION HIRED 80 SURGE FIELD EMPLOYEES AND 16 CONTRACTORS AMONG VARIOUS SPECIALTIES ACROSS 13 STATES (ARIZONA, CALIFORNIA, ILLINOIS, MARYLAND, MISSOURI, MISSISSIPPI, NORTH CAROLINA, OHIO, OKLAHOMA, RHODE ISLAND, WASHINGTON, WISCONSIN AND WEST VIRGINIA) WITH A DEMONSTRATED CAPABILITY TO COMBAT THE OPIOID EPIDEMIC IN THEIR STATE. THE SURGE STAFF WERE ABLE TO SUPPORT AND BUILD OPERATIONAL CAPACITY, DELIVER RESOURCES, CONDUCT TRAINING, DEVELOP COMMUNICATIONS MATERIALS AND LEAD CAMPAIGNS, CONDUCT DATA ANALYSIS, COMPLETE AND CLOSE NECESSARY REPORTS AND BUILD MEANINGFUL PARTNERSHIPS. THE CDC FOUNDATION CONCLUDED THE GRANT IN LATE 2020 IN WHICH 35% OF ALL SURGE STAFF AND CONTRACTORS WERE RETAINED BY STATE AGENCIES TO SUSTAIN THE WORK THE SURGE STAFF HAD BEEN DOING. THE CDC FOUNDATION PROJECT TEAM ALSO DEVELOPED A SURGE STAFFING TOOLKIT TO SHARE THE EXPERIENCES OF DEVELOPING AND IMPLEMENTING A SURGE STAFFING MODEL FOR THE OPIOID CRISIS RESPONSE AS WELL AS SHOWCASE CONSIDERATIONS FOR REPLICATING THE MODEL FOR FUTURE EMERGENCY RESPONSES. THIS TOOLKIT HAS BEEN PUBLISHED ON NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIAL'S TOOLBOX TO SHARE WITH THE PUBLIC HEALTH COMMUNITY.

Form 990, Part III, Line 4c:

MALARIA ZERO SEE SCHEDULE O FOR DESCRIPTION. MALARIA ZERO IN 2014, THE BILL AND MELINDA GATES FOUNDATION GRANTED \$30 MILLION TO THE CDC FOUNDATION TO SUPPORT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN LEADING A CONSORTIUM OF MALARIA EXPERTS AIMING TO ELIMINATE INDIGENOUS MALARIA ON THE ISLAND OF HISPANIOLA BY 2020. THE MALARIA ZERO (MZ) PARTNERSHIP IS COMPRISED OF INTERNATIONAL AND DOMESTIC ACADEMIC, GOVERNMENTAL AND NON-GOVERNMENTAL PARTNERS INCLUDING CDC, THE CDC FOUNDATION, THE HAITI MINISTRY OF PUBLIC HEALTH AND POPULATION, THE DOMINICAN REPUBLIC MINISTRY OF PUBLIC HEALTH, THE PAN AMERICAN HEALTH ORGANIZATION, THE CARTER CENTER, THE CLINTON HEALTH ACCESS INITIATIVE, TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE AND THE LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE. FOR THE DURATION OF THE GRANT, THE MZ PARTNERS WORKED COLLECTIVELY TO ASSIST THE COUNTRIES OF HISPANIOLA TO DEVELOP AND IMPLEMENT EVIDENCE-BASED STRATEGIES. COMPONENTS OF THIS PLAN TO REDUCE MALARIA TRANSMISSION INCLUDE: 1) IMPROVING AND REFINING MALARIA SURVEILLANCE SYSTEMS TO SUPPORT DECISION-MAKING AND ACTION; AND 2) IMPLEMENTATION OF COMMUNITY-BASED INTERVENTIONS THAT ARE TAILORED TO THE LEVEL OF THE MALARIA RISK IN HIGH-PREVALENCE AREAS. FROM JULY 2019 TO JUNE 2020, MZ CONTINUED TO FOCUS EFFORTS IN THE GRAND-ANSE DEPARTMENT OF HAITI, THE AREA OF THE COUNTRY WITH THE HIGHEST BURDEN OF MALARIA CASES. THE PACKAGE OF INTERVENTIONS IMPLEMENTED INCLUDED IMPROVEMENTS IN THE SURVEILLANCE SYSTEM; AS WELL AS, HIRING AND TRAINING COMMUNITY HEALTH WORKERS TO INCREASE DIAGNOSIS AND TREATMENT FOR MALARIA IN REMOTE AREAS. PERSISTENT NATION-WIDE POLITICAL TURMOIL DISRUPTED HEALTH SERVICES AND LED TO A DISPROPORTIONATE RISE IN THE NUMBER AND GEOGRAPHIC DISTRIBUTION OF MALARIA CASES (COMPARED TO THE PREVIOUS YEARS). THIS RISE IN MALARIA TRANSMISSION WAS FURTHER EXACERBATED BY THE COVID-19 PANDEMIC WHICH CAUSED WIDESPREAD FEAR AMONG THE HAITIAN POPULATION AND LED TO AVOIDANCE OF CARE SEEKING AT HEALTH FACILITIES INCLUDING THE DIAGNOSIS AND TREATMENT OF MALARIA. TO MINIMIZE DISRUPTIONS TO MALARIA SERVICES, MZ WORKED WITH PARTNERS TO ENSURE CONTINUATION OF ACTIVITIES WITHIN THE CONTEXT OF THE PANDEMIC, INCLUDING PURCHASING PERSONAL PROTECTIVE EQUIPMENT (PPE) AND COMPLIANCE WITH SOCIAL DISTANCING GUIDELINES DURING TRAININGS AND MEETINGS. DESPITE THESE CHALLENGES, MZ REMAINS ON TRACK TO MEET NEARLY ALL GRANT INDICATORS DURING THIS PERIOD, THE MZ CONSORTIUM ALSO PRIORITIZED TRANSITION PLANNING TO ENSURE THAT PROGRESS WILL BE SUSTAINED AFTER THE PROJECT ENDS. PARTNERS PRESENTED TRANSITION PLANS AT THE MZ STEERING COMMITTEE MEETING IN FEBRUARY 2020 AND ENGAGED IN SUBSEQUENT DISCUSSIONS WITH THE NATIONAL MALARIA CONTROL PROGRAM (PNCM) AND GLOBAL FUND THROUGHOUT 2020.

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-2106707

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	33,358,186	80,687,702	57,819,416	76,118,865	252,838,369	500,822,538
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..	29,262	192,126	198,274	167,552	229,894	817,108
4	Total. Add lines 1 through 3	33,387,448	80,879,828	58,017,690	76,286,417	253,068,263	501,639,646
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						153,809,702
6	Public support. Subtract line 5 from line 4.						347,829,944

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	33,387,448	80,879,828	58,017,690	76,286,417	253,068,263	501,639,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	413,449	456,063	856,785	1,725,480	2,014,825	5,466,602
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						507,106,248
12	Gross receipts from related activities, etc. (see instructions)					12	6,728,197

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	68.590 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	50.020 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

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

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0	
c Total lobbying expenditures (add lines 1a and 1b)	0	
d Other exempt purpose expenditures	113,443,911	
e Total exempt purpose expenditures (add lines 1c and 1d)	113,443,911	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0	

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

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

Employer identification number
58-2106707

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

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,690,922	5,151,331	5,019,488	4,573,784	4,278,646
b Contributions	228,963	110,161	71,631	20,707	327,144
c Net investment earnings, gains, and losses	184,927	475,683	103,655	463,085	1,739
d Grants or scholarships					
e Other expenditures for facilities and programs	44,274	46,253	43,443	38,088	33,745
f Administrative expenses					
g End of year balance	6,060,538	5,690,922	5,151,331	5,019,488	4,573,784

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 76.000 %
 - c** Temporarily restricted endowment ▶ 24.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,120,065	929,938	1,190,127
d Equipment		129,500	81,751	47,749
e Other		1,139,339	590,864	548,475
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,786,351

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CONTRACTS PAYABLE	9,352,462
(3) DEFERRED RENT	1,582,661
(4) UNAMORTIZED LEASEHOLD ALLOWANCE	1,457,545
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	12,392,668

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	259,148,108
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,529,995
b	Donated services and use of facilities	2b	2,236,334
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,766,329
3	Subtract line 2e from line 1	3	255,381,779
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,481
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	101,481
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	255,483,260

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

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

1	Total expenses and losses per audited financial statements	1	115,578,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,236,334
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	2,236,334
3	Subtract line 2e from line 1	3	113,342,430
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	101,481
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	101,481
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	113,443,911

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

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

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 20 INDIVIDUAL FUNDS ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES, INCLUDING PROGRAMS, AWARDS, RESEARCH AND OPERATIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 1, REFUNDABLE ADVANCES:	DURING A PRIOR YEAR, THE FOUNDATION RECEIVED CERTAIN REFUNDABLE ADVANCES TO BE USED FOR EMERGENCY PREPAREDNESS AND RESPONSE WHICH INCLUDES SEVERE AND/OR INFREQUENT NATIONAL LEVEL EMERGENCIES. RECOGNITION AS REVENUE WAS CONTINGENT UPON THE FOUNDATION USING THESE FUNDS FOR THEIR INTENDED PURPOSE, WITH ANY AMOUNTS NOT USED TO BE RETURNED TO THE DONOR. AS OF JUNE 30, 2019, \$1,585,976 OF THIS FUNDING WAS REMAINING TO BE SPENT IN FUTURE YEARS. DURING THE YEAR ENDED JUNE 30, 2020, THE DONOR AUTHORIZED THE FOUNDATION TO USE, AND THE FOUNDATION USED, ALL OF THE REMAINING FUNDING AS A PART OF THE FOUNDATION'S RESPONSE TO THE COVID-19 PANDEMIC AND TO THE EFFECTS OF DEVASTATING HURRICANES IN THE BAHAMAS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2019

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 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
See Add'l Data					
3a Sub-total	0	15			2,097,312
b Total from continuation sheets to Part I	0	155			11,746,282
c Totals (add lines 3a and 3b)	0	170			13,843,594

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 58-2106707

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AM. & CARIBBEAN		15	PROGRAM SERVICES	PROFESSIONAL FEES	1,888,928
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	TRAVEL	34,954

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	OCCUPANCY	48,370
CENTRAL AM. & CARIBBEAN		0	GRANT MAKING	AWARD	36,600

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	3,463
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS , MAINTENANCE	10,743

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	SUPPLIES	68,743
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	TELEPHONE	5,511

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	23,025
EAST ASIA & PACIFIC		11	PROGRAM SERVICES	PROFESSIONAL FEES	249,509

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	SUPPLIES	63,601
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	TRAVEL	92,652

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	DUES, SUBSCRIPTIONS	2,500
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	PRINTING, PROMOTION	263

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		0	GRANT MAKING	AWARD	357,014
EUROPE		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,319

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		9	PROGRAM SERVICES	PROFESSIONAL FEES	486,406
EUROPE		0	PROGRAM SERVICES	SUPPLIES	49,335

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		0	PROGRAM SERVICES	TRAVEL	140,305
MIDDLE EAST & N. AFRICA		19	PROGRAM SERVICES	PROFESSIONAL FEES	634,478

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	TRAVEL	31,021
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	550

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	6,832
NORTH AMERICA		0	PROGRAM SERVICES	SUPPLIES	46

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA		0	PROGRAM SERVICES	TRAVEL	20,089
NORTH AMERICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,462

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND. STATES		1	PROGRAM SERVICES	PROFESSIONAL FEES	35,000
RUSSIA & IND. STATES		0	PROGRAM SERVICES	TRAVEL	22,015

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND. STATES		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,158
SOUTH AMERICA		3	PROGRAM SERVICES	PROFESSIONAL FEES	101,915

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA		0	PROGRAM SERVICES	TRAVEL	17,456
SOUTH AMERICA		0	GRANT MAKING	AWARD	52,520

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		0	GRANT MAKING	AWARD	722,926
SOUTH ASIA		30	PROGRAM SERVICES	PROFESSIONAL FEES	1,006,587

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		0	PROGRAM SERVICES	TRAVEL	124,840
SOUTH ASIA		0	PROGRAM SERVICES	PRINTING, PROMOTION	49

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA		0	PROGRAM SERVICES	SUPPLIES	96,242
SUB-SAHARAN AFRICA		0	GRANT MAKING	AWARD	838,675

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	20,437
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS , MAINTENANCE	2,653

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	PRINTING, PROMOTION	6,958
SUB-SAHARAN AFRICA		82	PROGRAM SERVICES	PROFESSIONAL FEES	5,527,078

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	SUPPLES	407,337
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	TRAVEL	585,399

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	DUES, SUBSCRIPTIONS	20
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	POSTAGE, SHIPPING	16,527

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	TELEPHONE	83

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	15,600	WT			
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	21,000	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	79,760	WT			
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	15,959	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	78,605	WT			
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	50,000	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)	5,000	WT			
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	20,340	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	107,350	WT			
		SOUTH AMERICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	52,520	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA	108,948	WT			
		SOUTH ASIA	LEVERAGING ROTAVIRUS NETWORKS	21,103	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COVID-19 RESPONSE	150,000	WT			
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	5,000	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	40,000	WT			
		SUB-SAHARAN AFRICA	LABS FOR LIFE	24,240	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	LABS FOR LIFE	15,209	WT			
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	2,000	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	176,679	WT			
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	10,120	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	5,981	WT			
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	11,050	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	17,943	WT			
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	33,150	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	13,670	WT			
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	19,443	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	7,906	WT			
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)	35,877	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MENINGITIS CARRIAGE STUDY IN BURKINA FASO	4,123	WT			
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA (MENAFRNET II)	66,717	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES	60,000	WT			
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	144,567	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	LEVERAGING ROTAVIRUS NETWORKS	183,060	WT			
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	140,967	WT			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	113,848	WT			
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	150,000	WT			

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 58-2106707

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 50
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 200013710	13-1628688	501(C)(3)	100,000				COVID-19 RESPONSE
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	501(C)(3)	10,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	501(C)(3)	10,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
ASSOCIATION OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVENUE SILVER SPRINGS, MD 20910	52-1800436	501(C)(3)	358,020				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF PUBLIC HEALTH LABORATORIES 8515 GEORGIA AVENUE SILVER SPRINGS, MD 20910	52-1800436	501(C)(3)	200,000				COVID-19 RESPONSE
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS 2231 CRYSTAL DRIVE SUITE 450 ARLINGTON, VA 22202	35-1044487	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE PUBLIC HEALTH DEPARTMENT 350 MAIN STREET SUITE 31 MALDEN, MA 021485111	04-3320571	GOVT	170,000				COVID-19 RESPONSE
CAMBRIDGE PUBLIC HEALTH DEPARTMENT 350 MAIN STREET SUITE 31 MALDEN, MA 021485111	04-3320571	GOVT	15,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	13,255				GLOBAL ROAD SAFETY CLEARINGHOUSE AND EVALUATION LAB
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	65,764				ACCELERATING DEVELOPMENT OF GLOBAL COSTED PLANS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	2,050				FIREFIGHTER RISK EXPOSURE STUDY DISSEMINATION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	6,144				IMPROVING UNDERSTANDING OF DROWNING IN AFRICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	14,450				IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	49,575				500 CITIES PROJECT - PHASE 2

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	291,501				501 CITIES PROJECT - PHASE 2
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	175,133				LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	60,000				LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	122,884				LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	40,800				FILM ANTIRETROVIRAL MICROBICIDE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	24,200				FILM ANTIRETROVIRAL MICROBICIDE EVALUATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	410,651				IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	116,703				MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA (MENAFRNET II)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	1,000				REDUCING THE GLOBAL BURDEN OF MYCETOMA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	49,006				MONITORING AND EVALUATION OF TCV IN ZIMBABWE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	22,363				EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	102,200				EVALUATION OF NOVEL POLYMER-BASED IMPLANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	43,511				PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	21,755				PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	13,455				SYSTEMIC SUSTAINED RELEASE DELIVERY OF ANTIRETROVIRAL AGENTS FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	150,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	10,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	15,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	65,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	70,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	15,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	170,000				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	47,508				PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION IN BURKINA FASO
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	285,000				DIGITAL BRIDGE INFORMATION EXCHANGE BETWEEN HEALTHCARE SECTOR AND PUBLIC HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	50,837				GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	175,969				GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	405,886				ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	42,000				EVALUATION OF COMBINATION VAGINAL RING PREP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	379,535				IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	45,000				INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	135,022				MULTI-CENTER ZOLIFLODACIN STUDY
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	400,000				EARLY CHILDHOOD NUTRITION SURVEILLANCE OPTIMIZATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	174,000				INTEGRATED SEROSURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	112,000				UNDERSTANDING THE EFFECTS OF CROSS-SEX HORMONE THERAPY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	124,539				MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	50,000				COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	150,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	500,000				COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	23,158				DATA FOR CHANGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	59,661				DATA FOR CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	278,201				MICRONEEDLE PATCH FOR MEASLES AND RUBELLA VACCINATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	105,000				CONSOLIDATING TUBERCULOSIS ANALYTICS AND EVIDENCE TOOLS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	42,625				INTEGRATING GENOMIC DATA SURVEILLANCE IN SENEGAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	254,223				MONITORING THE GLOBAL TOBACCO EPIDEMIC
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	220,506				FIELD EPIDEMIOLOGY TRAINING PROGRAM - SAUDI ARABIA - PHASE II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	145,406				CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	163,130				CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	154,658				CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	51,711				TOBACCO CONTROL SURVEILLANCE IN AFRICA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	18,436				GRIFFITHSIN-BASED RECTAL MICROBICIDES STUDY
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	153,621				MALARIA ZERO

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	10,000				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	80,000				DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	47,910				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	20,338				DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	132,763				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	126,976				DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	165,000				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	10,000				DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	94,050				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	78,755				DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	307,649				DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	126,000				UNDERSTANDING ANTIBIOTIC USE DATA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	40,000				IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	1,850				CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	127,137				STUDY OF DAPIVIRINE GEL ADMINISTERED RECTALLY
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	102,471				COMBINATION HIV PREVENTION INTERVENTION IN THAILAND

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	40,000				EVALUATION OF ROTAVIRUS VACCINE IN VIETNAM
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	25,862				ASSESSMENT OF OCCUPATIONAL FALL HAZARDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	30,000				IMPACT ASSESSMENT OF ROTAVIRUS VACCINE IN PAKISTAN
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	503,024				STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	85,838				STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	65,389				STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	110,300				TECHNICAL ASSISTANCE TO THE WORLD HEALTH ORGANIZATION HEALTH EMERGENCIES PROGRAM
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	32,740				DEVELOPMENT OF ANTIRETROVIRAL RINGS FOR HIV PREVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	22,080				DEVELOPMENT OF ANTIRETROVIRAL RINGS FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	27,500				ENHANCING HAND HYGIENE IN U.S. HEALTHCARE AND COMMUNITY SETTINGS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	25,581				ENHANCING HAND HYGIENE IN U.S. HEALTHCARE AND COMMUNITY SETTINGS
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	52,530				HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	117,651				HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	18,443				GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP

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

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CENTER FOR DISEASE CONTROL & PREVENTION 1600 CLIFTON ROAD ATLANTA, GA 30333	58-6051157	GOVT	37,626				GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CITY OF HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT PO BOX 88361 HOUSTON, TX 77288	74-6001164	GOVT	250,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF MANCHESTER (NEW HAMPSHIRE) ONE CITY HALL PLAZA MANCHESTER, NH 03101	02-6000517	GOVT	100,197				COVID-19 RESPONSE
COBB AND DOUGLAS PUBLIC HEALTH 1650 COUNTY SERVICES PARKWAY MARIETTA, GA 30008	58-1517015	GOVT	200,000				COVID-19 RESPONSE

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

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COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT 8100 LOWRY BLVD DENVER, CO 80230	84-0644739	GOVT	40,000				NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	22-3882560	501(C)(3)	10,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	22-3882560	501(C)(3)	5,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
COUNCIL OF STATE AND TERRITORIAL EPIDEMIOLOGISTS 2872 WOODCOCK BLVD SUITE 250 ATLANTA, GA 30341	23-7410799	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA (CHEAC) 1127 11TH STREET SUITE 806 SACRAMENTO, CA 95814	68-0250511	501(C)(3)	100,000				COVID-19 RESPONSE
DE BEAUMONT FOUNDATION 7501 WISCONSIN AVENUE SUITE 1310-E BETHESDA, MD 20814	04-3467074	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USA INC 40 RECTOR STREET NEW YORK, NY 10006	13-3433452	501(C)(3)	60,000				FRIES PRIZE FOR HEALTH
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH 1518 CLIFTON ROAD ATLANTA, GA 30322	58-0566256	501(C)(3)	2,550				ATLANTA INTERNATIONAL HEALTH FELLOWSHIP

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

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FUTURES WITHOUT VIOLENCE 100 MONTGOMERY ST SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	4,500				NEW INVESTIGATOR AWARD
GEORGETOWN UNIVERSITY 37TH O STREET NW WASHINGTON, DC 20007	53-0196603	501(C)(3)	70,000				COVID-19 RESPONSE

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

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GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	67,071				ANALYSIS AND DISSEMINATION OF POPULATION-BASED SICKLE CELL DISEASE (YEAR 2)
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	13,440				SICKLE CELL DATA COLLECTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	20,160				SICKLE CELL DATA COLLECTION
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION PO BOX 3999 ATLANTA, GA 30302	58-1845423	501(C)(3)	41,250				ANALYSIS AND DISSEMINATION OF POPULATION-BASED SICKLE CELL DISEASE (YEAR 2)

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

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GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET NW ATLANTA, GA 30318	58-0603146	501(C)(3)	400,000				COVID-19 RESPONSE
HEALTH OFFICERS ASSOCIATION OF CALIFORNIA (HOAC) 1100 11TH STREET SUITE 323 SACRAMENTO, CA 95814	23-7103850	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH RESEARCH INC 150 BROADWAY SUITE 560 MENANDS, NY 122042726	14-1402155	501(C)(3)	45,000				COVID-19 RESPONSE
HEALTH RESEARCH INC 150 BROADWAY SUITE 560 MENANDS, NY 122042726	14-1402155	501(C)(3)	57,000				COVID-19 RESPONSE

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

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HEALTH RESEARCH INC 150 BROADWAY SUITE 560 MENANDS, NY 122042726	14-1402155	501(C)(3)	132,974				COVID-19 RESPONSE
HEALTH RESEARCH INC 150 BROADWAY SUITE 560 MENANDS, NY 122042726	14-1402155	501(C)(3)	15,026				COVID-19 RESPONSE

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

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HEART TO HEART INTERNATIONAL INC 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	392,652				COVID-19 RESPONSE
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 303101495	58-1438873	501(C)(3)	450,000				COVID-19 RESPONSE

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

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NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS 1100 17TH STREET NW 7TH FLOOR WASHINGTON, DC 20036	52-1426663	501(C)(3)	100,000				COVID-19 RESPONSE
NATIONAL HEALTH LAW PROGRAM INC 3701 WISHSHIRE BLVD SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	100,000				COVID-19 RESPONSE

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

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NEBRASKA ASSOCIATION OF LOCAL HEALTH DIRECTORS 800 SOUTH 13TH STREET SUITE 100 LINCOLN, NE 68508	27-1695019	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
NEBRASKA ASSOCIATION OF LOCAL HEALTH DIRECTORS 800 SOUTH 13TH STREET SUITE 100 LINCOLN, NE 68508	27-1695019	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OBJECTIVE ZERO FOUNDATION 209 HARRY BELL ROAD FORT LEAVENWORTH, KS 66027	81-4324563	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
OBJECTIVE ZERO FOUNDATION 209 HARRY BELL ROAD FORT LEAVENWORTH, KS 66027	81-4324563	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA STATE DEPARTMENT OF HEALTH 1000 NE STREET OKLAHOMA CITY, OK 73117	73-6017987	501(C)(3)	70,000				NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION (PIHOA) 737 BISHOP STREET SUITE 2075 HONOLULU, HI 96813	20-0198040	501(C)(3)	105,600				ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH - SEATTLE & KING COUNTY 516 THIRD AVENUE SEATTLE, WA 98104	91-6001327	501(C)(3)	108,000				COVID-19 RESPONSE
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	45,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	50,000				COVID-19 RESPONSE
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	5,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	100,000				COVID-19 RESPONSE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	27,646				SICKLE CELL DATA COLLECTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	42,505				SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	16,084				SICKLE CELL DATA COLLECTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	3,489				SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	37,780				SICKLE CELL DATA COLLECTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 946074046	94-1646278	501(C)(3)	34,408				SICKLE CELL DATA COLLECTION
STACK UP 14913 W NAVARRE WAY SYLMAR, CA 91342	47-5424265	501(C)(3)	60,015				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF WISCONSIN- DEPARTMENT OF HEALTH SERVICES 1 WEST WILSON STREET MADISON, WI 53703	39-6006469	GOVT	35,000				BUILDING CAPACITY TO REVIEW AND PREVENT OVERDOSE DEATHS DURING PREGNANCY
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION 401 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION 401 VAN NESS AVENUE SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
TASK FORCE FOR GLOBAL HEALTH INC 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	45,000				STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASK FORCE FOR GLOBAL HEALTH INC 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	18,750				STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
TASK FORCE FOR GLOBAL HEALTH INC 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	66,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASK FORCE FOR GLOBAL HEALTH INC 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	10,000				COVID-19 RESPONSE
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA 2929 NORTH CENTRAL AVENUE PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA 2929 NORTH CENTRAL AVENUE PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE OHIO STATE UNIVERSITY PO BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)	4,960				GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY PO BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)	431,375				COVID-19 RESPONSE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF ITS SAN FRANCISCO 333 CALIFORNIA STREET SUITE 435 CAMPUS BOX 1241 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	375,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SOCIAL CHANGERY LLC 4211 MOSS DRIVE SACRAMENTO, CA 95822	81-5163423	501(C)(3)	12,500				COVID-19 RESPONSE
THE SOCIAL CHANGERY LLC 4211 MOSS DRIVE SACRAMENTO, CA 95822	81-5163423	501(C)(3)	12,500				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (COLUMBIA UNIVE 615 WEST 131ST STREET NEW YORK, NY 10027	13-8598093	501(C)(3)	25,000				COVID-19 RESPONSE
THIRD SECTOR NEW ENGLAND INC 89 SOUTH ST SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWNSHIP OF HOWELL 4567 ROUTE 9 NORTH 2ND FLOOR HOWELL, NJ 07731	21-6000749	GOVT	150,000				COVID-19 RESPONSE
TRUST FOR AMERICA'S HEALTH (TFAH) 1730 M STREET NW SUITE 900 WASHINGTON, DC 20036	52-2257066	501(C)(3)	100,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	2,761				MONITORING E-CIGARETTE USE AMONG YOUTH
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	8,493				MONITORING E-CIGARETTE USE AMONG YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	11,729				MONITORING E-CIGARETTE USE AMONG YOUTH
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	21,377				MONITORING E-CIGARETTE USE AMONG YOUTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	15,560				MONITORING E-CIGARETTE USE AMONG YOUTH
UNIVERSITY OF WASHINGTON 4300 ROSEVELT WAY NE STE 300 BOX 354966 SEATTLE, WA 981954966	91-6001537	501(C)(3)	200,000				COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 4300 ROSEVELT WAY NE STE 300 BOX 354966 SEATTLE, WA 981954966	91-6001537	501(C)(3)	100,000				COVID-19 RESPONSE
UNIVERSITY OF WISCONSIN - MADISON 21 N PARK STREET SUITE 401 MADISON, WI 537151218	39-6006492	501(C)(3)	84,816				NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA OF ILLINOIS 47 WEST POLK STREET SUITE 250 CHICAGO, IL 60605	36-2723047	501(C)(3)	20,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
VOLUNTEERS OF AMERICA OF ILLINOIS 47 WEST POLK STREET SUITE 250 CHICAGO, IL 60605	36-2723047	501(C)(3)	15,000				BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELL BEING TRUST 436 14TH STREET SUITE 1120 OAKLAND, CA 94612	81-4260130	501(C)(3)	200,000				COVID-19 RESPONSE

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

	Yes	No
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"/> Travel for companions <input checked="" type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 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?	5a	No
b Any related organization?	5b	No
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?	6a	No
b Any related organization?	6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILITY INSURANCE. THE EMPLOYEE'S SALARY IS GROSSED UP FOR THE PREMIUM AND THEN THE INSURANCE PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.
PART I, LINE 3:	THE FOUNDATION FOLLOWS IRS PRESCRIBED PROCEDURES FOR ESTABLISHING A REBUTTABLE PRESUMPTION OF REASONABLENESS OF ALL COMPENSATION PAID TO "DISQUALIFIED PERSONS" (AS DETAILED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986) THE FOUNDATION HIRES AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES FIRM TO PROVIDE MARKET DATA FOR ALL STAFF POSITIONS. THIS FIRM USES A VARIETY OF SURVEYS AND USING THESE AND THEIR EXPERTISE, IT RECOMMENDS MARKET VALUES AND SALARY RANGES FOR STAFF POSITIONS. THE EXECUTIVE COMMITTEE OF THE FOUNDATION WHICH IS COMPRISED OF THE CHAIR, TREASURER, SECRETARY, AND THE CHAIRS OF THE ADVANCEMENT AND NOMINATING COMMITTEES ARE INDEPENDENT, VOTING MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE REVIEWS THE DATA, EVALUATES THE PERFORMANCE OF THE PRESIDENT/CEO AND VOTES ON HER COMPENSATION. THESE ACTIONS ARE DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER SECTION 4958 OF THE CODE.
PART II, COLUMN (B)(I):	DURING CALENDAR YEAR 2019, THE FOUNDATION CHANGED ITS PAID TIME OFF POLICY. AS A RESULT OF THIS CHANGE, A FEW EMPLOYEES RECEIVED PAYOUTS OF A PORTION OF THEIR ACCRUED PAID TIME OFF BALANCES. THESE PAID TIME OFF PAYOUTS ARE INCLUDED IN BASE COMPENSATION IN SCHEDULE J.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
58-2106707

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>MEDICAL SUPPLIES</u>)	X	3,512,500	13,603,849	COST
26 Other ▶ (<u>HOUSEHOLD GOODS</u>)	X	390,102	2,900,452	COST
27 Other ▶ (<u>FOOD</u>)	X	180	1,910	COST
28 Other ▶ (_____)				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		No
31	Yes	
32a		No

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Employer identification number

58-2106707

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE FOUNDATION MAINTAINS A COPY OF THE SIGNATURE INDICATING COMPLIANCE WITH THE RULES. LEGAL COUNSEL REVIEWS THE POLICY ANNUALLY WITH ALL BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED WITH ALL POSITION DESCRIPTIONS AND THAT FIRM PREPARES A SALARY STUDY INCLUDING MARKET VALUES FOR EACH POSITION AND RANGES FOR EVERY GRADE. THE EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF THE CHAIR, TREASURER, SECRETARY, NOMINATING CHAIR, AND ADVANCEMENT CHAIR ARE PROVIDED WITH THE INFORMATION FROM THE CONSULTANT. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO, SETS GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR AND DETERMINES THE PRESIDENT'S COMPENSATION PACKAGE FOR THE FOLLOWING YEAR.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROGRAM SERVICES EXPENSE: PROGRAM SERVICE EXPENSES 38,072,072. MANAGEMENT AND GENERAL EXPENSES 1,078,505. FUNDRAISING EXPENSES 35,593. TOTAL EXPENSES 39,186,170.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 19	THE CDC FOUNDATION FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THEREFORE, IT RECOGNIZES COMMITMENTS MADE BY DONORS TO FUND PROJECTS AS CONTRIBUTIONS AT THE TIME OF THE COMMITMENT WHEREAS DISBURSEMENT OF PROJECT FUNDS MAY SPAN MULTIPLE YEARS. DUE TO THE TIMING OF COMMITMENTS RECEIVED DURING THE YEAR ENDED JUNE 30, 2020, TOTAL CONTRIBUTIONS AND REVENUES SUBSTANTIALLY EXCEEDED PROGRAM COSTS AND EXPENSES. THE SURPLUS CREATED DURING THE YEAR ENDED JUNE 30, 2020 IS EXPECTED TO BE UTILIZED IN FUTURE YEARS, PRINCIPALLY FOR COVID RELATED PROGRAMS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 27:	<p>THE CDC FOUNDATION WAS HEAVILY INVOLVED WITH THE COVID-19 PANDEMIC DURING THE FISCAL YEAR ENDING JUNE 30, 2020 (FISCAL YEAR 2020). THIS INVOLVEMENT INCLUDED RAISING EMERGENCY FUNDS TO SUPPORT CRITICAL RESPONSE NEEDS. FOR THIS FISCAL YEAR, 85% OF DONATIONS FOR THE PANDEMIC WERE RECEIVED IN THE LAST QUARTER. ON JUNE 30, 2020, 91.1% OF THE EMERGENCY FUNDING ON HAND HAD BEEN OBLIGATED TO FUND COVID-RELATED WORK, SUCH AS PROCURING AND DISTRIBUTING PERSONAL PROTECTIVE EQUIPMENT TO HOSPITALS AND PUBLIC HEALTH PROFESSIONALS, ASSISTING IN CREATING AND DISTRIBUTING CRITICAL PUBLIC HEALTH MESSAGING, STAFFING PUBLIC HEALTH WORKER POSITIONS IN STATES AND LOCALITIES, FUNDING LABORATORY SUPPLIES AND EQUIPMENT, SUPPORTING AT-RISK COMMUNITIES AND COVID-RELATED RESEARCH, AND SUPPORTING NEW TECHNOLOGY TO AID IN TRACKING THE SPREAD OF COVID-19. DUE TO PAYMENT SCHEDULES, THE MAJORITY OF THE FUNDS ARE BEING EXPENDED IN FISCAL YEAR 2021, EXCEPT FOR MULTI-YEAR AND RECOVERY PROJECTS. THE CDC FOUNDATION, WITH THE AGREEMENT OF THE DONOR ORGANIZATION, DESIGNATED 10% OF THE EMERGENCY FUNDS FOR THE FOUNDATION'S ADMINISTRATIVE COSTS RELATED TO THE PANDEMIC RESPONSE. THE UNSPENT PORTION OF THOSE FUNDS ARE INCLUDED WITH UNRESTRICTED NET ASSETS ON THE FOUNDATION'S STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2020. THE FOUNDATION INTENDS TO USE ALL SUCH FUNDS TO COVER ITS CURRENT AND FUTURE ADMINISTRATIVE COSTS RELATED TO THE PANDEMIC RESPONSE. IF THESE FUNDS ARE NOT NEEDED TO COVER COVID-RELATED ADMINISTRATIVE EXPENSES, THEY WILL BE UTILIZED FOR OTHER COVID-19 RESPONSE PROGRAMS, SUCH AS THOSE ENUMERATED ABOVE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART II-A, LINE 2C, LOBBYING ACTIVITIES BY ELECTING ORGANIZATIONS	THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2020

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G, OTHER PROGRAM SERVICE DETAIL	HEALTH CARE ORGANIZATIONS - \$13,316,783 RESEARCH ORGANIZATIONS - \$5,193,048 INDIVIDUALS - \$2,659,851 CONSTRUCTION - \$758,154 GOVERNMENTAL ORGANIZATIONS - \$1,003,789 COLLEGE AND UNIVERSITIES - \$6,166,142 HUMANITARIAN ORGANIZATIONS - \$761,684 TRANSLATIONS, COMMUNICATIONS AND PUBLISHING - \$2,285,001 SOFTWARE AND TECHNOLOGY - \$386,992 STAFFING - \$1,156,946 PROGRAM IMPLEMENTATION - \$3,550,415 DISTRIBUTION - \$489,850 OTHER - \$1,457,517 (NONE GREATER THAN \$37,000) TOTAL - \$39,186,170

990 Schedule O, Supplemental Information

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