

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b> Doing business as <b>CDC FOUNDATION</b>		<b>D</b> Employer identification number <b>58-2106707</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>600 PEACHTREE STREET NE 1000</b>	<b>E</b> Telephone number <b>404-653-0790</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30308</b>		<b>G</b> Gross receipts \$ <b>325,193,492.</b>
	<b>F</b> Name and address of principal officer: <b>NEDRA JONES</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number

**J** Website: **WWW.CDCFOUNDATION.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **1993** **M** State of legal domicile: **GA**

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>																																																											
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																											
Activities & Governance	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>14</b>																																																										
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>14</b>																																																										
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>5</b> <b>4333</b>																																																										
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>14</b>																																																										
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>																																																										
	<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																																																										
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## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>NEDRA JONES, CFO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>TIFFANY T. ORR, CPA</b>	<b>TIFFANY T. ORR, CPA</b>	<b>01/17/24</b>	<input type="checkbox"/>	<b>P01559485</b>
<b>Preparer Use Only</b>	Firm's name <b>CARR, RIGGS &amp; INGRAM, LLC</b>			Firm's EIN <b>72-1396621</b>	
	Firm's address <b>4004 SUMMIT BLVD NE, SUITE 800 ATLANTA, GA 30319</b>			Phone no. <b>770.394.8000</b>	

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 FOUNDATIONS, ORGANIZATIONS, CORPORATIONS AND INDIVIDUALS TO FIGHT THREATS TO HEALTH AND SAFETY.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 87,066,843. including grants of \$ 8,521,912.) (Revenue \$ \_\_\_\_\_)  
**COVID-19 RESPONSE - STRENGTHENING COMMUNITIES**

**SEE SCHEDULE O FOR DESCRIPTION**

4b (Code: \_\_\_\_\_) (Expenses \$ 83,930,926. including grants of \$ \_\_\_\_\_) (Revenue \$ 49,399,337.)  
**WORKFORCE SERVICES - STRENGTHENING HEALTH DEPARTMENTS**

**SEE SCHEDULE O FOR DESCRIPTION**

4c (Code: \_\_\_\_\_) (Expenses \$ 11,390,379. including grants of \$ 461,144.) (Revenue \$ \_\_\_\_\_)  
**DATA FOR HEALTH**

**SEE SCHEDULE O FOR DESCRIPTION**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 85,601,325. including grants of \$ 15,270,665.) (Revenue \$ 2,235,577.)

4e Total program service expenses 267,989,473.

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

**Part IV Checklist of Required Schedules**

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

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

Form 990 (2022)

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

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 147	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		4333
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**NEDRA R. JONES - 678-733-1883**  
**600 PEACHTREE STREET NE, 1000, ATLANTA, GA 30308**

NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH MONROE PRESIDENT & CEO	56.00			X			520,366.	0.	35,019.	
(2) MONQUIE PATRICK COO	48.00			X			292,945.	0.	57,030.	
(3) LISA WADDELL FORMER CMO	48.00					X	266,242.	0.	62,000.	
(4) LAUREN SMITH CHIEF HEALTH EQUITY & STRA	51.00			X			270,769.	0.	40,586.	
(5) NEDRA JONES CFO	43.00			X			270,483.	0.	40,227.	
(6) DANIEL PIERCE NELSON VP FOR COMMUNICATIONS	55.00			X			231,475.	0.	24,139.	
(7) LAURA ANGEL VP FOR ADVANCEMENT	57.00			X			217,354.	0.	37,766.	
(8) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASE	49.00			X			204,070.	0.	35,471.	
(9) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	40.00				X		184,977.	0.	41,963.	
(10) KATHY CAHILL FORMER VP FOR SYSTEMS INTEGR.	42.00					X	196,084.	0.	16,493.	
(11) CATHERINE ZILBER VP INFECTIOUS DISEASE PROG	44.00			X			172,765.	0.	36,989.	
(12) ROBERT ABRAHAM AVP FOR ADVANCEMENT	56.00				X		175,130.	0.	31,916.	
(13) JEREMY MORTON SR. SURVEY METHODOLOGIST	40.00				X		170,616.	0.	30,660.	
(14) RACHNA CHANDORA AVP NON INFECTIOUS DISEASE	44.00				X		169,449.	0.	31,357.	
(15) TURQUOISE SIDIBE AVP FOR EMERGENCY RESPONSE	49.00				X		166,595.	0.	16,648.	
(16) LEAH DEVLIN PAST CHAIR	2.00	X		X			0.	0.	0.	
(17) DAVID ALDRIDGE TREASURER	2.00	X		X			0.	0.	0.	



**NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RAYMOND BAXTER SECRETARY	2.00	X		X				0.	0.	0.
(19) SHIRLEY FRANKLIN ADVANCEMENT CHAIR	2.00	X						0.	0.	0.
(20) JAMES MARKS NOMINATING CHAIR	2.00	X						0.	0.	0.
(21) ELAINE CHAMBERS BOARD CHAIR	2.00	X		X				0.	0.	0.
(22) BROOKS BELL DIRECTOR	1.00	X						0.	0.	0.
(23) JEFFREY KOPLAN DIRECTOR	1.00	X						0.	0.	0.
(24) PHIL KENT DIRECTOR	1.00	X						0.	0.	0.
(25) AMELIE RAMIREZ DIRECTOR	1.00	X						0.	0.	0.
(26) BERNARD MILANO DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								3,509,320.	0.	538,264.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								3,509,320.	0.	538,264.

**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 36

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
METEORITE ADVISORS, 5670 WILSHIRE BLVD STE 1800, LOS ANGELES, CA 90036-5653	CONSULTING - HEALTH ACTION ALLIANCE	405,000.
LIEBERMAN RESEARCH WORLDWIDE LLC, 1900 AVENUE OF THE STARS STE 1600, LOS ANGELES, S MOFFATT PUBLIC HEALTH SOLUTIONS LLC	CONSULTING - MILLION HEARTS CAMPAIGN	238,700.
4788 ST GEORGE RD, WILLISTON, VT 05495-7679	CONSULTING - COVID-19	184,938.
FOR THE CULTURE CONSULTING, 1435 S MAIN CHAPEL WAY UNIT C408, GAMBRILLS, MD	CONSULTING - RACIAL EQUITY & TRANSFORMAT	146,630.
SUBSTANCE INTERNATIONAL LLC, 12777 W JEFFERSON BLVD, LOS ANGELES, CA 90066	COMMUNICATIONS & MARKETING - PICP PRO	132,175.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 8

**SEE PART VII, SECTION A CONTINUATION SHEETS**



NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	153,843,184.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	71,439,727.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 6,516,457.				
	<b>h Total.</b> Add lines 1a-1f			225282911.			
Program Service Revenue	<b>2 a</b> WORKFORCE SERVICES	Business Code	541900	49,399,338.	49399338.		
	<b>b</b> EMERGENCY RESPONSE		541900	1,500,203.	1,500,203.		
	<b>c</b> INFECTIOUS DISEASE		541900	546,671.	546,671.		
	<b>d</b> NON-INFECTIOUS DISEASE		541900	188,702.	188,702.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			51,634,914.			
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			1,936,866.		1936866.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	46,337,595.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	46,337,668.				
	<b>c</b> Gain or (loss)	<b>7c</b>	-73.				
<b>d</b> Net gain or (loss)			-73.		-73.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> MISCELLANEOUS REVENUE	Business Code	900099	1,206.		1,206.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			1,206.			
<b>12 Total revenue.</b> See instructions			27885824.	51634914.	0.	1937999.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	19,497,990.	19,497,990.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	25,000.	25,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	4,730,731.	4,730,731.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	3,052,424.	1,120,059.	1,371,564.	560,801.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	142,901,684.	132,846,702.	8,772,959.	1,282,023.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,490,048.	8,591,240.	776,265.	122,543.
<b>9</b> Other employee benefits .....	10,153,277.	8,764,414.	1,293,759.	95,104.
<b>10</b> Payroll taxes .....	11,502,998.	10,667,712.	698,503.	136,783.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	48,902.		48,902.	
<b>c</b> Accounting .....	112,621.		112,621.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	119,135.		119,135.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	73,040,205.	70,128,709.	2,481,563.	429,933.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	3,355,503.	2,118,287.	666,331.	570,885.
<b>14</b> Information technology .....	3,421,195.	1,423,297.	1,911,453.	86,445.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	733,472.	670,892.	53,480.	9,100.
<b>17</b> Travel .....	4,273,063.	4,070,566.	176,898.	25,599.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	712,511.	564,865.	130,450.	17,196.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	234,340.	93,736.	93,736.	46,868.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROJECT SUPPLIES	2,373,456.	2,373,456.		
<b>b</b> OTHER EXPENSES	1,007,793.	109,032.	832,964.	65,797.
<b>c</b> CONTRIBUTED GOODS	192,785.	192,785.		
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	290,979,133.	267,989,473.	19,540,583.	3,449,077.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	54,381,378.	<b>2</b>	26,646,823.
	<b>3</b> Pledges and grants receivable, net .....	66,693,494.	<b>3</b>	44,471,344.
	<b>4</b> Accounts receivable, net .....	2,918,793.	<b>4</b>	19,000,536.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,921,184.	<b>9</b>	6,160,089.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,377,174.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,456,509.	<b>10c</b>	920,665.
	<b>11</b> Investments - publicly traded securities .....	78,176,247.	<b>11</b>	81,392,346.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	611.	<b>15</b>	3,118,831.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	210,204,549.	<b>16</b>	181,710,634.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,771,231.	<b>17</b>	8,123,996.
	<b>18</b> Grants payable .....	16,269,348.	<b>18</b>	7,996,723.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,240,611.	<b>25</b>	5,895,673.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	39,281,190.	<b>26</b>	22,016,392.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	47,654,904.	<b>27</b>	53,164,538.
	<b>28</b> Net assets with donor restrictions .....	123,268,455.	<b>28</b>	106,529,704.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	170,923,359.	<b>32</b>	159,694,242.
<b>33</b> Total liabilities and net assets/fund balances .....	210,204,549.	<b>33</b>	181,710,634.	

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**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	278,855,824.
2	Total expenses (must equal Part IX, column (A), line 25)	2	290,979,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,123,309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	170,923,359.
5	Net unrealized gains (losses) on investments	5	894,192.
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	159,694,242.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

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**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	76118865.	252838369	191156154	248141708	225282911	993538007
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	167,552.	229,894.	270,464.	176,000.	132,000.	975,910.
<b>4 Total.</b> Add lines 1 through 3	76286417.	253068263	191426618	248317708	225414911	994513917
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						155761388
<b>6 Public support.</b> Subtract line 5 from line 4.						838752529

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	76286417.	253068263	191426618	248317708	225414911	994513917
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1725480.	2014825.	1655957.	1535092.	1936866.	8868220.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						1003382137.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	83.59 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	81.37 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2023. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

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

Employer identification number

58-2106707

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number 58-2106707
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>152,366,322.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>33,800,781.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>9,645,376.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>5,419,700.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>6,323,672.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number <b>58-2106707</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	47,808 SHARES OF FIDELITY STOCKS _____ _____ _____	\$ 6,323,672.	01/30/23
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.</b>	Employer identification number <b>58-2106707</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....	290979133.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	290979133.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

SCHEDULE C, PART II-A, LINE 2C

THE FOUNDATION INCURRED NO LOBBYING EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2023.

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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.



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

Schedule D (Form 990) 2022

58-2106707 Page **3**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CONTRACTS PAYABLE</b>	635,344.
(3) <b>LEASE LIABILITIES</b>	5,253,905.
(4) <b>OTHER LIABILITY</b>	6,424.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,895,673.

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 ...

Schedule D (Form 990) 2022



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	284,773,044.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	894,192.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	5,142,163.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,036,355.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	278,736,689.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	119,135.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	119,135.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	278,855,824.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	296,002,161.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	5,142,163.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,142,163.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	290,859,998.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	119,135.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	119,135.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	290,979,133.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023 AND 2022, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Employer identification number  
**58-2106707**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AM. & CARIBBEAN	0	0	GRANT MAKING	AWARD	20,650.
CENTRAL AM. & CARIBBEAN	0	21	PROGRAM SERVICES	PROFESSIONAL FEES	1,007,927.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPPLIES	6,398.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	17,630.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS	1,030.
CENTRAL AM. & CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL	14,336.
EAST ASIA & PACIFIC	0	0	GRANT MAKING	AWARD	244,772.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	TRAVEL	355,169.
<b>3 a</b> Subtotal .....	0	21			1,667,912.
<b>b</b> Total from continuation sheets to Part I .....	0	215			18,124,151.
<b>c Totals</b> (add lines 3a and 3b) .....	0	236			19,792,063.

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

Schedule F (Form 990) 2022

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & PACIFIC	0	21	PROGRAM SERVICES	PROFESSIONAL FEES	676,146.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPPLIES	39,959.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	4,225.
EAST ASIA & PACIFIC	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	16,069.
EUROPE	0	0	GRANT MAKING	AWARD	480,633.
EUROPE	0	25	PROGRAM SERVICES	PROFESSIONAL FEES	789,088.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL	136,524.
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPPLIES	59,184.
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES - OTHER	22,225.
EUROPE	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	2,990.
<b>Totals</b> .....					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES, MEETINGS	11,885.
MIDDLE EAST & N. AFRICA	0	0	GRANT MAKING	AWARD	341,667.
MIDDLE EAST & N. AFRICA	0	13	PROGRAM SERVICES	PROFESSIONAL FEES	367,475.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	EQUIPMENT, REPAIRS	24,580.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	TRAVEL	152,021.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	CONFERENCES, MEETINGS	3,250.
MIDDLE EAST & N. AFRICA	0	0	PROGRAM SERVICES	TELEPHONE	169,907.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONAL FEES	150,925.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	10,233.
NORTH AMERICA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPPLIES	12,133.
<b>Totals</b> .....					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA	0	0	PROGRAM SERVICES	TRAVEL	7,525.
RUSSIA	0	0	PROGRAM SERVICES	PROFESSIONAL FEES	15,169.
SOUTH AMERICA	0	4	PROGRAM SERVICES	PROFESSIONAL FEES	54,650.
SOUTH ASIA	0	0	GRANT MAKING	AWARD	341,916.
SOUTH ASIA	0	37	PROGRAM SERVICES	PROFESSIONAL FEES	1,359,606.
SOUTH ASIA	0	0	PROGRAM SERVICES	CONFERENCES, MEETINGS	1,600.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES - LAB SUPPLIES	122,753.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL	142,910.
SOUTH ASIA	0	0	PROGRAM SERVICES	PRINTING, PROMOTION	24,891.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING	AWARD	3,150,827.
<b>Totals</b> .....					



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

58-2106707

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	214,422.		0.		
		EUROPE	THE MOLD THAT CHANGED THE WORLD MUSICAL	177,369.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	69,970.		0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	16,764.		0.		
		MIDDLE EAST AND NORTH AFRICA	FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) IN QATAR	204,089.		0.		
		MIDDLE EAST AND NORTH AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	137,578.		0.		
		SOUTH ASIA	EVALUATING THE IMPACT OF THE PNEUMOCOCCAL CONJUGATE VACCINE INTRO IN INDONESIA	53,500.		0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	144,923.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **7**

3 Enter total number of other organizations or entities ..... **11**



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

58-2106707

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	24,000.		0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	54,993.		0.		
		SUB-SAHARAN AFRICA	INVESTIGATING SAFETY AND EFFICACY OF L9LS MONOCLONAL ANTIBODIES IN WESTERN KENYA	2807709.		0.		
		SUB-SAHARAN AFRICA	MARTIN MEMORIAL SCHOLARSHIP - 15 STUDENTS	11,416.		0.		
		SUB-SAHARAN AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL	302,099.		0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE IN AFRICA	176,977.		0.		
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	CHOLERA SURVEILLANCE IN HAITI	20,650.		0.		
		EAST ASIA AND THE PACIFIC	ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY IN NIGERIA AND INDONESIA	150,000.		0.		
		EAST ASIA AND THE PACIFIC	MONITORING THE GLOBAL TOBACCO EPIDEMIC	125,543.		0.		

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

58-2106707

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MONITORING THE GLOBAL TOBACCO EPIDEMIC	32,000.		0.		



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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A VISION 4 HOPE 800 PHOENIX BLVD, BUILDING 200 SUIT COLLEGE PARK, GA 30349	82-0897150	501C3	45,000.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES YEAR 2
A VISION 4 HOPE 800 PHOENIX BLVD, BUILDING 200 SUIT COLLEGE PARK, GA 30349	82-0897150	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
ABOUNDING PROSPERITY INC 2-1129 NORTHSIDE RD BURLINGTON, CANADA	20-3746990		24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
ACTION NETWORK 200 MAIN STREET POINT ARENA, CA 95468	45-0479312	501C3	34,045.	0.			YOUTH HEALTH ACTION CORPS
AFRICAN AMERICAN COMMUNITY COLLABORATIVE, INC. - 120 MORRIS STREET - DURHAM, NC 27701	56-1474905	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
AFRICAN SERVICES COMMITTEE 429 W 127TH ST NEW YORK, NY 10027	13-3749744	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 112.

**3** Enter total number of other organizations listed in the line 1 table 10.

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

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

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AIDS HEALTHCARE FOUNDATION (CALOR) 6255 W SUNSET BLVD 2ND FLOOR LOS ANGELES, CA 90028	95-4112121	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM - 4000 AMBASSADOR DRIVE - ANCHORAGE, AK 99508	92-0162721	501C3	200,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ALBUQUERQUE AREA INDIAN HEALTH BOARD, INC. - 7001 PROSPECT PL NE - ALBUQUERQUE, NM 87110	85-0255630	501C3	13,322.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
AMERICAN PSYCHIATRIC ASSOCIATION (APA) - 800 MAINE AVENUE SW SUITE 900 - WASHINGTON, DC 20024	52-2168499	501C6	316,804.	0.			IMPROVING MATERNAL INFANT HEALTH COVID-19 SURVEILLANCE AND CLINICAL CARE
AMERICAN PUBLIC HEALTH ASSOCIATION 800 I STREET NW WASHINGTON, DC 20001-3710	13-1628688	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
AMERICANA COMMUNITY CENTER INC 4801 SOUTHSIDE DRIVE LOUISVILLE, KY 40214	61-1251306	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ANDREW COUNTY HEALTH DEPARTMENT 106 N 5TH STREET SAVANNAH, MO 64485	43-1009649	GOVT	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501C3	570,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ASSOCIATION FOR THE ADVANCEMENT OF MEXICAN AMERICANS - 204 CLIFTON STREET - HOUSTON, TX 77011	74-1696961	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

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ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS - 2231 CRYSTAL DRIVE SUITE 450 - ARLINGTON, VA 22202	35-1044487	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS - 2231 CRYSTAL DRIVE SUITE 450 - ARLINGTON, VA 22202	35-1044487	501C3	20,000.	0.			FRIES FOUNDATION COLLABORATION/OPERATING ACCOUNT
BIG CITIES HEALTH COALITION 6909 LAUREL AVE #11442 TAKOMA PARK, MD 20913	88-1791197	501C3	150,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
BIG CITIES HEALTH COALITION 6909 LAUREL AVE #11442 TAKOMA PARK, MD 20913	88-1791197	501C3	20,000.	0.			FRIES FOUNDATION COLLABORATION/OPERATING ACCOUNT
BLACK MAMAS MATTER ALLIANCE, INC PO BOX 571894 ATLANTA, GA 30357	85-1274248	501C3	264,932.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
BORDERLANDS RESTORATION NETWORK 1 SCHOOL ST PATAGONIA, AZ 85624	47-2581032	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
BOULDER PRIDE DBA OUT BOULDER COUNTY - PO BOX 1018 - BOULDER, CO 80306	84-1467134	501C3	23,800.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
BRAVE COMMUNITIES 9800 PEAKRIDGE DR AUSTIN, TX 78737	81-1901039	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
BRONZE PLUS INC. 120 TODD ROAD SANTA ROSA, CA 95407	68-0164753		18,848.	0.			FRIES FOUNDATION COLLABORATION/OPERATING ACCOUNT

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BRUKER SCIENTIFIC LLC 40 MANNING ROAD BILLERICA, MA 01821	04-3275192		22,425.	0.			PUERTO RICO DEPARTMENT OF HEALTH ADVANCED MOLECULAR DIAGNOSTICS
CALIFORNIA INDIAN MUSEUM AND CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
CENTER FOR PAN ASIAN COMMUNITY SERVICES, INC. - 3510 SHALLOWFORD RD - ATLANTA, GA 30341-2909	58-1437980	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	3,007,392.	0.			PREVENTING GLOBAL CHILD SEXUAL ABUSE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	399,564.	0.			MONITORING THE GLOBAL & DOMESTIC TOBACCO EPIDEMIC
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	311,457.	0.			PATHOGENIC PARAMYXOVIRUS REPLICATION IN BSL-4 CONTAINMENT
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	348,873.	0.			IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	306,489.	0.			LOCAL DATA FOR BETTER HEALTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	275,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT HIV SELF-TESTING

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	224,260.	0.			MATERNAL AND REPRODUCTIVE HEALTH IN TANZANIA SUSTAINABILITY EVALUATION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	192,100.	0.			VECTOR STOCK AND REAGENT REPOSITORY FOR RESEARCH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	150,000.	0.			INDIAN ROTAVIRUS VACCINES IN EARLY ADOPTER COUNTRIES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	127,819.	0.			BIOMARKER DISCOVERY THROUGH SERUM EPITOPE REPERTOIRE ANALYSIS (SERA)
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	169,377.	0.			UNDERSTANDING THE EFFECTS OF CROSS SEX HORMONE THERAPY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	102,476.	0.			IMPROVING ENGAGEMENT IN COMMUNITY LEVEL DATA COLLECTION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	101,776.	0.			USING BENCHMARKS TO IMPROVE JOINT EXTERNAL EVALUATION SCORES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	198,732.	0.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PHASE III
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	98,588.	0.			GLOBAL CARDIOVASCULAR HEALTH PARTNERSHIP

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	94,000.	0.			PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION IN BURKINA FASO
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	85,000.	0.			IMPROVING TESTING PROTOCOL FOR INHIBITORS IN HEMOPHILIA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	76,658.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP) IN QATAR
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	105,360.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	68,367.	0.			GLOBAL PNEUMOCOCCAL SEQUENCING 2.0
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	53,582.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	209,512.	0.			LEVERAGING WHO ROTAVIRUS SURVEILLANCE NETWORKS FOR DIARRHEAL PATHOGENS Y3
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	53,000.	0.			EVALUATION OF PNEUMOCOCCAL CONJUGATE VACCINE SCHEDULE CHANGE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	50,000.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY IN NIGERIA AND INDONESIA

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	39,427.	0.			CHOLERA SURVEILLANCE IN HAITI
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	39,262.	0.			EXPANDING FIREFIGHTING PPE CLEANING VALIDATION PROCEDURES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	34,501.	0.			HOME-BASED PREP FOR YOUTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	31,540.	0.			ANTIMALARIAL RESISTANCE MONITORING IN AFRICA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	31,310.	0.			CHARACTERIZATION OF NON-ROTAVIRUS VIRAL DIARRHEAL PATHOGENS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	329,274.	0.			EVALUATING TUBERCULOSIS PREVENTIVE TREATMENT IN PEOPLE LIVING WITH HIV
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	29,665.	0.			HOME-BASED PREP FOR YOUTH Y2 C+E
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	25,165.	0.			EVALUATING HPV VACCINE INDUCED ANTIBODIES IN BOTSWANA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	238,856.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	22,000.	0.			INTEGRATED SEROLOGIC SURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE IN NIGERIA
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	9,472.	0.			MATRIX
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	614,489.	0.			DATA FOR HEALTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	384,923.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS PHASE II
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	187,500.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	GOVT	8,062.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK (2022-2025) - STRATEGIC FOCUS AREA
CENTER FOR GLOBAL HEALTH INNOVATION INC - 999 PEACHTREE STREET NE SUITE 1800 - ATLANTA, GA 30309	58-1849665	501C3	100,000.	0.			BECOMING BETTER ANCESTORS - COVID CORE FUNDS
CENTER FOR THE INNOVATIVE TRAINING OF YOUTH, INC D/B/A STEM NOLA - 4910 DREXEL DR. - NEW ORLEANS, LA 70125	46-4516976	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT - 2012 E PRESTON ST - MOUNT PLEASANT, MI 48858	38-1865466	GOVT	19,694.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

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CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO - 1601 PRECISION PARK LANE - SAN DIEGO, CA 92173	95-2801772	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
CIVIC HEART COMMUNITY SERVICES 3131 EMANCIPATION AVE SUITE 400 HOUSTON, TX 77004	76-0297531	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
COAI, INC. PO BOX 8634 SAN JUAN, PUERTO RICO	66-0481897	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
COMBINED ARMS 2929 MCKINNEY S HOUSTON, TX 77003	47-5648923	501C3	35,146.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
COMMUNITY ACTION FOR VETERANS PO BOX 91543 SIOUX FALLS, SD 57109	88-1895627	501C3	42,616.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
COMMUNITY HEALTH WORKER COALITION FOR MIGRANTS AND REFUGEES - 24315 89TH PL W - EDMONDS, WA 98026	83-2266657	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
CONNECTICUT HARM REDUCTION ALLIANCE - 28 GRAND S - HARTFORD, CT 06106	47-4312705	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
DEKALB COUNTY BOARD OF HEALTH 445 WINN WAY DECATUR, GA 30030	58-1417092	GOVT	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
DELTA HEALTH ALLIANCE 435 STONEVILLE ROAD STONEVILLE, MS 38776	47-0915576	501C3	45,001.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES

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DESTINATION TOMORROW 448-452 EAST 149TH STREET BRONX, NY 10455-1325	80-0259180	501C3	45,001.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
EARLY ALERT CANINES 1641 CHALLENGE DRIVE #300 CONCORD, CA 94520	27-4237968	501C3	35,730.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
EMORY UNIVERSITY OFFICE OF GRANTS AND CONTRACTS - 1784 NORTH DECATUR RD., SUITE 530 - ATLANTA, GA 30322-1620	58-0566256	501C3	12,764.	0.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
ETHNIC MINORITIES OF BURMA ADVOCACY AND RESOURCE CENTER (EMBARC) - 2309 EUCLID AVENUE - DES MOINES, IA 50310	46-1017191	501C3	18,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS (CARGILL)
FAITH CENTER COMMUNITY DEVELOPMENT CORPORATION - 1510 W. BROAD AVE - ALBANY, GA 31707	83-3718868	501C3	11,750.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS
FAMILY SERVICE ASSOCIATION OF SAN ANTONIO, INC. - 702 SAN PEDRO AVENUE - SAN ANTONIO, TX 78212	74-1117341	501C3	11,750.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS
FIREFLY FACILITATION, INC. 800 OLD PAPER MILL DR., SE MARIETTA, GA 30067-5186	58-2420198		12,642.	0.			STRENGTHENING PUBLIC HEALTH SYSTEMS
FOOD AND SOCIETY AT THE ASPEN INSTITUTE - 2300 N. STREET NW SUITE 700 - WASHINGTON, DC 20037	84-0399006	501C3	55,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
FORT BEND COUNTY 301 JACKSON STREET RICHMOND, TX 77471	74-6001969	GOVT	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

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FREEDOM LODGE 809 SOUTH STREET RAPID CITY, SD 57701	84-1541577	501C3	11,750.	0.			EMERGENCY RESPONSE-HEALTH EQUITY IN SUPPORT OF CBOS
GENERATION 4 2176 BOLT DR BELTON, SC 29627	82-2162413	501C3	40,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
GENESEE COUNTY HEALTH DEPARTMENT 630 SOUTH SAGINAW ST. SUITE 4 FLINT, MI 48502	38-6004849	GOVT	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE FOUNDATION, INC. - PO BOX 8005 - STATESBORO, GA 30460-8005	58-2354256	501C3	9,267.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC - RENEWAL
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD - 2611 ELDERBERRY BLVD - RAPID CITY, SD 57703	46-0420063	501C3	59,400.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
HARTFORD GAY & LESBIAN HEALTH COLLECTIVE, INC - PO BOX 2094 - HARTFORD, CT 06145	06-1172441	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
HELPING HANDS RESOURCE GROUP 931 MONROE DR #120165 ATLANTA, GA 30308	27-3914818	501C3	45,001.	0.			SOUTHERN ALLIANCE: ADDRESSING COVID-19 AMONG AFRICAN AMERICAN COMMUNITIES
HOLA COMMUNITY ARTS 801 FOURTH AVENUE EAST HENDERSONVILLE, NC 28792	82-2943079	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
HOLY CROSS HOSPITAL, INC. 4725 N FEDERAL HWY FORT LAUDERDALE, FL 33308-4668	59-0791028	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

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HOUSTON HEALTH DEPARTMENT 8000 N STADIUM DRIVE HOUSTON, TX 77054	74-6001164	GOVT	50,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ILLUMINA, INC 12864 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	33-0804655		37,865.	0.			PUERTO RICO DEPARTMENT OF HEALTH ADVANCED MOLECULAR DIAGNOSTICS
IMMUNIZE NEVADA PO BOX 9090 RENO, NV 89507	46-2266350	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
INSTITUTE FOR PREVENTIVE HEALTHCARE AND ADVOCACY - 43 MCGEE HILL RD. - FAIRVIEW, NC 28730	85-0804230	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
IT TAKES PHILLY ENCOURAGING AND EMPOWERING OUR CHILDREN TO AIM HIGH - 419 JOHNSON STREET - JENKINTOWN, PA 19046	46-2705205	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
JHPIEGO CORPORATION 1615 THAMES STREET BALTIMORE, MD 21231	23-7424444	501C3	145,928.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
JOHNSTOWN FREE MEDICAL CLINIC 315 LOCUST STREET 2ND FLOOR JOHNSTOWN, PA 15901	23-2922409	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
KENNEDY HEALTH FOUNDATION DBA JEFFERSON HEALTH FOUNDATION NEW JERSEY - 1099 WHITE HORSE ROAD - VOORHEES, NJ 08043	80-0550282	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM CT #108 LOUISVILLE, KY 40223	27-4557052	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LATIN AMERICAN COMMUNITY CENTER 403 VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MARKETVISION 8647 WURZBACH ROAD SUITE J100 SAN ANTONIO, TX 78240	74-2895940		210,000.	0.			IMPROVING MATERNAL INFANT HEALTH COVID-19 SURVEILLANCE AND CLINICAL CARE
MARYLAND ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC. - 1500 UNION AVE SUITE 2500 - BALTIMORE, MD 21211	52-1749231	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT ROAD - LINCOLN, MA 01773	04-2104702	501C3	37,166.	0.			YOUTH HEALTH ACTION CORPS
MCDOWELL COUNTY COMMISSION ON AGING - 725 STEWART ST - WELCH, WV 24801-2125	55-0567694	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
METROPOLITAN CHARITIES, INC. 3251 3RD AVE N ST. PETERSBURG, FL 33713	59-3153947	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
MIGRANT CLINICIANS NETWORK, INC. 1001 LAND CREEK CV AUSTIN, TX 78746-6827	74-2662919	501C3	62,486.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
MIGRANT CLINICIANS NETWORK, INC. 1001 LAND CREEK CV AUSTIN, TX 78746-6827	74-2662919	501C3	7,000.	0.			COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING FOR CLIMATE-RESILIENT
MINNESOTA DEPARTMENT OF HEALTH 625 ROBERT STREET N SAINT PAUL, MN 55155-2538	41-6007162	GOVT	193,750.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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MINORITY AIDS SUPPORT SERVICES, INC. - 247 28TH ST SUITE 100 - NEWPORT NEWS, VA 23607	45-3751448	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
NAESM, INC. 315 14TH STREET NW ATLANTA, GA 30318	58-1986941	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1201 I ST NW STE 400 - WASHINGTON, DC 20005-5920	52-1426663	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
NATIONAL CENTER FOR FARMWORKER HEALTH - 1770 FM 967 - BUDA, TX 78610-2884	74-1826899	501C3	24,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS (CARGILL)
NATIVE AMERICAN COMMUNITY ACADEMY FOUNDATION - 1000 INDIAN SCHOOL RD NW - ALBUQUERQUE, NM 87104-2304	27-2193660	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
NEW MEXICO COMMUNITY CAPITAL 301 GOLD AVE SW SUITE 102 ALBUQUERQUE, NM 87102	20-1798654	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
NATURE NEXUS INSTITUTE 2436 E. 4TH STREET, PMB#133 LONG BEACH, CA 90814-1034	87-1515685	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501C3	100,000.	0.			SUPPORTING ENVIRONMENTAL HEALTH CAPACITY
NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501C3	142,754.	0.			ADDRESSING SOCIAL DETERMINANTS OF HEALTH THROUGH HOW RIGHT NOW

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NORC AT THE UNIVERSITY OF CHICAGO 55 EAST MONROE STREET CHICAGO, IL 60603	36-2167808	501C3	82,246.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS (PINTEREST PROGRAM FUNDING)
NORTH JERSEY AIDS ALLIANCE, INC. D.B.A (NJCRI) - 393 CENTRAL AVENUE - NEWARK, NJ 07103-2842	52-1592616	501C3	25,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
NORTHRIDGE HOSPITAL FOUNDATION 18300 ROSCOE BLVD NORTHRIDGE, CA 91325-4167	23-7444901	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
ORANGE COUNTY DEPARTMENT OF HEALTH 255 MAIN ST GOSHEN, NY 10924	14-6002567	GOVT	21,872.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION - 737 BISHOP STREET, SUITE 2075 - HONOLULU, HI 96813	20-0198040	501C3	9,900.	0.			ELIMINATING LYMPHATIC FILARIASIS IN AMERICAN SAMOA
PATH 1455 NW LEARY WAY SEATTLE, WA 98107-5136	91-1157127	501C3	68,182.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY IN NIGERIA AND INDONESIA
PEOPLE OF COLOR AGAINST AIDS NETWORK POCAAN - 901 RAINIER AVE N SUITE B103 - RENTON, WA 98057	91-1415892	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION - 301 N 9TH STREET - PHILADELPHIA, PA 19107	23-7439723	501C3	7,916.	0.			EMERGENCY RESPONSE FUND - CORONAVIRUS
PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION - 301 N 9TH STREET - PHILADELPHIA, PA 19107	23-7439723	501C3	7,000.	0.			COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING FOR CLIMATE-RESILIENT

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PIERCE COUNTY AIDS FOUNDATION 3009 S 40TH STREET TACOMA, WA 98409	91-1385245	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
PROJECT NEW YORKER CORPORATION 169-18 HILLSIDE AVE FL-2 JAMAICA, NY 11432	82-1375092	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
PROJECT SANCTUARY P.O. BOX 1563 GRANBY, CO 80446	26-1410596	501C3	39,298.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
PROJECT WET FOUNDATION INC. 1407 GOLD AVE STE 7 BOZEMAN, MT 59715-2456	20-0281441	501C3	37,316.	0.			YOUTH HEALTH ACTION CORPS
PUBLIC HEALTH INSTITUTE 555 12TH STREET 10TH FLOOR OAKLAND, CA 94607-4046	94-1646278	501C3	15,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ROCKY MOUNTAIN TRIBAL LEADERS COUNCIL - 2929 3RD AVE. N. SUITE 300 - BILLINGS, MT 59101	81-0509779	GOVT	59,400.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ROSEBUD SIOUX TRIBE 11 LEGION AVENUE ROSEBUD, SD 57570	46-0248724	GOVT	23,600.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
SAN ANTONIO AIDS FOUNDATION 818 E GRAYSON ST SAN ANTONIO, TX 78208	74-2427853	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
SB WRITING & COMMUNICATIONS LLC 44 PILGRIM LANE MONSEY, NY 10952	81-4748344		30,500.	0.			POLIO RESPONSE SB 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELMA AIR INC. 102 CENTRAL PARK PLACE SELMA, AL 36701	63-1133272	501C3	22,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
SISTERSONG DBA BMMA 1237 RALPH DAVID ABERNATHY BLVD SE ATLANTA, GA 30310	51-0544927	501C3	71,832.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
SOUTHERN PLAINS TRIBAL HEALTH BOARD FOUNDATION - PO BOX 16457 - OKLAHOMA CITY, OK 73113-2457	73-1606600	501C3	59,400.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
ST. JOHN'S COMMUNITY HEALTH 808 W 58TH ST LOS ANGELES, CA 90037	95-4067758	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
THE ALIVENESS PROJECT INC 3808 NICOLLET AVENUE MINNEAPOLIS, MN 55409	41-1593900	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
THE FIRE WATCH PROJECT, INC. 5011 GATE PARKWAY, BUILDING 100, SU JACKSONVILLE, FL 32256	85-3790585	501C3	38,272.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE GENERAL HOSPITAL CORPORATION DBA MASS GENERAL HOSPITAL - RESEARCH FINANCE - PO BOX 3829 - BOSTON, MA 02241-3829	04-2697983	501C3	152,968.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION 2021
THE GENERAL HOSPITAL CORPORATION DBA MASS GENERAL HOSPITAL - RESEARCH FINANCE - PO BOX 3829 - BOSTON, MA 02241-3829	04-2697983	501C3	16,301.	0.			MOSQUITO CRYOPRESERVATION AND FEMALE ELIMINATION 2021
THE HEALTH COLLABORATIVE 615 ELSINORE PL #500 CINCINNATI, OH 45202	31-1449807	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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THE MEDICAL SOCIETY OF VIRGINIA FOUNDATION - 2924 EMERYWOOD PARKWAY, SUITE 300 - RICHMOND, VA 23294	52-1394768	501C3	20,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS LOS ANGELES C - 405 HILGARD AVE - LOS ANGELES, CA 90095-7089	95-6006143	501C3	1,406,160.	0.			STIGMA MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK (COLUMBIA UNIVE - 615 WEST 131ST STREET, 3RD FL. - NEW YORK, NY	13-5598093	501C3	35,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
THIRD SECTOR NEW ENGLAND INC NETWORK FOR PUBLIC HEALTH LAW - 7101 YORK AVENUE SOUTH #270 - EDINA, MN 55435	04-2261109	501C3	250,000.	0.			RWJF GRANT 79032 - PH LAW
TRUST FOR AMERICA'S HEALTH (TFAH) 1730 M STREET NW STE 900 WASHINGTON, DC 20036	52-2257066	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501C3	28,630.	0.			MONITORING THE GLOBAL & DOMESTIC TOBACCO EPIDEMIC
UNCONDITIONAL LOVE, INC. DBA COMPREHENSIVE HEALTH CARE - 1495 N HARBOR CITY BLVD - MELBOURNE, FL 32935	59-3062093	501C3	23,737.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
UNICEF USA 125 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	13-1760110	501C3	100,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER - P.O. BOX 26901 - OKLAHOMA CITY, OK 73104	73-1563627	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS

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UNIVERSITY OF WASHINGTON 4300 ROOSEVELT WAY NE STE 300 SEATTLE, WA 98195-4966	91-1486484	501C3	27,500.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BOULEVARD BRONX, NY 10459	23-7360305		225,000.	0.			STIGMA MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
VARIETY CARE, INC. 3000 N GRAND BLVD OKLAHOMA CITY, OK 73107	73-1088577	501C3	24,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX
VOCES COALICION DE VACUNACION DE PUERTO RICO, INC. - PMB 290, 35 JUAN C. BORBON SUITE 67 - GUAYNABO, PUERTO RICO	66-0798610	501C3	29,487.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS (COVID-19 & FLU PREVENTION RISK PR )
WARRIOR SURF FOUNDATION PO BOX 585 FOLLY BEACH, SC 29439	47-4151098	501C3	14,451.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	31-6028429	501C3	290,000.	0.			STIGMA MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	31-6028429	501C3	37,500.	0.			YOUTH HEALTH ACTION CORPS
WE ARE OCEANIA 720 N KING ST HONOLULU, HI 96817-4511	85-0514098	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-CORONAVIRUS
WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ ST - SAINT PAUL, MN 55107-2295	23-7156236	501C3	10,000.	0.			EMERGENCY RESPONSE FUND-RWJF MPOX

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IMPROVING HEALTH	1	25,000.	0.		

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

**PART I, LINE 2:**

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

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

EMORY UNIVERSITY ROLLINS SCHOOL OF PUBLIC HEALTH

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

NAME OF ORGANIZATION OR GOVERNMENT: MIGRANT CLINICIANS NETWORK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING FOR CLIMATE-RESILIENT COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY-BASED ORGANIZATION CAPACITY BUILDING FOR CLIMATE-RESILIENT COMMUNITIES

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

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 Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

58-2106707

Schedule J (Form 990) 2022

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH MONROE PRESIDENT & CEO	(i)	437,585.	82,000.	781.	30,500.	4,519.	555,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONQUIE PATRICK COO	(i)	280,043.	12,000.	902.	29,930.	27,100.	349,975.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA WADDELL FORMER CMO	(i)	259,339.	6,000.	903.	27,819.	34,181.	328,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LAUREN SMITH CHIEF HEALTH EQUITY & STRA	(i)	263,866.	6,000.	903.	28,336.	12,250.	311,355.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NEDRA JONES CFO	(i)	263,624.	6,000.	859.	24,959.	15,268.	310,710.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANIEL PIERCE NELSON VP FOR COMMUNICATIONS	(i)	221,472.	8,500.	1,503.	23,061.	1,078.	255,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA ANGEL VP FOR ADVANCEMENT	(i)	209,851.	6,000.	1,503.	21,830.	15,936.	255,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL BRANDON TALLEY VP NON-INFECTIOUS DISEASE	(i)	194,686.	8,500.	884.	20,600.	14,871.	239,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	(i)	184,084.	0.	893.	9,269.	32,694.	226,940.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHY CAHILL FORMER VP FOR SYSTEMS INTEGR.	(i)	190,108.	4,500.	1,476.	0.	16,493.	212,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CATHERINE ZILBER VP INFECTIOUS DISEASE PROG	(i)	166,349.	5,000.	1,416.	18,541.	18,448.	209,754.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROBERT ABRAHAM AVP FOR ADVANCEMENT	(i)	163,725.	10,000.	1,405.	17,683.	14,233.	207,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JEREMY MORTON SR. SURVEY METHODOLOGIST	(i)	163,715.	5,502.	1,399.	16,650.	14,010.	201,276.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RACHNA CHANDORA AVP NON INFECTIOUS DISEASE	(i)	162,077.	5,970.	1,402.	17,114.	14,243.	200,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TURQUOISE SIDIBE AVP FOR EMERGENCY RESPONSE	(i)	157,809.	8,000.	786.	0.	16,648.	183,243.	217.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

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**Part III** Supplemental Information

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

PART I, LINE 1A:

ALL EMPLOYEES WHO WORK 30 HOURS OR MORE ARE PROVIDED DISABILITY INSURANCE.  
THE EMPLOYEE'S SALARY IS GROSSED UP FOR THE PREMIUM AND THEN THE INSURANCE  
PREMIUM IS DEDUCTED AND PAID TO THE VENDOR.

PART I, LINE 1B:

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

Schedule J (Form 990) 2022

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	6,323,672.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>PROG. SUPPLIES</u> )	X	495,290	192,785.	FAIR MARKET VALUE
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 - STRENGTHENING COMMUNITIES**

IN FY2023, THE CDC FOUNDATION CONTINUED ITS COVID-19 EMERGENCY RESPONSE ACTIVITIES.

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

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

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

Schedule O (Form 990) 2022

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

WORKFORCE SERVICES - STRENGTHENING HEALTH DEPARTMENTS

WITH THE SUCCESS OF ITS FY2020-2021 COVID-19 CORPS PROJECT, WHICH DEPLOYED MORE THAN 770 PERSONNEL TO AID HEALTH DEPARTMENTS IN 79 JURISDICTIONS WITH CONTACT TRACING, DISEASE INVESTIGATIONS AND OTHER EMERGENCY CORONAVIRUS ACTIVITIES, THE CDC FOUNDATION, THROUGH A GRANT FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION, SCALED UP ITS RESPONSE IN FY2022 AND FY2023 BY SUPPLYING LARGER NUMBERS OF WORKFORCE STAFF TO SUPPORT HEALTH DEPARTMENTS IN ALL 50 STATES, PLUS MULTIPLE TERRITORIES, CITIES AND TRIBAL AREAS.

AS PART OF THIS PROJECT, THE CDC FOUNDATION RECRUITED AND HIRED APPROXIMATELY 2,600 PUBLIC HEALTH WORKERS TO CONTINUE TO BRIDGE GAPS IN HEALTH DEPARTMENT WORKFORCES ACROSS THE COUNTRY AND BUILD A DIVERSE POOL OF PUBLIC HEALTH PROFESSIONALS FOR THE FUTURE.

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

PARTICULAR AREAS OF FOCUS INCLUDED SCHOOLS, WHERE FIELD EMPLOYEES

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HELPED ESTABLISH CONNECTIONS BETWEEN HEALTH DEPARTMENTS AND K-12 SCHOOLS TO SUPPORT STUDENTS, PARENTS AND STAFF WITH CONTACT TRACING AND INFORMATION SHARING.

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

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

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

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

IN ADDITION, BUILDING ON ITS FY2018 WORK IN ASSISTING CAPACITY-BUILDING IN STATE HEALTH DEPARTMENTS TO COMBAT THE RAPID INCREASE OF DEATHS RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY, THE CDC FOUNDATION HAD TWO SPECIFIC ONGOING PROJECTS DESIGNED TO FURTHER ADDRESS THIS ISSUE IN

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FY2023. CDC AWARDED A COOPERATIVE AGREEMENT TO THE FOUNDATION FOR A CAPACITY-BUILDING PROGRAM KNOWN AS OVERDOSE DATA TO ACTION (OD2A). OD2A SUPPORTS MORE THAN 150 FIELD EMPLOYEES IN 22 POSITION TITLES ACROSS 55 JURISDICTIONS AND SUBRECIPIENTS TO IMPLEMENT OVERDOSE SURVEILLANCE AND PREVENTION ACTIVITIES.

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

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

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

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

DATA FOR HEALTH

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number	58-2106707
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THE CDC FOUNDATION CONTINUED ITS PARTNERSHIP ON THE DATA FOR HEALTH INITIATIVE IN FY2023. THIS INNOVATIVE EFFORT IS AIMED AT SOLVING THE WORLD'S MOST PRESSING PUBLIC HEALTH PROBLEMS WITH TECHNOLOGY AND DATA, HELPING TO FILL MAJOR GAPS IN GLOBAL HEALTH.

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

AS PART OF THE DATA FOR HEALTH INITIATIVE, THE CDC FOUNDATION, WORKING ALONGSIDE EXPERTS AT THE U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) AND OTHER PARTNERS, SUPPORTS SELECTED COUNTRY GOVERNMENTS IN AFRICA, ASIA AND LATIN AMERICA TO STRENGTHEN THEIR PUBLIC HEALTH DATA SYSTEMS AND IMPROVE CAPACITY IN MINISTRIES OF HEALTH TO USE HEALTH DATA TO INFORM POLICY DEVELOPMENT AND COMMUNICATE HEALTH RESEARCH AND PRIORITIES TO DIVERSE AUDIENCES. THIS INCLUDES MULTI-YEAR COMPREHENSIVE PARTNERSHIPS WITH GOVERNMENTS IN 25 COUNTRIES AS WELL AS SUPPORT FOR SMALLER SCALE TIME-BOUND PROJECTS IN 15 COUNTRIES. FINALLY, IN A SUBSET OF COUNTRIES, THE PARTNERSHIP CONVENES EXPERTS TO PILOT AN INNOVATIVE MOBILE PHONE RISK FACTOR SURVEY FOR NONCOMMUNICABLE DISEASES. TO DATE, MORE THAN FIVE BILLION PEOPLE HAVE BEEN REACHED BY THIS PROJECT, LIVING IN COUNTRIES WITH IMPROVED CAPACITY TO USE DATA TO INFORM CRITICAL PUBLIC HEALTH DECISIONS.

SINCE THE INITIATIVE'S LAUNCH IN 2015, MORE THAN 150 DISCRETE INTERVENTIONS WERE COMPLETED, PROVIDING GOVERNMENTS WITH TECHNICAL

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

IN ADDITION, PARTICIPANTS FROM 14 COUNTRIES COMPLETED THE DATA TO POLICY TRAINING PROGRAM AND PRODUCED MORE THAN 100 POLICY BRIEFS, 50 OF WHICH HAVE BEEN ENACTED OR ARE IN THE PROCESS OF BEING ENACTED OR IMPLEMENTED. AND, SEVEN COUNTRIES HAVE LAUNCHED NEW OR STRENGTHENED EXISTING PUBLIC HEALTH BULLETINS. FINALLY, PILOT PROJECTS TO CONDUCT MOBILE PHONE SURVEYS THAT COLLECT NONCOMMUNICABLE DISEASE RISK FACTOR DATA HAVE BEEN COMPLETED IN SEVEN COUNTRIES. THIS IS THE FIRST TIME THAT A MOBILE PHONE SURVEY OF THIS KIND HAS BEEN CONDUCTED, AND THE RESULTS ARE BEING COMPARED TO THE WORLD HEALTH ORGANIZATION'S STEPWISE APPROACH TO SURVEILLANCE (STEPS) SURVEY IN THE SAME COUNTRIES TO EVALUATE ACCURACY AND REPRESENTATIVENESS OF THIS INNOVATION.

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

THE FOUNDATION, WORKING IN COLLABORATION WITH CDC, SPENDS THE VAST MAJORITY OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. DURING THE YEAR ENDED JUNE 30, 2023, THE CDC

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

EXPENSES \$ 85,601,325. INCL GRANTS OF \$ 15,270,665. REVENUE \$ 2,235,577.

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

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

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

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

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

AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990S AND FORM 1023 ON ITS WEBSITE. THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

OTHER FEES:

PROGRAM SERVICE EXPENSES	70,128,709.
MANAGEMENT AND GENERAL EXPENSES	2,481,563.
FUNDRAISING EXPENSES	429,933.
TOTAL EXPENSES	73,040,205.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	73,040,205.

FORM 990, PART IX, LINE 11G

THE FOUNDATION, WORKING IN CONCERT WITH THE CDC, SPENDS THE VAST



Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION, INC.	Employer identification number 58-2106707
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MAJORITY OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. THESE DISBURSEMENTS ARE EITHER IN THE FORM OF GRANTS OR AWARDS OR IN THE FORM OF FEES FOR SERVICES. FEES FOR SERVICES IN FY23 WERE PRIMARILY RELATED TO STATE-FUNDED CONTRACTS TO PROVIDE STAFF TO HEALTH DEPARTMENTS NATIONWIDE. THE AUTHORITY OF THE FOUNDATION TO PAY FOR THESE SERVICES IS ADDRESSED IN THE FEDERAL STATUTE CREATING THE FOUNDATION AND PLAYS A VITAL ROLE IN HELPING CDC ACCOMPLISH ITS MISSION. THE FOUNDATION MONITORS THESE FEES AND SERVICES TO ENSURE THAT THE AMOUNTS PAID ARE REASONABLE AND THAT PROGRAM GOALS ARE BEING MET.