

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NAT'L FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL/PREVENTION INC DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1995</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>58-2106707</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>404-653-0790</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>813000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1995</u>		2b Employer Identification Number (EIN) <u>58-2106707</u>		2c Plan Sponsor's telephone number <u>404-653-0790</u>		2d Business code (see instructions) <u>813000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>02/01/1995</u>											
2b Employer Identification Number (EIN) <u>58-2106707</u>											
2c Plan Sponsor's telephone number <u>404-653-0790</u>											
2d Business code (see instructions) <u>813000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NATIONAL FOUNDATION FOR THE CDC, INC.</u> <u>600 PEACHTREE STREET NE</u> <u>SUITE 1000</u> <u>ATLANTA, GA 30308</u>											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2022	NEDRA JONES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	821
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	578
a(2) Total number of active participants at the end of the plan year		6a(2)	1946
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	258
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	2204
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	2
f Total. Add lines 6d and 6e		6f	2206
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2035
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2L 2F 2G 2M			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan NAT'L FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL/PREVENTION INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FOUNDATION FOR THE CDC, INC.	D Employer Identification Number (EIN) 58-2106707

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	316026	408	07/01/2021	06/30/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	2041615
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	8407462

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	1898800
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c	Additions: (1) Contributions deposited during the year	7c(1)	114252	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	65236	
	(4) Transferred from separate account.....	7c(4)	115118	
	(5) Other (specify below)	7c(5)	36	

▶ **PARTICIPANT LOAN INTEREST**

(6) Total additions	7c(6)	294642
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2193442
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	38929	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	112417	
	(4) Other (specify below)	7e(4)	481	

▶ **PLAN FEES, PARTICIPANT LOANS ISSUED, PARTICIPANT LOAN REPAYMENT**

(5) Total deductions	7e(5)	151827
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2041615
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NAT'L FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL/PREVENTION INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FOUNDATION FOR THE CDC, INC.	D Employer Identification Number (EIN) 58-2106707	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

TIAA

730 THIRD AVE
NEW YORK, NY 10017-3206

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	33885	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan NAT'L FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL/PREVENTION INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FOUNDATION FOR THE CDC, INC.	D Employer Identification Number (EIN) 58-2106707	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	442104
(2) Participant contributions.....	1b(2)	0	284970
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	55675	126424
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	374240	437173
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18425238	22323201
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1898800	2041615
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	20753953 25655487
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	20753953 25655487

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	5772957
	(B) Participants	2a(1)(B)	3952705
	(C) Others (including rollovers).....	2a(1)(C)	775560
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	10501222
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	4499
	(F) Other	2b(1)(F)	65236
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	69735
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	359001
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	359001
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		82799
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-4217574
c Other income.....	2c		713
d Total income. Add all income amounts in column (b) and enter total.....	2d		6795896
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1860477	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1860477
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	33885	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		33885
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1894362
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4901534
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SMITH & HOWARD

(2) EIN: 58-1250486

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a	X		1140

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan NAT'L FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL/PREVENTION INC DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL FOUNDATION FOR THE CDC, INC.	D Employer Identification Number (EIN) 58-2106707

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-2826183		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

**NATIONAL FOUNDATION FOR THE
CENTERS FOR DISEASE CONTROL/PREVENTION, INC.
DEFINED CONTRIBUTION RETIREMENT PLAN**

**FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021
and
SUPPLEMENTAL SCHEDULES**

**with
INDEPENDENT AUDITORS' REPORT**

TABLE OF CONTENTS

	<u>PAGE</u>
INDEPENDENT AUDITORS' REPORT	3-6
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS	7
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS	8
NOTES TO FINANCIAL STATEMENTS	9-18
SUPPLEMENTAL SCHEDULES	
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	20
SCHEDULE OF ASSETS (HELD AT END OF YEAR)	21-22



INDEPENDENT AUDITORS' REPORT

Members of the Board of Directors, Plan Administrator and Participants of National Foundation for the Centers for Disease Control/Prevention, Inc. Defined Contribution Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We were engaged to perform an audit of the financial statements of National Foundation for the Centers for Disease Control/Prevention, Inc. Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of June 30, 2022, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2022 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- The information in the accompanying 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued (or within one year after the date that the financial statements are available to be issued when applicable).

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedules Required by ERISA

The supplemental Schedule of Delinquent Participant Contributions and Schedule of Assets (Held at End of Year) as of and for the year ended June 30, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated March 24, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Smith and Howard

Atlanta, GA
November 29, 2022

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2022 AND 2021**

ASSETS

	<u>2022</u>	<u>2021</u>
Investments		
At fair value	\$ 24,301,110	\$ 20,343,901
Fully benefit-responsive investment contract	<u>500,879</u>	<u>354,377</u>
	<u>24,801,989</u>	<u>20,698,278</u>
Receivables		
Employee contributions	284,970	-
Employer contributions	442,104	-
Notes receivable from participants	<u>126,424</u>	<u>55,675</u>
	<u>853,498</u>	<u>55,675</u>
Net Assets Available for Benefits	<u>\$ 25,655,487</u>	<u>\$ 20,753,953</u>

The accompanying notes are an integral part of these financial statements.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2022 AND 2021**

	<u>2022</u>	<u>2021</u>
Contributions:		
Employer	\$ 5,772,957	\$ 2,767,202
Employee	3,952,705	1,731,626
Rollovers	<u>775,560</u>	<u>1,220,180</u>
	<u>10,501,222</u>	<u>5,719,008</u>
Investment Income (Loss):		
Net appreciation (depreciation) in fair value of investments	(4,134,062)	3,688,760
Interest and dividends	<u>424,237</u>	<u>136,211</u>
	<u>(3,709,825)</u>	<u>3,824,971</u>
Interest Income on Notes Receivable from Participants	<u>4,499</u>	<u>807</u>
Deductions:		
Benefits and distributions paid to participants	(1,860,477)	(1,343,755)
Administrative expenses	<u>(33,885)</u>	<u>(13,961)</u>
	<u>(1,894,362)</u>	<u>(1,357,716)</u>
Increase in Net Assets	4,901,534	8,187,070
Net Assets Available for Benefits at Beginning of Year	<u>20,753,953</u>	<u>12,566,883</u>
Net Assets Available for Benefits at End of Year	<u>\$ 25,655,487</u>	<u>\$ 20,753,953</u>

The accompanying notes are an integral part of these financial statements.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the National Foundation for the Centers for Disease Control/Prevention, Inc. (the "Organization") Defined Contribution Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution plan covering all eligible employees, as defined in the Plan document, of the Plan Sponsor. Eligible employees may enroll on their hire date in accordance with the universal availability requirement. Plan entry dates are the day of each month following completion of the eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

(b) Contributions

Participants may contribute up to 100% of their compensation to the Plan, without a Plan Sponsor match, subject to certain limitations prescribed by the Internal Revenue Code ("IRC").

The Organization will contribute 10% of a qualifying participant's compensation to the Plan, provided the participant contributes 2% of their compensation to the Plan and completes 1,000 hours of service. Eligible employees must reach the age of 21 in order to participate in the Organization's match.

Participants may also contribute amounts representing distributions from other qualified plans (rollover). Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. The Plan also allows for special catch-up contributions based on the terms described in the Plan document. Contributions are subject to certain Internal Revenue Service ("IRS") limitations.

(c) Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's contributions, and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are immediately vested in their voluntary contributions, the Organization's contributions, any rollover contributions and actual earnings thereon.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 1 - DESCRIPTION OF PLAN (Continued)

(e) Investment Options

The Plan provides participants with options to invest in separate accounts and guaranteed accounts with Teachers Insurance Annuity Association and College Retirement Equities Fund ("TIAA-CREF").

(f) Notes Receivable from Participants

Plan Loans

Participants may borrow directly from TIAA-CREF a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of the present value of the accrued benefit of the annuitant. Collateral for the loan is maintained in the Plan's loan reserve account.

The loans are not shown in the Plan's statement of net assets available for benefits as the loans are not made from Plan assets and are therefore not considered assets of the Plan. Loan interest rates are variable at prevailing interest rates. Principal and interest is paid ratably by the participant directly to the certifying entity of the Plan. A default charge will be assessed against the portion of the loan collateral used to foreclose on all or part of any loan. Effective during 2021, the Plan no longer offers Plan loans.

Participant Loans

Participants are allowed to borrow directly from their account balance, a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of the present value of the accrued benefit of the annuitant. This is reflected as a reduction in the participant's account balance and recording of notes receivable from participants on the statements of plan assets. The notes receivable bear interest at the prime rate plus 2%. Interest rates were 4.25% to 5.75% for all notes receivable outstanding at June 30, 2022. Principal and interest repayments are made directly to TIAA-CREF over a period not to exceed five years, unless the notes receivable from participants were used to purchase a primary residence in which case the notes receivable terms may exceed five years.

(g) Payment of Benefits

Account balances become payable upon termination of service due to severance of employment, death or disability. Once a participant reaches early retirement age, defined as age 59 1/2, elective deferrals become available for distribution. Participants may elect a lump sum payment, partial payment, installment payment or annuity payment of the vested interest in the participant's account. A participant may obtain an in-service withdrawal of all or a portion of any rollover contributions made to the Plan.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 1 - DESCRIPTION OF PLAN (Continued)

(h) Plan Expenses

Certain expenses of maintaining the Plan are paid directly by the Organization and are excluded from these financial statements. Certain administrative expenses charged by TIAA-CREF and investment related expenses are included on the statement of changes in net assets available for benefits in net appreciation (depreciation) in fair value of investments.

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES

(a) Basis of Accounting

The Plan follows accounting standards set by the Financial Accounting Standards Board ("FASB"). The FASB sets accounting principles generally accepted in the United States of America ("GAAP").

(b) Use of Accounting Estimates

The preparation of financial statements in conformity with GAAP requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

(c) Investment Valuation and Income (Loss) Recognition

The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price).

Investment contracts held by a defined-contribution plan that are not fully benefit responsive are required to be reported at fair value. The Plan has determined that the investment contracts held by the Plan, as described in Note 4, are not fully benefit-responsive. Therefore, the investment contracts are reported at fair value.

The Plan also includes fully-benefit responsive contracts that are valued at contract value. Contract value is the relevant measurement attribute for that portion of the assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 2 - SUMMARY OF ACCOUNTING POLICIES (Continued)

(d) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

At June 30, 2022, there were no investments that comprised greater than 10% of total Plan investments. At June 30, 2021, one investment represented approximately 12% of the Plan's total investments.

(e) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(f) Revenue Sharing

The Plan provides that revenue sharing earned in connection with Plan investments that exceeds recordkeeping fees will be returned to the Plan on a quarterly basis and placed in an "ERISA Account". The ERISA Account is invested in the CREF Social Choice R1 fund and included in participant-directed investments in the accompanying statements of net assets available for benefits. The balance of the ERISA Account was \$15,055 and \$6,127 as of June 30, 2022 and 2021, respectively. The Plan allows for any excess in the ERISA Account to be used to pay expenses of the Plan or be allocated to participant accounts pro rata in proportion to their account balances. During 2022, \$11,169 was used for purposes of paying expenses of the Plan.

(g) Subsequent Events

Management has evaluated subsequent events through the date of this report, which is the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Teachers Insurance and Annuity Association and College Retirement Equities Fund ("TIAA-CREF") has provided certification that the financial information included in the financial statements and supplemental schedule as of June 30, 2022 and 2021 and for the years then ended provided to the Plan is complete and accurate. The information as to investment assets and transactions therein, and investment income included in the accompanying financial statements and supplemental schedule as of June 30, 2022 and 2021 and for the years then ended is covered by such certifications and has not been audited by independent auditors.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 4 - FAIR VALUE MEASUREMENTS

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

Basis of Fair Value Measurement

The three levels of the fair value hierarchy under GAAP are described below:

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Pooled Separate Account

Units held in the pooled separate account ("PSA") are valued at the net asset value ("NAV") based on the fair market value of the underlying investments of the account less its liabilities. This PSA is the TIAA Real Estate Account. The NAV, as provided by TIAA-CREF, is used as a practical expedient to estimate fair value. The PSA holds between 15% and 25% of its net assets in investments other than real estate and real estate related investments, comprised of publicly traded, liquid investments. Determination of fair value of the real estate assets involves significant judgement. Valuation of the PSA's real estate properties are based on real estate appraisals, which are estimates of property values based on a professional's opinion and may not be an accurate predictor of the amount the PSA would actually receive if it sold a property. Appraisals can be subjective in certain respects and rely on a variety of assumptions (including comparable property sales and historic pricing) and conditions of that property or in the market in which the property is located, which may change materially after the appraisal is conducted. Among other things, market prices for comparable real estate may be volatile, in particular if there has been a lack of recent transaction activity in such market.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Pooled Separate Account (Continued)

As the PSA generally obtains appraisals on a quarterly basis, there may be circumstances in the period between appraisals or interim valuation adjustments in which the true realizable value of a property is not reflected in the PSA's daily NAV calculation or in the PSA's periodic financial statements. This disparity may be more apparent when the commercial and/or residential real estate markets experience an overall and possibly dramatic decline (or increase) in property values in a relatively short period of time between appraisals.

The PSA is a separate account of the TIAA Traditional Annuity Contract discussed further in Note 5. The PSA provides participants with a liquidity guarantee enabling the account to have funds available to meet participant redemption, transfers, or cash withdrawals. TIAA-CREF guarantees that participants can redeem their accumulated unit value determined after their transfer or cash withdrawal request is received in good order. This guarantee qualifies the PSA for inclusion in the Plan's investment options.

TIAA-CREF limits the availability of participants to transfer funds into the PSA. Specifically, individual participants are limited from making internal transfers into their account if, after giving effect to such transfer, the total value of such participant's account (under all contracts issued to such participant) would exceed \$150,000. A participant is not required to reduce his or her contract balance to a level at or below the \$150,000 if the participant's account totals more than \$150,000.

Registered Investments

Registered investments are variable annuity contracts with underlying investments in mutual funds and other registered investments:

Mutual Funds: Mutual funds represent investments with various investment managers. The mutual funds are valued at the daily closing NAV as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Other Registered Investments: These separate accounts are registered investments that invest principally in equity securities, fixed-income instruments and short-term investments in accordance with each portfolio's investment objectives. Units held in the registered investments are valued at NAV. The NAV, as provided by TIAA-CREF, is used as a practical expedient to estimate fair value. The NAV is measured based on the fair value of the underlying investments held by the fund less its liabilities. The fair value of the underlying investments are determined using market quotations or prices obtained from independent pricing sources that may employ various pricing methods to value the investments, including matrix pricing. Money market account holdings are generally valued at amortized cost. On a daily basis, units in the registered investments are revalued to reflect performance of the underlying investments minus fees and charges. There are no unfunded commitments as of June 30, 2022 and 2021.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Fixed Annuity Contracts

The non-fully-benefit responsive (“NFBR”) fixed annuity contracts, composed entirely of TIAA Traditional Annuity Contracts, are reported at contract value, which approximates fair value. Fair value is determined using a discounted cash flow model. The contract value equals the accumulated cash contributions and interest credited to the Plan’s contract, less withdrawals. The TIAA Traditional Annuity Contracts are not available for sale or transfer on any securities exchange. The fixed annuity contracts are subject to various restrictions. See Note 5.

Total Plan investment assets at fair value classified within Level 3 were \$1,540,736 and \$1,544,423 as of June 30, 2022 and 2021, respectively, which consists of Fixed Annuity Contracts. Such amounts were approximately 6% and 8% of total investments as of June 30, 2022 and 2021, respectively.

The following tables set forth by level within the fair value hierarchy the Plan investment assets and investment liabilities at fair value, as of June 30:

	2022			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 14,426,162	\$ 1,982,480	\$ -	\$ 16,408,642
Fixed Annuity Contracts (NFBR)	-	-	1,540,736	1,540,736
Pooled Separate Account	-	437,173	-	437,173
Other Registered Investments	<u>621,094</u>	<u>5,293,466</u>	<u>-</u>	<u>5,914,560</u>
Total Fair Value Investments	<u>\$ 15,047,256</u>	<u>\$ 7,713,119</u>	<u>\$ 1,540,736</u>	<u>\$ 24,301,111</u>

	2021			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 8,058,009	\$ 2,457,986	\$ -	\$ 10,515,995
Fixed Annuity Contracts (NFBR)	-	-	1,544,423	1,544,423
Pooled Separate Account	-	374,240	-	374,240
Other Registered Investments	<u>605,428</u>	<u>7,303,815</u>	<u>-</u>	<u>7,909,243</u>
Total Fair Value Investments	<u>\$ 8,663,437</u>	<u>\$ 10,136,041</u>	<u>\$ 1,544,423</u>	<u>\$ 20,343,901</u>

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investment assets for the year ended June 30, 2022:

	Fixed Annuity Contracts (NFBR)
Beginning balance	\$ 1,544,423
Interest	54,891
Purchases	6,116
Sales	<u>(64,694)</u>
Ending balance	<u>\$ 1,540,736</u>

Quantitative Information Regarding Level 3 Fair Value Measurements

The following table presents information about significant unobservable inputs related to the Plan's investment in assets categorized as Level 3 in the ASC 820 fair value hierarchy at June 30, 2022:

Type	Fair Value	Valuation Technique	Significant Unobservable Inputs	Range
TIAA Traditional Annuity Contracts	\$ 1,540,736	Discounted cash flow/theoretical transfer (exit price)	Risk-adjusted discount rate applied	3.00%-3.80%

NOTE 5 - FIXED ANNUITY CONTRACTS

Fixed annuity contracts consist of the TIAA Traditional Annuity Contracts ("Annuity"). Annuity contracts are established between the participants and TIAA, an insurance company registered in the state of New York. The Annuity is offered in a variety of formats, including Retirement Annuities ("RA"), Group Retirement Annuities ("GRA"), Supplemental Retirement Annuities ("SRA") and Group Supplemental Retirement Annuities ("GSRA"). The Plan holds RA and GSRA contracts at June 30, 2022 and 2021. The return of Annuity contributions plus interest to participants is subject to TIAA's claims-paying ability. Annuity accounts are credited with a guaranteed minimum rate of interest that is determined annually. Participants may also earn interest in addition to the guaranteed rate at the discretion of TIAA. Such discretionary interest, if any, is declared by TIAA on a year-by-year basis and remains in effect for the subsequent twelve-month "declaration year".

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 5 - FIXED ANNUITY CONTRACTS (Continued)

Contributions to the Annuity accounts are grouped by TIAA into “vintages” comprised of premiums received over defined time periods of one or more contiguous calendar months. The interest crediting rate for each vintage is determined, in part, by the net investment earnings rate of the TIAA assets supporting that vintage, minus a charge for administrative expenses and an amount set aside for contingency reserves. Crediting rates are also determined by the performance of investments contained in TIAA’s general account.

During the year ended June 30, 2022, the crediting rates of the annuity contracts ranged as follows:

% Range

RA	3.70%-5.00%
GSRA	3.00%-4.25%
SRA	3.00%-4.25%
GRA	3.70%-5.00%

TIAA Stable Value

This fixed-rate annuity contract provides a guaranteed minimum rate of interest of between 1% and 3% (before deductions for contract fees), with the potential for crediting of additional interest above the guaranteed minimum if approved by the TIAA Board of Trustees. Contributions are deposited into a non-unitized separate account. The TIAA Stable Value is immediately liquid to a participant for withdrawals and transfers and does not have withdrawal restrictions (except that immediate transfers cannot be made to competing investment options pursuant to the contract’s equity wash provisions, as defined). Transfers may be made to a competing fund following a 90-day waiting period after being transferred to a non-competing fund. In addition, transfers into TIAA Stable Value may not be made for 30 days following a transfer out. A plan’s investment in TIAA Stable Value is reported at contract value in all plan and participant reporting. Contract value equals the accumulated cash contributions, interest credited, and transfers, if any, less any withdrawals and transfers. Plan sponsors choosing to terminate a plan’s investment in the TIAA Stable Value contract will receive contract value in, at most, two years. If the two-year payout applies, a discontinuance fee will be assessed.

Fully benefit-responsive fixed annuity contracts totaled \$500,879 and \$354,377 at June 30, 2022 and 2021, respectively.

NOTE 6 - TAX STATUS

The Plan adopted the Volume Submitter 403(b) Plan sponsored by TIAA-CREF, which received a favorable opinion letter on August 7, 2017, stating the prototype plan was designed in accordance with the provisions of the IRC. Accordingly, the trust’s net investment income is exempt from income taxes. The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2022 AND 2021**

NOTE 7 - PLAN TERMINATION

Although it has not expressed an intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 8 - RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including recordkeeping services.

Certain Plan investments are managed by TIAA-CREF. TIAA-CREF is the certifying entity of the Plan and therefore these transactions qualify as party-in-interest.

Notes receivable from participants are defined by ERISA as party-in-interest transactions.

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2022, employee withholdings of \$674, were not remitted within the appropriate time period by the Organization. These transactions constitute prohibited transactions as defined by ERISA. The Organization plans to remit \$674 of the late employee contributions plus lost earnings in 2022 through the Voluntary Fiduciary Correction Program, given the immaterial amounts.

SUPPLEMENTAL SCHEDULES

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED JUNE 30, 2022**

Employer Identification No: 58-2106707
Plan No: 001
Form 5500

Total that Constitute Nonexempt Prohibited Transactions

Year	Participant contributions and loan repayments transferred late to Plan	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
2021	\$ 466	\$ -	\$ 466	\$ -	\$ -
2022	\$ 674	\$ 674	\$ -	\$ -	\$ -

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022**

EMPLOYER IDENTIFICATION NUMBER: 58-2106707
PLAN NUMBER: 001
FORM: 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value
Registered Investments:				
*	CREF	CREF Stock R1	\$	958,597
*	CREF	CREF Money Market R1		621,094
*	CREF	CREF Social Choice R1		1,052,920
*	CREF	CREF Bond Market R1		314,868
*	CREF	CREF Global Equities R1		510,786
*	CREF	CREF Growth R1		1,526,879
*	CREF	CREF Equity Index R1		820,316
*	CREF	CREF Inflation-Linked Bond R1		109,100
*	TIAA	TIAA Access Core Bond Plus T4		11,160
*	TIAA	TIAA Access Core Bond T4		21,247
*	TIAA	TIAA Access Equity Index T4		61,039
*	TIAA	TIAA Access Growth & Income T4		159,315
*	TIAA	TIAA Access Intl Equity T4		110,087
*	TIAA	TIAA Access Lfcyle Rtmt Inc T4		1,375
*	TIAA	TIAA Access Lg-Cap Gr T4		163,839
*	TIAA	TIAA Access Lg-Cap Val T4		72,562
*	TIAA	TIAA Access Lifecycle 2020 T4		381,176
*	TIAA	TIAA Access Lifecycle 2025 T4		131,390
*	TIAA	TIAA Access Lifecycle 2030 T4		43,977
*	TIAA	TIAA Access Lifecycle 2035 T4		45,730
*	TIAA	TIAA Access Lifecycle 2045 T4		114,309
*	TIAA	TIAA Access Lifecycle 2050 T4		265,678
*	TIAA	TIAA Access Mid-Cap Gr T4		76,570
*	TIAA	TIAA Access Mid-Cap Val T4		67,677
*	TIAA	TIAA Access Money Market T4		14,847
*	TIAA	TIAA Access Real Est Secs T4		38,911
*	TIAA	TIAA Access Sm-Cap Bl Idx T4		87,802
*	TIAA	TIAA Access Quant Sml Cp Eq T4		48,939
*	TIAA	TIAA Access Social Ch Eq T4		64,850
*	TIAA-CREF	TIAA-CREF Intl Eq Idx-Inst		465,247
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2020-Inst		521,418
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2025-Inst		405,670
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2030-Inst		943,378
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2035-Inst		1,894,899
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2040-Inst		918,876
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2045-Inst		1,331,651
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2050-Inst		2,014,106
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2055-Inst		1,692,829
*	TIAA-CREF	TIAA-CREF Lfcyle Idx 2065-Inst		15,531
	AMERICAN	American Fd New Perspective R6		531,325
	VANGUARD	Vanguard Equity Income Adm		324,595

(Continued)

**NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE
CONTROL/PREVENTION, INC. DEFINED CONTRIBUTION RETIREMENT PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2022**

EMPLOYER IDENTIFICATION NUMBER: 58-2106707
PLAN NUMBER: 001
FORM: 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost**	Current Value
(Continued)				
	VANGUARD	Vanguard Federal Money Mkt Inv		58,787
	VANGUARD	Vanguard Infl Protect Sec Adm		65,305
	VANGUARD	Vanguard Small-Cap Idx Adm		392,280
	VANGUARD	Vanguard Mid-Cap Idx Adm		112,852
	AMERICAN	American Washington Mut Inv R6		100,816
*	TIAA	TIAA Access Lifecycle 2055 T4		42,502
*	TIAA	TIAA Access Lifecycle 2060 T4		30,748
	CALVERT	Calvert Small Cap I		45,518
	FRANKLIN	Franklin Dynatech Fund R6		65,916
	LORD	Lord Abbett Bond Debenture R6		68,521
	MORGAN	Morgan Stanley Mid Cap Grw IS		57,372
	PGIM	PGIM High Yield R6		30,813
	PGIM	PGIM Total Return Bond R6		32,224
	AMERICAN	American Funds New World R6		60,114
	T. ROWE PRICE	T. Rowe Price Blue Chip Gr I		18,698
*	TIAA	TIAA-CREF Lfcyle Idx 2060-Inst		974,058
	VANGUARD	Vanguard Balanced Idx InstAdm		110,932
	VANGUARD	Vanguard 500 Idx Adm		696,877
	VANGUARD	Vanguard Real Estate Idx Adm		107,140
	VANGUARD	Vanguard Mid-Cap Value Idx Adm		97,801
	VANGUARD	Vanguard Intl Growth Adm		197,362
				<u>22,323,201</u>
Pooled Separate Account:				
*	TIAA	Real Estate Fund		<u>437,173</u>
Fixed Annuity Contracts:				
*	TIAA	TIAA Traditional Benefit Responsive		290,041
*	TIAA	TIAA Traditional Non Benefit Responsive		1,540,736
*	TIAA	TIAA Stable Value		210,838
				<u>2,041,615</u>
Notes Receivable:				
*	Participants	Notes Receivable with variable maturities with interest rates of 4.25% to 5.75%		<u>126,424</u>
				<u>\$ 24,928,413</u>

* Represents a party-in-interest

** All investments are participant directed; therefore cost information is not required.

Name of Plan:

Plan number: ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	College Retirement Equities Fund variable annuities	TIAA Traditional Benefit Responsive	\$	290,040.87
*	College Retirement Equities Fund variable annuities	TIAA Traditional Non Benefit Responsive	\$	1,510,496.54
*	College Retirement Equities Fund variable annuities	TIAA Stable Value	\$	210,838.06
*	College Retirement Equities Fund variable annuities	Plan Loan Default Fund	\$	30,239.22
*	College Retirement Equities Fund variable annuities	CREF Stock R1	\$	958,597.34
*	College Retirement Equities Fund variable annuities	CREF Money Market R1	\$	621,093.71
*	College Retirement Equities Fund variable annuities	CREF Social Choice R1	\$	1,052,920.45
*	College Retirement Equities Fund variable annuities	CREF Global Equities R1	\$	510,785.85
*	College Retirement Equities Fund variable annuities	CREF Growth R1	\$	1,526,879.42
*	College Retirement Equities Fund variable annuities	CREF Equity Index R1	\$	820,316.38
*	College Retirement Equities Fund variable annuities	CREF Inflation-Linked Bond R1	\$	109,099.63
*	College Retirement Equities Fund variable annuities	TIAA Real Estate	\$	437,173.43
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond Plus T4	\$	11,159.80
*	College Retirement Equities Fund variable annuities	TIAA Access Core Bond T4	\$	21,246.58
*	College Retirement Equities Fund variable annuities	TIAA Access Equity Index T4	\$	61,038.92
*	College Retirement Equities Fund variable annuities	TIAA Access Growth & Income T4	\$	159,315.35
*	College Retirement Equities Fund variable annuities	TIAA Access Intl Equity T4	\$	110,086.70
*	College Retirement Equities Fund variable annuities	TIAA Access Lfcycle Rmtm Inc T4	\$	1,374.67
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Gr T4	\$	163,838.82
*	College Retirement Equities Fund variable annuities	TIAA Access Lg-Cap Val T4	\$	72,561.60
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2020 T4	\$	381,175.60
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2025 T4	\$	131,390.08
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2030 T4	\$	43,976.72
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2035 T4	\$	45,730.37
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2045 T4	\$	114,309.03
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2050 T4	\$	265,677.88
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Gr T4	\$	76,570.23
*	College Retirement Equities Fund variable annuities	TIAA Access Mid-Cap Val T4	\$	67,676.64
*	College Retirement Equities Fund variable annuities	TIAA Access Money Market T4	\$	14,847.06
*	College Retirement Equities Fund variable annuities	TIAA Access Real Est Secs T4	\$	38,910.62
*	College Retirement Equities Fund variable annuities	TIAA Access Sm-Cap Bl Idx T4	\$	87,801.83
*	College Retirement Equities Fund variable annuities	TIAA Access Quant Sml Cp Eq T4	\$	48,939.01
*	College Retirement Equities Fund variable annuities	TIAA Access Social Ch Eq T4	\$	64,849.50
*	College Retirement Equities Fund variable annuities	CREF Core Bond R1	\$	314,868.27
*	College Retirement Equities Fund variable annuities	TIAA-CREF Intl Eq Idx-Inst	\$	465,246.85
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2020-Inst	\$	521,417.88
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2025-Inst	\$	405,670.31
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2030-Inst	\$	943,378.16
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2035-Inst	\$	1,894,899.49
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2040-Inst	\$	918,876.24
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2045-Inst	\$	1,331,650.66
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2050-Inst	\$	2,014,105.63
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2055-Inst	\$	1,692,829.23
	College Retirement Equities Fund variable annuities	American Fd New Perspective R6	\$	531,324.99
	College Retirement Equities Fund variable annuities	Vanguard Equity Income Adm	\$	324,595.05
	College Retirement Equities Fund variable annuities	Vanguard Federal Money Mkt Inv	\$	58,786.96
	College Retirement Equities Fund variable annuities	Vanguard Infl Protect Sec Adm	\$	65,304.93
	College Retirement Equities Fund variable annuities	Vanguard Small-Cap Idx Adm	\$	392,280.39
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Idx Adm	\$	112,852.38
	College Retirement Equities Fund variable annuities	American Washington Mut Inv R6	\$	100,816.16
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2055 T4	\$	42,501.86
*	College Retirement Equities Fund variable annuities	TIAA Access Lifecycle 2060 T4	\$	30,748.39
	College Retirement Equities Fund variable annuities	Calvert Small Cap I	\$	45,518.16
	College Retirement Equities Fund variable annuities	Franklin Dynatech Fund R6	\$	65,915.64
	College Retirement Equities Fund variable annuities	Lord Abbett Bond Debenture R6	\$	68,520.67
	College Retirement Equities Fund variable annuities	Morgan Stanley Inst Discov R6	\$	57,372.42
	College Retirement Equities Fund variable annuities	PGIM High Yield R6	\$	30,813.24
	College Retirement Equities Fund variable annuities	PGIM Total Return Bond R6	\$	32,224.47
	College Retirement Equities Fund variable annuities	American Funds New World R6	\$	60,114.15
	College Retirement Equities Fund variable annuities	T. Rowe Price Blue Chip Gr I	\$	18,698.21
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2060-Inst	\$	974,058.47
	College Retirement Equities Fund variable annuities	Vanguard Balanced Idx InstAdm	\$	110,932.02
	College Retirement Equities Fund variable annuities	Vanguard 500 Idx Adm	\$	696,876.76
	College Retirement Equities Fund variable annuities	Vanguard Real Estate Idx Adm	\$	107,140.09
	College Retirement Equities Fund variable annuities	Vanguard Mid-Cap Value Idx Adm	\$	97,800.66
	College Retirement Equities Fund variable annuities	Vanguard Intl Growth Adm	\$	197,361.33
*	College Retirement Equities Fund variable annuities	TIAA-CREF Lfcycle Idx 2065-Inst	\$	15,531.34
	College Retirement Equities Fund variable annuities	Participant Loan Fund	\$	126,424.44
	Total		\$	24,928,413