

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2019

Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC. Doing business as CDC FOUNDATION		D Employer identification number 58 2106707
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (404) 653-0790
	600 PEACHTREE STREET NE 1000		G Gross receipts \$ 319,202,905.
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30308		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: DR. JUDITH MONROE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CDCFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1993
M State of legal domicile: GA			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	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.
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 76,118,865.	Current Year 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.
Expenses	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 135,680,593.	End of Year 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 <i>Judith Monroe</i>	Date 3/12/21			
	DR. JUDITH MONROE, PRESIDENT/CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SUSAN HILL	Preparer's signature <i>Susan Hill</i>	Date 3/10/21	Check if self-employed <input type="checkbox"/>	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 \$ _____)
COVID-19 RESPONSE

SEE SCHEDULE O FOR DESCRIPTION

4b (Code: _____) (Expenses \$ 6,055,038. including grants of \$ 0.) (Revenue \$ _____)
OPIOID SURGE STAFFING

SEE SCHEDULE O FOR DESCRIPTION

4c (Code: _____) (Expenses \$ 5,745,534. including grants of \$ 153,621.) (Revenue \$ _____)
MALARIA ZERO

SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe on 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

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 354		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CULLEN BRYENTON - 404-523-1872**
600 PEACHTREE STREET NE, NO. 1000, ATLANTA, GA 30308

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) 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, PH.D. 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 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 Subtotal								1,395,349.	0.	153,401.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
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**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RESEARCH TRIANGLE INSTITUTE PO BOX 900002, RALEIGH, NC 27675-9000	FEES - FREEDOM FROM SMOKING INITIATIVE	1,682,499.
DAVCAS CONSULTING, RUE 9.95, GOUGHIN, OUAGADOUGOU, BURKINA FASO	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, PAKISTAN	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**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	55,505,941.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	197,332,428.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,506,211.				
	h Total. Add lines 1a-1f			252,838,369.			
Program Service Revenue	2 a LAB RESEARCH AGREEMENT	Business Code	541900	237,341.	237,341.		
	b HEALTH SURVEILLANCE		541900	144,134.	144,134.		
	c EMERGENCY RESPONSE		541900	127,000.	127,000.		
	d HEALTH TRAINING		541900	73,743.	73,743.		
	e DATA COLLECTION RESEAR		541700	42,789.	42,789.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			625,007.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,014,825.		2,014,825.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				63,724,704.			
	b Less: cost or other basis and sales expenses	7b		63,719,645.			
c Gain or (loss)	7c		5,059.				
d Net gain or (loss)			5,059.		5,059.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			255,483,260.	625,007.	0.	2,019,884.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	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 (nonemployees):				
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 Sch 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 on 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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	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 receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 33)	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 32, 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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 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 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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 fails 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 grants.")	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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	68.59 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	50.02 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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 in line 12 on 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 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>		
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):		
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 23,186,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 54,248,784.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 5,152,573.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 11,551,801.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,748,734.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 8,047,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 15,030,343.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 10,900,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 21,126,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 12,780,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	MEDICAL SUPPLIES _____ _____ _____	\$ 12,780,000.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

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

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

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

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

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

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

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 (grassroots 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.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)).

	(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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 76.00 %
c Term endowment 24.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 10c.)				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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

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.

PART IV, LINE 2B:

THE FUNDS HELD IN CUSTODIAL ACCOUNTS ARE FOR CDC PROGRAMS FOR CONFERENCES
AND MANAGEMENT TRAINING COURSES.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 20 INDIVIDUAL FUNDS
ESTABLISHED BY DONORS FOR A VARIETY OF PURPOSES, INCLUDING PROGRAMS,
AWARDS, RESEARCH AND OPERATIONS.

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

Part XIII Supplemental Information *(continued)*

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" on 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 the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AM. & CARIBBEAN		15	PROGRAM SERVICES	PROFESSIONAL FEES	1,888,928.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	TRAVEL	34,954.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	OCCUPANCY	48,370.
CENTRAL AM. & CARIBBEAN		0	GRANT MAKING	AWARD	36,600.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	3,463.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	10,743.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	SUPPLIES	68,743.
CENTRAL AM. & CARIBBEAN		0	PROGRAM SERVICES	TELEPHONE	5,511.
3 a Subtotal	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.

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

Schedule F (Form 990) 2019

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

Schedule F (Form 990)

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	23,025.
EAST ASIA & PACIFIC		11	PROGRAM SERVICES	PROFESSIONAL FEES	249,509.
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	SUPPLIES	63,601.
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	TRAVEL	92,652.
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	DUES, SUBSCRIPTIONS	2,500.
EAST ASIA & PACIFIC		0	PROGRAM SERVICES	PRINTING, PROMOTION	263.
EUROPE		0	GRANT MAKING	AWARD	357,014.
EUROPE		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,319.
EUROPE		9	PROGRAM SERVICES	PROFESSIONAL FEES	486,406.
EUROPE		0	PROGRAM SERVICES	SUPPLIES	49,335.
Totals					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE		0	PROGRAM SERVICES	TRAVEL	140,305.
MIDDLE EAST & N. AFRICA		19	PROGRAM SERVICES	PROFESSIONAL FEES	634,478.
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	TRAVEL	31,021.
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	550.
MIDDLE EAST & N. AFRICA		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	6,832.
NORTH AMERICA		0	PROGRAM SERVICES	SUPPLIES	46.
NORTH AMERICA		0	PROGRAM SERVICES	TRAVEL	20,089.
NORTH AMERICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,462.
RUSSIA & IND. STATES		1	PROGRAM SERVICES	PROFESSIONAL FEES	35,000.
RUSSIA & IND. STATES		0	PROGRAM SERVICES	TRAVEL	22,015.
Totals					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA & IND. STATES		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,158.
SOUTH AMERICA		3	PROGRAM SERVICES	PROFESSIONAL FEES	101,915.
SOUTH AMERICA		0	PROGRAM SERVICES	TRAVEL	17,456.
SOUTH AMERICA		0	GRANT MAKING	AWARD	52,520.
SOUTH ASIA		0	GRANT MAKING	AWARD	722,926.
SOUTH ASIA		30	PROGRAM SERVICES	PROFESSIONAL FEES	1,006,587.
SOUTH ASIA		0	PROGRAM SERVICES	TRAVEL	124,840.
SOUTH ASIA		0	PROGRAM SERVICES	PRINTING, PROMOTION	49.
SOUTH ASIA		0	PROGRAM SERVICES	SUPPLIES	96,242.
SUB-SAHARAN AFRICA		0	GRANT MAKING	AWARD	838,675.
Totals					

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

Schedule F (Form 990)

58-2106707

Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	CONFERENCES, MEETINGS	20,437.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	EQUIPMENT, REPAIRS, MAINTENANCE	2,653.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	PRINTING, PROMOTION	6,958.
SUB-SAHARAN AFRICA		82	PROGRAM SERVICES	PROFESSIONAL FEES	5,527,078.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	SUPPLIES	407,337.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	TRAVEL	585,399.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	DUES, SUBSCRIPTIONS	20.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	POSTAGE, SHIPPING	16,527.
SUB-SAHARAN AFRICA		0	PROGRAM SERVICES	TELEPHONE	83.
Totals		155			11,746,282.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	15,600.	WT	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	21,000.	WT	0.		
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	79,760.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	15,959.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	78,605.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	50,000.	WT	0.		
		EUROPE	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)	5,000.	WT	0.		
		EUROPE	LEVERAGING ROTAVIRUS NETWORKS	20,340.	WT	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **10**

3 Enter total number of other organizations or entities **4**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	107,350.	WT	0.		
		SOUTH AMERICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	52,520.	WT	0.		
		SOUTH ASIA	IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA	108,948.	WT	0.		
		SOUTH ASIA	LEVERAGING ROTAVIRUS NETWORKS	21,103.	WT	0.		
		SOUTH ASIA	COVID-19 RESPONSE	150,000.	WT	0.		
		SOUTH ASIA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II	5,000.	WT	0.		
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	40,000.	WT	0.		
		SUB-SAHARAN AFRICA	LABS FOR LIFE	24,240.	WT	0.		
		SUB-SAHARAN AFRICA	LABS FOR LIFE	15,209.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK	2,000.	WT	0.		
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	176,679.	WT	0.		
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	10,120.	WT	0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	5,981.	WT	0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	11,050.	WT	0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	17,943.	WT	0.		
		SUB-SAHARAN AFRICA	CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA	33,150.	WT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	13,670.	WT	0.		
		SUB-SAHARAN AFRICA	SUPPORTING WATER AND HYGIENE INFRASTRUCTURE IN AFRICA	19,443.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SCHOLARSHIP FOR UNDERPRIVILEGED GIRLS	7,906.	WT	0.		
		SUB-SAHARAN AFRICA	GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2019)	35,877.	WT	0.		
		SUB-SAHARAN AFRICA	MENINGITIS CARRIAGE STUDY IN BURKINA FASO	4,123.	WT	0.		
		SUB-SAHARAN AFRICA	MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA (MENAFRNET II)	66,717.	WT	0.		
		SUB-SAHARAN AFRICA	INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES	60,000.	WT	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	144,567.	WT	0.		
		SOUTH ASIA	LEVERAGING ROTAVIRUS NETWORKS	183,060.	WT	0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	140,967.	WT	0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	113,848.	WT	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	COVID-19 RESPONSE	150,000.	WT	0.		

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

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

ALL FOREIGN PAYEES ARE CHECKED AGAINST THE TREASURY'S SPECIALLY DESIGNATED NATIONALS LIST BEFORE DISBURSEMENT IS MADE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" 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**

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

Employer identification number
58-2106707

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001-3710	13-1628688	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	501(C)(3)	10,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
AMERICA'S WARRIOR PARTNERSHIP 1190 INTERSTATE PKWY AUGUSTA, GA 30909	47-1606321	501(C)(3)	10,000.	0.			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.	0.			COVID-19 RESPONSE
ASSOCIATION OF PUBLIC HEALTH LABORATORIES - 8515 GEORGIA AVENUE - SILVER SPRINGS, MD 20910	52-1800436	501(C)(3)	200,000.	0.			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.	0.			COVID-19 RESPONSE

- 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

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE PUBLIC HEALTH DEPARTMENT 350 MAIN STREET SUITE 31 MALDEN, MA 02148-5111	04-3320571	GOVT	170,000.	0.			COVID-19 RESPONSE
CAMBRIDGE PUBLIC HEALTH DEPARTMENT 350 MAIN STREET SUITE 31 MALDEN, MA 02148-5111	04-3320571	GOVT	15,000.	0.			COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	13,255.	0.			GLOBAL ROAD SAFETY CLEARINGHOUSE AND EVALUATION LAB
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	65,764.	0.			ACCELERATING DEVELOPMENT OF GLOBAL COSTED PLANS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	2,050.	0.			FIREFIGHTER RISK EXPOSURE STUDY DISSEMINATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	6,144.	0.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	14,450.	0.			IMPROVING UNDERSTANDING OF DROWNING IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	49,575.	0.			500 CITIES PROJECT - PHASE 2
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	291,501.	0.			501 CITIES PROJECT - PHASE 2

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	175,133.	0.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	60,000.	0.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	122,884.	0.			LABORATORY SURVEILLANCE FOR PNEUMOCOCCAL MENINGITIS IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,800.	0.			FILM ANTIRETROVIRAL MICROBICIDE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	24,200.	0.			FILM ANTIRETROVIRAL MICROBICIDE EVALUATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	410,651.	0.			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.	0.			MENAFRINET MENINGITIS SURVEILLANCE IN AFRICA (MENAFRNET II)
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,000.	0.			REDUCING THE GLOBAL BURDEN OF MYCETOMA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	49,006.	0.			MONITORING AND EVALUATION OF TCV IN ZIMBABWE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	22,363.	0.			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	102,200.	0.			EVALUATION OF NOVEL POLYMER-BASED IMPLANT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	43,511.	0.			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.	0.			PUBLIC HEALTH AND SAFETY PARTNERSHIPS TO REDUCE OPIOID OVERDOSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	13,455.	0.			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.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	15,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	65,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	70,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	15,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	170,000.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	47,508.	0.			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.	0.			DIGITAL BRIDGE INFORMATION EXCHANGE BETWEEN HEALTHCARE SECTOR AND PUBLIC HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	50,837.	0.			GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	175,969.	0.			GAS AND PARTICULATE EXPOSURE ON PERSONAL PROTECTIVE EQUIPMENT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	405,886.	0.			ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	42,000.	0.			EVALUATION OF COMBINATION VAGINAL RING PREP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	379,535.	0.			IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	45,000.	0.			INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	135,022.	0.			MULTI-CENTER ZOLIFLODACIN STUDY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	400,000.	0.			EARLY CHILDHOOD NUTRITION SURVEILLANCE OPTIMIZATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	174,000.	0.			INTEGRATED SEROSURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE IN NIGERIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	112,000.	0.			UNDERSTANDING THE EFFECTS OF CROSS-SEX HORMONE THERAPY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	124,539.	0.			MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	100,000.	0.			COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	50,000.	0.			COVID-19 RESPONSE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	150,000.	0.			COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	500,000.	0.			COVID-19 RESPONSE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	23,158.	0.			DATA FOR CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	59,661.	0.			DATA FOR CHANGE
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	278,201.	0.			MICRONEEDLE PATCH FOR MEASLES AND RUBELLA VACCINATION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	105,000.	0.			CONSOLIDATING TUBERCULOSIS ANALYTICS AND EVIDENCE TOOLS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	42,625.	0.			INTEGRATING GENOMIC DATA SURVEILLANCE IN SENEGAL
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	254,223.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	220,506.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM - SAUDI ARABIA - PHASE II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	145,406.	0.			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.	0.			CLINICAL TRIALS UNIT FOR HIV/AIDS AND TB RESEARCH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	154,658.	0.			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.	0.			TOBACCO CONTROL SURVEILLANCE IN AFRICA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	18,436.	0.			GRIFFITHSIN-BASED RECTAL MICROBICIDES STUDY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	153,621.	0.			MALARIA ZERO
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	80,000.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	47,910.	0.			DATA FOR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	20,338.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	132,763.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	126,976.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	165,000.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	10,000.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	94,050.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	78,755.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	307,649.	0.			DATA FOR HEALTH
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	126,000.	0.			UNDERSTANDING ANTIBIOTIC USE DATA

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,000.	0.			IMPACT STUDY OF ROTAVIRUS VACCINE IN INDIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	1,850.	0.			CHRONIC HEPATITIS B VIRUS INFECTION IN TANZANIA
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	127,137.	0.			STUDY OF DAPIVIRINE GEL ADMINISTERED RECTALLY
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	102,471.	0.			COMBINATION HIV PREVENTION INTERVENTION IN THAILAND
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	40,000.	0.			EVALUATION OF ROTAVIRUS VACCINE IN VIETNAM
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	25,862.	0.			ASSESSMENT OF OCCUPATIONAL FALL HAZARDS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	30,000.	0.			IMPACT ASSESSMENT OF ROTAVIRUS VACCINE IN PAKISTAN
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	503,024.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	85,838.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS

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

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CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	65,389.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	110,300.	0.			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.	0.			DEVELOPMENT OF ANTIRETROVIRAL RINGS FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	22,080.	0.			DEVELOPMENT OF ANTIRETROVIRAL RINGS FOR HIV PREVENTION
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	27,500.	0.			ENHANCING HAND HYGIENE IN U.S. HEALTHCARE AND COMMUNITY SETTINGS
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	25,581.	0.			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.	0.			HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	117,651.	0.			HEALTHY PEOPLE LAW AND HEALTH POLICY PROJECT
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	18,443.	0.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR DISEASE CONTROL & PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30333	58-6051157	GOVT	37,626.	0.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP
CITY OF HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT - PO BOX 88361 - HOUSTON, TX 77288	74-6001164	GOVT	250,000.	0.			COVID-19 RESPONSE
CITY OF MANCHESTER (NEW HAMPSHIRE) ONE CITY HALL PLAZA MANCHESTER, NH 03101	02-6000517	GOVT	100,197.	0.			COVID-19 RESPONSE
COBB AND DOUGLAS PUBLIC HEALTH 1650 COUNTY SERVICES PARKWAY MARIETTA, GA 30008	58-1517015	GOVT	200,000.	0.			COVID-19 RESPONSE
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT - 8100 LOWRY BLVD. - DENVER, CO 80230	84-0644739	GOVT	40,000.	0.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	22-3882560	501(C)(3)	10,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
COMBINED ARMS 2929 MCKINNEY STREET HOUSTON, TX 77003	22-3882560	501(C)(3)	5,000.	0.			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.	0.			COVID-19 RESPONSE
COUNTY HEALTH EXECUTIVES ASSOCIATION OF CALIFORNIA (CHEAC) - 1127 11TH STREET SUITE 806 - SACRAMENTO, CA 95814	68-0250511	501(C)(3)	100,000.	0.			COVID-19 RESPONSE

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

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DE BEAUMONT FOUNDATION 7501 WISCONSIN AVENUE SUITE 1310-E BETHESDA, MD 20814	04-3467074	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR STREET NEW YORK, NY 10006	13-3433452	501(C)(3)	60,000.	0.			FRIES PRIZE FOR HEALTH
EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH - 1518 CLIFTON ROAD - ATLANTA, GA 30322	58-0566256	501(C)(3)	2,550.	0.			ATLANTA INTERNATIONAL HEALTH FELLOWSHIP
FUTURES WITHOUT VIOLENCE 100 MONTGOMERY ST. SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	4,500.	0.			NEW INVESTIGATOR AWARD
GEORGETOWN UNIVERSITY 37TH & O STREET N.W. WASHINGTON, DC 20007	53-0196603	501(C)(3)	70,000.	0.			COVID-19 RESPONSE
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - PO BOX 3999 - ATLANTA, GA 30302	58-1845423	501(C)(3)	67,071.	0.			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.	0.			SICKLE CELL DATA COLLECTION
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - PO BOX 3999 - ATLANTA, GA 30302	58-1845423	501(C)(3)	20,160.	0.			SICKLE CELL DATA COLLECTION
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - PO BOX 3999 - ATLANTA, GA 30302	58-1845423	501(C)(3)	41,250.	0.			ANALYSIS AND DISSEMINATION OF POPULATION-BASED SICKLE CELL DISEASE (YEAR 2)

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

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GEORGIA TECH RESEARCH CORPORATION 505 TENTH STREET, NW ATLANTA, GA 30318	58-0603146	501(C)(3)	400,000.	0.			COVID-19 RESPONSE
HEALTH OFFICERS ASSOCIATION OF CALIFORNIA (HOAC) - 1100 11TH STREET SUITE 323 - SACRAMENTO, CA 95814	23-7103850	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
HEALTH RESEARCH, INC 150 BROADWAY SUITE 560 MENANDS, NY 12204-2726	14-1402155	501(C)(3)	45,000.	0.			COVID-19 RESPONSE
HEALTH RESEARCH, INC 150 BROADWAY SUITE 560 MENANDS, NY 12204-2726	14-1402155	501(C)(3)	57,000.	0.			COVID-19 RESPONSE
HEALTH RESEARCH, INC 150 BROADWAY SUITE 560 MENANDS, NY 12204-2726	14-1402155	501(C)(3)	132,974.	0.			COVID-19 RESPONSE
HEALTH RESEARCH, INC 150 BROADWAY SUITE 560 MENANDS, NY 12204-2726	14-1402155	501(C)(3)	15,026.	0.			COVID-19 RESPONSE
HEART TO HEART INTERNATIONAL, INC. 13250 WEST 98TH STREET LENEXA, KS 66215	48-1108359	501(C)(3)	392,652.	0.			COVID-19 RESPONSE
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE SW ATLANTA, GA 30310-1495	58-1438873	501(C)(3)	450,000.	0.			COVID-19 RESPONSE
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1100 17TH STREET NW 7TH FLOOR - WASHINGTON, DC 20036	52-1426663	501(C)(3)	100,000.	0.			COVID-19 RESPONSE

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NATIONAL HEALTH LAW PROGRAM, INC. 3701 WISHSHIRE BLVD. SUITE 750 LOS ANGELES, CA 90010	95-3080947	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
NEBRASKA ASSOCIATION OF LOCAL HEALTH DIRECTORS - 800 SOUTH 13TH STREET SUITE 100 - LINCOLN, NE 68508	27-1695019	501(C)(3)	20,000.	0.			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.	0.			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.	0.			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.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
OKLAHOMA STATE DEPARTMENT OF HEALTH - 1000 NE STREET - OKLAHOMA CITY, OK 73117	73-6017987	501(C)(3)	70,000.	0.			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.	0.			ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA
PUBLIC HEALTH - SEATTLE & KING COUNTY - 516 THIRD AVENUE - SEATTLE, WA 98104	91-6001327	501(C)(3)	108,000.	0.			COVID-19 RESPONSE
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	45,000.	0.			COVID-19 RESPONSE

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PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	50,000.	0.			COVID-19 RESPONSE
PUBLIC HEALTH FOUNDATION INC 1300 L STREET NW SUITE 800 WASHINGTON, DC 20005	52-1237297	501(C)(3)	5,000.	0.			COVID-19 RESPONSE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	27,646.	0.			SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	42,505.	0.			SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	16,084.	0.			SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	3,489.	0.			SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	37,780.	0.			SICKLE CELL DATA COLLECTION
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501(C)(3)	34,408.	0.			SICKLE CELL DATA COLLECTION

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STACK UP 14913 W. NAVARRE WAY SYLMAR, CA 91342	47-5424265	501(C)(3)	60,015.	0.			COVID-19 RESPONSE
STATE OF WISCONSIN-DEPARTMENT OF HEALTH SERVICES - 1 WEST WILSON STREET - MADISON, WI 53703	39-6006469	GOVT	35,000.	0.			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.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
SWORDS TO PLOWSHARES VETERANS RIGHTS ORGANIZATION - 401 VAN NESS AVENUE - SAN FRANCISCO, CA 94102	94-2260626	501(C)(3)	20,000.	0.			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.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
TASK FORCE FOR GLOBAL HEALTH, INC. 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	18,750.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
TASK FORCE FOR GLOBAL HEALTH, INC. 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	66,000.	0.			COVID-19 RESPONSE
TASK FORCE FOR GLOBAL HEALTH, INC. 325 SWANTON WAY DECATUR, GA 30030	58-1698648	501(C)(3)	10,000.	0.			COVID-19 RESPONSE
TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 NORTH CENTRAL AVENUE - PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE

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TECHNICAL ASSISTANCE PARTNERSHIP OF ARIZONA - 2929 NORTH CENTRAL AVENUE - PHOENIX, AZ 85012	86-0975231	501(C)(3)	10,000.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE OHIO STATE UNIVERSITY P.O. BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)	4,960.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK - PHASE II
THE OHIO STATE UNIVERSITY P.O. BOX 182646 COLUMBUS, OH 43218	31-6025986	501(C)(3)	431,375.	0.			COVID-19 RESPONSE
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA ON BEHALF OF ITS SAN FRANCISCO CAMPUS - 333 CALIFORNIA STREET SUITE 435 CAMPUS BOX 1241 -	94-6036493	501(C)(3)	375,000.	0.			COVID-19 RESPONSE
THE SOCIAL CHANGERY, LLC 4211 MOSS DRIVE SACRAMENTO, CA 95822	81-5163423	501(C)(3)	12,500.	0.			COVID-19 RESPONSE
THE SOCIAL CHANGERY, LLC 4211 MOSS DRIVE SACRAMENTO, CA 95822	81-5163423	501(C)(3)	12,500.	0.			COVID-19 RESPONSE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (COLUMBIA UNIVERSITY - 615 WEST 131ST STREET - NEW YORK, NY 10027	13-8598093	501(C)(3)	25,000.	0.			COVID-19 RESPONSE
THIRD SECTOR NEW ENGLAND INC. 89 SOUTH ST. SUITE 700 BOSTON, MA 02111	04-2261109	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
TOWNSHIP OF HOWELL 4567 ROUTE 9 NORTH, 2ND FLOOR HOWELL, NJ 07731	21-6000749	GOVT	150,000.	0.			COVID-19 RESPONSE

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TRUST FOR AMERICA'S HEALTH (TFAH) 1730 M STREET NW SUITE 900 WASHINGTON, DC 20036	52-2257066	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	2,761.	0.			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.	0.			MONITORING E-CIGARETTE USE AMONG YOUTH
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	11,729.	0.			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.	0.			MONITORING E-CIGARETTE USE AMONG YOUTH
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	15,560.	0.			MONITORING E-CIGARETTE USE AMONG YOUTH
UNIVERSITY OF WASHINGTON 4300 ROSEVELT WAY NE STE 300 BOX 35 SEATTLE, WA 98195-4966	91-6001537	501(C)(3)	200,000.	0.			COVID-19 RESPONSE
UNIVERSITY OF WASHINGTON 4300 ROSEVELT WAY NE STE 300 BOX 35 SEATTLE, WA 98195-4966	91-6001537	501(C)(3)	100,000.	0.			COVID-19 RESPONSE
UNIVERSITY OF WISCONSIN - MADISON 21 N PARK STREET SUITE 401 MADISON, WI 53715-1218	39-6006492	501(C)(3)	84,816.	0.			NEWBORN SCREENING OF SPINAL MUSCULAR ATROPHY

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VOLUNTEERS OF AMERICA OF ILLINOIS 47 WEST POLK STREET SUITE 250 CHICAGO, IL 60605	36-2723047	501(C)(3)	20,000.	0.			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.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
WELL BEING TRUST 436 14TH STREET SUITE 1120 OAKLAND, CA 94612	81-4260130	501(C)(3)	200,000.	0.			COVID-19 RESPONSE

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH MONROE PRESIDENT & CEO	(i)	398,661.	0.	0.	0.	28,896.	427,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CULLEN BRYENTON VP OF FINANCE AND CONTROLLER	(i)	156,809.	0.	0.	0.	21,615.	178,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MONIQUE PATRICK COO	(i)	229,972.	2,500.	0.	0.	29,228.	261,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PIERCE NELSON VP OF COMMUNICATIONS	(i)	244,741.	5,385.	0.	0.	26,142.	276,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA ANGEL VP FOR ADVANCEMENT	(i)	187,370.	2,000.	0.	0.	24,878.	214,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL BRANDON TALLEY VP FOR NON-INFECTIOUS DISEASE	(i)	166,311.	1,600.	0.	0.	22,642.	190,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILITY INSURANCE.

THE EMPLOYEE'S SALARY IS GROSSED UP FOR THE PREMIUM AND THEN THE INSURANCE

PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.

PART I, LINE 3:

THE FOUNDATION FOLLOWS IRS PRESCRIBED PROCEDURES FOR ESTABLISHING A

REBUTTABLE PRESUMPTION OF REASONABLENESS OF ALL COMPENSATION PAID TO

"DISQUALIFIED PERSONS" (AS DETAILED IN SECTION 4958 OF THE INTERNAL

REVENUE CODE OF 1986) THE FOUNDATION HIRES AN INDEPENDENT,

INTERNATIONAL HUMAN RESOURCES FIRM TO PROVIDE MARKET DATA FOR ALL STAFF

POSITIONS. THIS FIRM USES A VARIETY OF SURVEYS AND USING THESE AND

THEIR EXPERTISE, IT RECOMMENDS MARKET VALUES AND SALARY RANGES FOR

STAFF POSITIONS. THE EXECUTIVE COMMITTEE OF THE FOUNDATION WHICH IS

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

ADVANCEMENT AND NOMINATING COMMITTEES ARE INDEPENDENT, VOTING MEMBERS

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

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

THESE ACTIONS ARE DOCUMENTED IN ACCORDANCE WITH THE REGULATIONS UNDER

Part III Supplemental Information

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

SECTION 4958 OF THE CODE.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 (MEDICAL SUPPL)	X	3512500	13,603,849.	COST
26 Other (HOUSEHOLD GOO)	X	390,102	2,900,452.	COST
27 Other (FOOD)	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**

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for 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
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE CDC FOUNDATION HELPS THE CENTERS FOR DISEASE CONTROL AND PREVENTION

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

AND FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT

THREATS TO HEALTH AND SAFETY.

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

COVID-19 RESPONSE

IN JANUARY 2020, THE CDC FOUNDATION ACTIVATED ITS EMERGENCY RESPONSE

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

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

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

VARIETY OF DONORS FOUNDATIONS, CORPORATIONS, GOVERNMENT AGENCIES AND

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

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

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

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

FOUNDATION FOCUSED IN ON ADDRESSING THREE AREAS OF NEEDS SUPPORTING

HEALTH EQUITY, TACKLING FRONTLINE RESPONSE CHALLENGES, AND ACTIVATING

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

FOUNDATION DISTRIBUTED OVER 7 MILLION PIECES OF PERSONAL PROTECTIVE

EQUIPMENT FOR FRONT-LINE WORKERS; PROVIDED URGENTLY NEEDED LABORATORY

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

SURGE STAFF FOR STATE, LOCAL, TRIBAL AND TERRITORIAL HEALTH

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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DEPARTMENTS; SUPPORTED AND EXPANDED COVID-19 TESTING; AIDED LONG-TERM

CARE FACILITIES AND COMMUNITY-BASED ORGANIZATIONS SERVING AT-RISK

POPULATIONS; AND SUPPORTED MUCH-NEEDED COMMUNICATIONS CAMPAIGNS,

RESEARCH AND MORE. 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

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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INFORMATION IS AVAILABLE AT WWW.CDCFOUNDATION.ORG.

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

OPIOID SURGE STAFFING

IN 2018, THE CDC FOUNDATION WAS AWARDED A COOPERATIVE AGREEMENT (CDC-RFAOT18-1804) BY THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) IN THE AMOUNT OF \$10.57M TO ASSIST STATE HEALTH DEPARTMENTS IN BUILDING CAPACITY TO COMBAT THE RAPID INCREASE OF DEATHS RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY. THE CDC FOUNDATION HIRED 80 SURGE FIELD EMPLOYEES AND 16 CONTRACTORS AMONG VARIOUS SPECIALTIES ACROSS 13 STATES (ARIZONA, CALIFORNIA, ILLINOIS, MARYLAND, MISSOURI, MISSISSIPPI, NORTH CAROLINA, OHIO, OKLAHOMA, RHODE ISLAND, WASHINGTON, WISCONSIN AND WEST VIRGINIA) 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.

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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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 (PNM) AND GLOBAL FUND THROUGHOUT 2020.

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

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

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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SAFE WATER AND PROGRAMS FOR ENVIRONMENTAL HEALTH AND OCCUPATIONAL

HEALTH AND SAFETY.

EXPENSES \$ 44,548,674. INCL GRANTS OF \$ 10,538,966. REVENUE \$ 625,007.

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.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY. THE FOUNDATION MAINTAINS A COPY OF THE SIGNATURE INDICATING COMPLIANCE WITH THE RULES. LEGAL COUNSEL REVIEWS THE POLICY ANNUALLY WITH ALL BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED WITH ALL POSITION DESCRIPTIONS AND THAT FIRM PREPARES A SALARY STUDY INCLUDING MARKET VALUES FOR EACH POSITION AND RANGES FOR EVERY GRADE. THE EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF THE CHAIR, TREASURER, SECRETARY, NOMINATING CHAIR, AND ADVANCEMENT CHAIR ARE PROVIDED WITH THE INFORMATION FROM THE CONSULTANT. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO, SETS GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR AND

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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DETERMINES THE PRESIDENT'S COMPENSATION PACKAGE FOR THE FOLLOWING YEAR.

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

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

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

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

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

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

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

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

OTHER 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.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	39,186,170.

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

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

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.

FORM 990, PART X, LINE 27:

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

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

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.

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

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

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

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

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.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Open to Public Inspection for 501(c)(3) Organizations Only

Part I: Name of organization (NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.), Employer identification number (58-2106707), and other identifying information.

Part C: Book value of all assets at end of year (277,520,478) and Part G: Check organization type (501(c) corporation).

Part H: Enter the number of the organization's unrelated trades or businesses (1) and describe the first one.

Part I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No)

Part J: The books are in care of (CULLEN BRYENTON) and Telephone number (404-523-1872)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
46b	Other credits (see instructions)	46b	
46c	General business credit. Attach Form 3800	46c	
46d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
46e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
51b	2019 estimated tax payments	51b	
51c	Tax deposited with Form 8868	51c	
51d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
51e	Backup withholding (see instructions)	51e	
51f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
51g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year. \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3/12/21 Title: PRESIDENT/CEO

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	M. SUSAN HILL	<i>[Signature]</i>	03/10/21		P00846200
	Firm's name	Firm's EIN		Phone no.	
	WARREN AVERETT, LLC	45-4084437		770-396-1100	
	SIX CONCOURSE PARKWAY, SUITE 600				
	ATLANTA, GA 30328				

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3		from line 5. Enter here and in Part I,		
4a Additional section 263A costs			line 2	7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to		Yes No
5 Total. Add lines 1 through 4b	5		the organization?		Yes No

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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

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

CULLEN BRYENTON

- The books are in the care of ▶ 600 PEACHTREE STREET NE, NO. 1000 - ATLANTA, GA 30308
Telephone No. ▶ 404-523-1872 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

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

CULLEN BRYENTON

- The books are in the care of ▶ 600 PEACHTREE STREET NE, NO. 1000 - ATLANTA, GA 30308
Telephone No. ▶ 404-523-1872 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2019, and ending JUN 30, 2020.

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

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

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