

PUBLIC DISCLOSURE COPY

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC</b> Doing business as <b>CDC FOUNDATION</b>		<b>D</b> Employer identification number <b>58-2106707</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>600 PEACHTREE STREET NE 1000</b>		<b>E</b> Telephone number <b>(404) 653-0790</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30308</b>		<b>G</b> Gross receipts \$ <b>202,289,012.</b>
	<b>F</b> Name and address of principal officer: <b>SHAVONE SMITH</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number

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

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

## Part I Summary

<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>																																																										
<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																										
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>16</b>																																																									
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>16</b>																																																									
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> <b>1788</b>																																																									
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>17</b>																																																									
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>																																																									
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>																																																									
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## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>SHAVONE SMITH, VICE PRESIDENT OF FINANCE</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>MELANIE MCPEAK</b>				<b>P01346034</b>
<b>Preparer Use Only</b>	Firm's name <b>CHERRY BEKAERT ADVISORY LLC</b>			Firm's EIN <b>88-2730877</b>	
	Firm's address <b>1075 PEACHTREE STREET NE, SUITE 1600 ATLANTA, GA 30309</b>			Phone no. <b>404-209-0954</b>	

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Form 990 (2023)

58-2106707 Page 2

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 58,474,066. including grants of \$ \_\_\_\_\_) (Revenue \$ 64,299,444.)  
**WORKFORCE SOLUTIONS--STRENGTHENING HEALTH DEPARTMENTS**  
**THE CDC FOUNDATION CONTINUED ITS WORK TO STRENGTHEN THE NATION'S PUBLIC HEALTH PROTECTION SYSTEM BY RECRUITING, HIRING, ONBOARDING AND MANAGING DIVERSE AND EXPERIENCED PUBLIC HEALTH PROFESSIONALS ON BEHALF OF 28 HEALTH JURISDICTIONS. (SEE SCH O FOR FURTHER INFORMATION)**

4b (Code: \_\_\_\_\_) (Expenses \$ 19,440,821. including grants of \$ 13,501.) (Revenue \$ \_\_\_\_\_)  
**OVERDOSE RESPONSE**  
**THE OVERDOSE RESPONSE STRATEGY (ORS) IS AN INITIATIVE LED BY THE CDC FOUNDATION DESIGNED TO ENHANCE PUBLIC HEALTH-PUBLIC SAFETY COLLABORATION AND STRENGTHEN EFFORTS TO REDUCE DEATHS FROM DRUG OVERDOSES. (SEE SCH O FOR FURTHER INFORMATION)**

4c (Code: \_\_\_\_\_) (Expenses \$ 18,607,450. including grants of \$ 11,504,834.) (Revenue \$ \_\_\_\_\_)  
**CBO SUPPORT--STRENGTHENING COMMUNITIES**  
**DURING FY2024, THE CDC FOUNDATION LED SEVERAL PROGRAMS AIMED AT BUILDING THE PUBLIC HEALTH CAPACITY OF COMMUNITY-BASED ORGANIZATIONS (CBOS) TO HELP SUPPORT HEALTHIER COMMUNITIES. (SEE SCH O FOR FURTHER INFORMATION)**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 89,054,406. including grants of \$ 23,030,140.) (Revenue \$ 2,202,457.)

4e Total program service expenses 185,576,743.

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

**Part IV Checklist of Required Schedules**

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

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

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

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 197	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ..... <b>2a</b> 1788		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....		
	If "Yes," complete Form 6069.		

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	16		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	16		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>			<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
SHAVONE SMITH - (404) 263-0796  
600 PEACHTREE STREET NE 1000, ATLANTA, GA 30308

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUDITH MONROE PRESIDENT & CEO	55.00 0.00			X			531,371.	0.	42,381.	
(2) MONIQUE PATRICK CHIEF OPERATIONS OFFICER	47.00 0.00			X			293,069.	0.	42,158.	
(3) LAUREN SMITH - TO 2/2024 CHIEF HEALTH EQUITY & STRATEGY OFF	52.00 0.00				X		274,853.	0.	44,335.	
(4) NEDRA JONES CHIEF FINANCIAL OFFICER	45.00 0.00			X			273,225.	0.	36,867.	
(5) DANIEL PIERCE NELSON CHIEF COMMUNICATIONS OFFICER	54.00 0.00				X		233,516.	0.	24,808.	
(6) LAURA ANGEL - TO 5/2024 CHIEF ADVANCEMENT OFFICER	54.00 0.00				X		217,466.	0.	32,080.	
(7) MICHAEL BRANDON TALLEY CHIEF PROGRAM & INNOVATION OFFICER	51.00 0.00				X		213,106.	0.	29,932.	
(8) PETER JOSEPH GIBSON SENIOR DATA ENTREPRENEUR	44.00 0.00					X	212,668.	0.	25,215.	
(9) ANITA WILSON-MERRITT MEDICAL CONSULTANT	40.00 0.00					X	195,950.	0.	32,765.	
(10) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	40.00 0.00					X	188,415.	0.	34,563.	
(11) JAMES ALLEN SOLUTION ARCHITECT 4 CONTRACT MGR	40.00 0.00					X	189,192.	0.	28,602.	
(12) CATHERINE HASTINGS VP, INFECTIOUS DISEASE	44.00 0.00				X		178,861.	0.	28,630.	
(13) ROBERT ABRAHAM - TO 1/2024 VP, ADVANCEMENT	55.00 0.00					X	178,096.	0.	26,061.	
(14) RACHNA CHANDORA VP, NON-INFECTIOUS DISEASE	45.00 0.00				X		173,299.	0.	25,593.	
(15) ELAINE CHAMBERS BOARD CHAIR	2.00 0.00	X		X			0.	0.	0.	
(16) RAYMOND BAXTER VICE-CHAIR	2.00 0.00	X		X			0.	0.	0.	
(17) AMELIE RAMIREZ SECRETARY	2.00 0.00	X		X			0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID ALDRIDGE TREASURER, FINANCE CHAIR	2.00 0.00	X		X				0.	0.	0.
(19) SHIRLEY FRANKLIN ADVANCEMENT CHAIR	2.00 0.00	X						0.	0.	0.
(20) JAMES MARKS NOMINATING CHAIR	2.00 0.00	X						0.	0.	0.
(21) BROOKS BELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) LEAH DEVLIN - TO FALL 2023 DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ROBERT FRANKLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PHIL KENT DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JEFFREY KOPLAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) ROBERT LITTERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,353,087.	0.	453,990.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,353,087.	0.	453,990.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 114

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IPSOS PUBLIC AFFAIRS, LLC 501 MERRITT 7, NORWALK, CT 06851	RESEARCH & DATA COLLECTION	4,653,685.
MATHEMATICA INC P.O. BOX 2393, PRINCETON, NJ 08543	CONSULTING - VRH & ORS	1,450,015.
RESEARCH TRIANGLE INSTITUTE PO BOX 900002, RALEIGH, NC 27675-9005	TECHNICAL ASSISTANCE & TRAINING	1,363,223.
SKYLIGHT INC., 1226 N. TAMiami TRAIL, SUITE 201-13, SARASOTA, FL 34236-2461	CONSULTING - DATA MODERNIZATION	1,330,006.
THE ADVERTISING COUNCIL, INC (AD COUNCIL), 815 SECOND AVE., 9TH FLOOR, NEW YORK, NY	CONSULTING - CBO SUPPORT	1,235,050.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 82

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MELISSA MCPHEETERS DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) BERNARD MILANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) DIKEMBE MUTOMBO DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) MYSHEIKA ROBERTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) WINSTON WONG DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b>				
	<b>d</b>	Related organizations	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>	76,258,613.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	47,081,104.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,878.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		123339717.			
Program Service Revenue	<b>2 a</b>	WORKFORCE SOLUTIONS	Business Code 541900	64,299,444.	64299444.		
	<b>b</b>	PUBLIC HEALTH PROTECTION EFFORTS	541900	2,202,457.	2,202,457.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f		66,501,901.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		2,726,047.		2726047.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses					
	<b>6 c</b>	Rental income or (loss)					
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				9,681,789.			
	<b>7 b</b>	Less: cost or other basis and sales expenses		9,681,786.			
	<b>7 c</b>	Gain or (loss)		3.			
<b>d</b>	Net gain or (loss)		3.		3.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		<b>8 a</b>					
<b>8 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from fundraising events						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
		<b>9 a</b>					
<b>9 b</b>	Less: direct expenses						
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
		<b>10 a</b>					
<b>10 b</b>	Less: cost of goods sold						
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS REVENUE	Business Code 900099	39,558.		39,558.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		39,558.			
<b>12</b>	<b>Total revenue.</b> See instructions		192607226.	66501901.	0.	2765608.	

**NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	31,583,609.	31,583,609.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	171,250.	171,250.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	2,793,616.	2,793,616.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,752,877.	957,286.	1,230,314.	565,277.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	85,810,993.	75,560,674.	8,838,830.	1,411,489.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,505,667.	5,670,089.	731,358.	104,220.
<b>9</b> Other employee benefits .....	7,086,510.	6,091,727.	855,645.	139,138.
<b>10</b> Payroll taxes .....	7,060,786.	6,036,593.	872,133.	152,060.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	78,283.	7,173.	70,960.	150.
<b>c</b> Accounting .....	148,345.		148,345.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	142,672.		142,672.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,768,875.	47,406,871.	1,901,975.	460,029.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	2,077,072.	750,711.	749,504.	576,857.
<b>14</b> Information technology .....	3,420,324.	1,363,456.	2,002,202.	54,666.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	825,687.	713,038.	94,715.	17,934.
<b>17</b> Travel .....	3,866,686.	3,604,926.	238,772.	22,988.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	875,112.	737,909.	128,862.	8,341.
<b>20</b> Interest .....	624.	147.	463.	14.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	291,208.	251,477.	33,405.	6,326.
<b>23</b> Insurance .....	435,636.	102,519.	323,122.	9,995.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROJECT SUPPLIES</b>	1,693,359.	1,693,359.		
<b>b</b> <b>CREDIT CARD FEES</b>	164,361.	38,679.	121,911.	3,771.
<b>c</b> <b>STAFF EXPENSES</b>	156,032.	36,719.	115,733.	3,580.
<b>d</b> <b>LICENSES &amp; REGISTRATION</b>	19,090.	4,492.	14,160.	438.
<b>e</b> All other expenses	1,791.	423.	1,327.	41.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	207,730,465.	185,576,743.	18,616,408.	3,537,314.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	9,234,538.	<b>1</b>	1,436,508.
	<b>2</b> Savings and temporary cash investments .....	17,412,285.	<b>2</b>	23,459,293.
	<b>3</b> Pledges and grants receivable, net .....	44,471,344.	<b>3</b>	31,967,628.
	<b>4</b> Accounts receivable, net .....	19,000,536.	<b>4</b>	17,363,570.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,160,089.	<b>9</b>	8,028,673.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,856,245.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,747,716.	920,665.	<b>10c</b> 1,108,529.
	<b>11</b> Investments - publicly traded securities .....	81,392,346.	<b>11</b>	80,308,512.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,118,831.	<b>15</b>	2,581,864.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	181,710,634.	<b>16</b>	166,254,577.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,123,996.	<b>17</b>	10,100,131.
	<b>18</b> Grants payable .....	7,996,723.	<b>18</b>	2,704,082.
	<b>19</b> Deferred revenue .....		<b>19</b>	1,074,917.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	5,895,673.	<b>25</b>	4,615,934.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	22,016,392.	<b>26</b>	18,495,064.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	53,164,538.	<b>27</b>	50,119,109.
	<b>28</b> Net assets with donor restrictions .....	106,529,704.	<b>28</b>	97,640,404.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	159,694,242.	<b>32</b>	147,759,513.
<b>33</b> Total liabilities and net assets/fund balances .....	181,710,634.	<b>33</b>	166,254,577.	

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**NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	192,607,226.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	207,730,465.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-15,123,239.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	159,694,242.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,188,510.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	147,759,513.

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

<b>Name of the organization</b>	<b>NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC</b>	<b>Employer identification number</b>	<b>58-2106707</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	252838369	191156154	248141708	225282911	123339717	1040758859.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....	229,894.	270,464.	176,000.	132,000.	0.	808,358.
<b>4 Total.</b> Add lines 1 through 3 .....	253068263	191426618	248317708	225414911	123339717	1041567217.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						146651649
<b>6 Public support.</b> Subtract line 5 from line 4.						894915568

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	253068263	191426618	248317708	225414911	123339717	1041567217.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2014825.	1655957.	1535092.	1936866.	2726047.	9868787.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			1,437.	1,206.	39,558.	42,201.
<b>11 Total support.</b> Add lines 7 through 10						1051478205.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	126,349,711.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	85.11	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	83.59	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Employer identification number

58-2106707

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2023)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>12,288,909.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>8,783,786.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>74,929,038.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,719,931.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>7,322,776.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures	207587793.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	207587793.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	0.	0.	0.	0.	0.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	0.	0.	0.	0.	0.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether organization elected to report art collections and amounts of revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,656,212.	6,695,139.	7,719,450.	6,060,538.	5,690,922.
b Contributions	2,476,958.	6,190,006.	65,145.	58,688.	228,963.
c Net investment earnings, gains, and losses	1,871,298.	805,485.	-1,072,069.	1,613,217.	184,927.
d Grants or scholarships					
e Other expenditures for facilities and programs	77,421.	34,418.	17,387.	12,993.	44,274.
f Administrative expenses					
g End of year balance	17,927,047.	13,656,212.	6,695,139.	7,719,450.	6,060,538.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a Board designated or quasi-endowment 2.7900 %
  - b Permanent endowment 71.9600 %
  - c Term endowment 25.2500 %

The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 

	Yes	No
(i) Unrelated organizations?		X
(ii) Related organizations?		X

  - b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		2,120,065.	1,454,980.	665,085.
d Equipment		426,939.	381,490.	45,449.
e Other		1,309,241.	911,246.	397,995.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,108,529.

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

Schedule D (Form 990) 2023

58-2106707 Page **3**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CONTRACTS PAYABLE</b>	<b>250,143.</b>
(3) <b>OPERATING LEASE LIABILITIES</b>	<b>4,365,791.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>4,615,934.</b>

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	195,656,650.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	3,188,510.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,586.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,192,096.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	192,464,554.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,672.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	142,672.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	192,607,226.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	207,591,379.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,586.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,586.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	207,587,793.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	142,672.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	142,672.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	207,730,465.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information *(continued)*

PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS  
OF JUNE 30, 2024 AND 2023, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS  
THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Blank lined area for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Employer identification number  
**58-2106707**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		40,800.
CENTRAL AMERICA AND THE CARIBBEAN	0	3	PROGRAM SERVICES	PROFESSIONAL FEES	275,545.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		220,772.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	51,459.
EAST ASIA AND THE PACIFIC	0	20	PROGRAM SERVICES	PROFESSIONAL FEES	1,099,205.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL	238,946.
EUROPE	0	0	GRANT MAKING		450,244.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL	301,763.
<b>3 a</b> Subtotal .....	0	23			2,678,734.
<b>b</b> Total from continuation sheets to Part I .....	0	132			12,815,883.
<b>c Totals</b> (add lines 3a and 3b) .....	0	155			15,494,617.

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

Schedule F (Form 990) 2023

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	1,756.
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	1,805.
EUROPE	0	21	PROGRAM SERVICES	PROFESSIONAL FEES	1,919,348.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING		129,212.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL	123,381.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	221.
MIDDLE EAST AND NORTH AFRICA	0	10	PROGRAM SERVICES	PROFESSIONAL FEES	398,303.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	13,620.
NORTH AMERICA	0	5	PROGRAM SERVICES	PROFESSIONAL FEES	191,156.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	43,632.
<b>Totals</b> .....					

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRAVEL	6,059.
SOUTH AMERICA	0	3	PROGRAM SERVICES	PROFESSIONAL FEES	20,447.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	1,503.
SOUTH ASIA	0	19	PROGRAM SERVICES	PROFESSIONAL FEES	1,540,420.
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	17,472.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL	56,558.
SOUTH ASIA	0	0	GRANT MAKING		317,850.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	50,070.
SUB-SAHARAN AFRICA	0	74	PROGRAM SERVICES	PROFESSIONAL FEES	5,996,814.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	5,000.
<b>Totals</b> .....					

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

Schedule F (Form 990)

58-2106707

Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		1,634,738.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL	346,518.
<b>Totals</b> .....		132			12,815,883.

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Schedule F (Form 990) 2023

58-2106707

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CHOLERA SURVEILLANCE	40,800.	ACH OR WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY	150,000.	ACH OR WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MONITORING THE GLOBAL TOBACCO EPIDEMIC	70,772.	ACH OR WIRE TRANSFER	0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	450,244.	ACH OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)	58,393.	ACH OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	68,789.	ACH OR WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	60,000.	ACH OR WIRE TRANSFER	0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	200,778.	ACH OR WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 6

3 Enter total number of other organizations or entities ..... 16

NATIONAL FOUNDATION FOR THE CENTERS FOR  
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Schedule F (Form 990)

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PREVENTING MPOX RESURGENCE	50,226.	ACH OR WIRE TRANSFER	0.		
		SOUTH ASIA	STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS	6,846.	ACH OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	134,926.	ACH OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	586,288.	ACH OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOLARSHIPS AT STAREHE GIRLS' CENTRE AND SCHOOL	10,654.	ACH OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	TOBACCO CONTROL SURVEILLANCE	727,481.	ACH OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	INVESTIGATING SAFETY AND EFFICACY OF L9LS MONOCLONAL ANTIBODIES	165,224.	ACH OR WIRE TRANSFER	0.		



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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
BOB KEEGAN POLIO ERADICATION HEROES AWARDS	MIDDLE EAST AND NORTH AFRICA	1	2,030.	ACH OR WIRE TRANSFER	0.		
SUBGRANT TO CONDUCT RESEARCH IN ETHIOPIA FOCUSED ON CARDIOVASCULAR HEALTH	SUB-SAHARAN AFRICA	2	10,000.	ACH OR WIRE TRANSFER	0.		
HONORARIUM	SUB-SAHARAN AFRICA	1	165.	ACH OR WIRE TRANSFER	0.		

NATIONAL FOUNDATION FOR THE CENTERS FOR  
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**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
365 HEALTH, INC. 1139 DELAWARE ST DENVER, CO 80204	74-2452969	501(C)(3)	7,015.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ABLE SOUTH CAROLINA 720 GRACERN RD STE 106 COLUMBIA, SC 29210-7658	58-2336332	501(C)(3)	32,000.	0.			STRATEGIES TO TRANSFORM COMMUNITY HEALTH
ABLE SOUTH CAROLINA 720 GRACERN RD STE 106 COLUMBIA, SC 29210-7658	58-2336332	501(C)(3)	167,167.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ABLE SOUTH CAROLINA 720 GRACERN RD STE 106 COLUMBIA, SC 29210-7658	58-2336332	501(C)(3)	625,000.	0.			LEVERAGING CILS TO INCREASE VACCINES FOR PEOPLE WITH DISABILITIES
ABOUNDING PROSPERITY INC 2311 MARTIN LUTHER KING JR BLVD DALLAS, TX 75215	20-3746990	501(C)(3)	84,083.	0.			PREVENTING MPOX RESURGENCE
ACCESS HEALTH 1200 RANSOM ST. MUSKEGON, MI 49442	38-3481152	501(C)(3)	101,302.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 218.
- 3** Enter total number of other organizations listed in the line 1 table 1.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEABILITY 5901 MARKET STREET PHILADELPHIA, PA 19139	23-2215980	501(C)(3)	103,980.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ACTION FOR A BETTER COMMUNITY, INC. - 400 WEST AVENUE - ROCHESTER, NY 14611	16-0902835	501(C)(3)	117,923.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ACTION FOR HEALTHY KIDS 600 W VAN BUREN SUITE 720 CHICAGO, IL 60607	47-0902020	501(C)(3)	174,589.	0.			IMPROVING MENTAL, BEHAVIORAL, AND ACADEMIC SUPPORTS TO STUDENTS, FAMILIES
ACTION NETWORK 200 MAIN STREET POINT ARENA, CA 95468	45-0479312	501(C)(3)	11,349.	0.			YOUTH HEALTH ACTION CORPS
AFRICAN SERVICES COMMITTEE 429 W 127TH ST NEW YORK, NY 10027	13-3749744	501(C)(3)	93,607.	0.			PREVENTING MPOX RESURGENCE
AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION - 8955 EDMONSTON RD D - GREENBELT, MD 20770-1006	73-1704355	501(C)(3)	88,464.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION - 8955 EDMONSTON RD D - GREENBELT, MD 20770-1006	73-1704355	501(C)(3)	99,606.	0.			PREVENTING MPOX RESURGENCE
AIDS HEALTHCARE FOUNDATION (CALOR) 6255 W SUNSET BLVD LOS ANGELES, CA 90028	95-4112121	501(C)(3)	96,995.	0.			PREVENTING MPOX RESURGENCE
AIDS SERVICE CTR OF LOWER MANHATTAN, INC. DBA ALLIANCE FOR POSITIVE CHANGE - 64 WEST 35TH STREET - NEW YORK, NY 10001-2201	13-3562071	501(C)(3)	100,000.	0.			PREVENTING MPOX RESURGENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DR ANCHORAGE, AK 99508	92-0023588	501(C)(3)	60,652.	0.			UNDERSTANDING AND PREVENTING DROWNING
ALBUQUERQUE AREA INDIAN HEALTH BOARD, INC. - 7001 PROSPECT PL NE - ALBUQUERQUE, NM 87110	85-0255630	501(C)(3)	61,668.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
ALLIANCE CARE 360 2929 S WABASH AVE STE 202 CHICAGO, IL 60616	46-1519797	501(C)(3)	38,770.	0.			PREVENTING MPOX RESURGENCE
ALLIANCE FOR PROGRESS PO BOX 210192 DALLAS, TX 75211	38-4063707	501(C)(3)	98,073.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ALLIANCE OF AIDS SERVICES - CAROLINA - 4 N BLOUNT ST - RALEIGH, NC 27601-1068	56-2158082	501(C)(3)	56,770.	0.			PREVENTING MPOX RESURGENCE
AMERICAN PUBLIC HEALTH ASSOCIATION INC - 800 I STREET NW - WASHINGTON, DC 20001-3710	13-1628688	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE FUND
AMERICAN PUBLIC HEALTH ASSOCIATION INC - 800 I STREET NW - WASHINGTON, DC 20001-3710	13-1628688	501(C)(3)	145,258.	0.			SUPPORT FOR THE PUBLIC HEALTH AMERICORPS PROGRAM
ARIZONA STATE UNIVERSITY FOUNDATION FOR A NEW AMERICAN UNIVERSITY - PO BOX 2260 - TEMPE, AZ 85280-2260	86-6051042	501(C)(3)	29,375.	0.			EMERGENCY RESPONSE FUND
ASIAN HEALTH COALITION 1006 S MICHIGAN AVE CHICAGO, IL 60605	31-1607193	501(C)(3)	74,293.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	82,960.	0.			PREVENTING MPOX RESURGENCE
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94607	94-2235908	501(C)(3)	174,468.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ASIAN PACIFIC COMMUNITY IN ACTION 221 E INDIANOLA AVE PHOENIX, AZ 85012	75-3040117	501(C)(3)	98,329.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ASIAN SERVICES IN ACTION, INC. 370 E MARKET STREET AKRON, OH 44304	34-1798850	501(C)(3)	70,725.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BATON ROUGE BLACK ALCOHOLISM COUNCIL DBA METRO HEALTH - 950 LORRI BURGESS AVENUE - BATON ROUGE, LA 70802	72-1135608	501(C)(3)	189,133.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BATTLE CREEK COMMUNITY FOUNDATION 32 WEST MICHIGAN AVENUE, SUITE 1 BATTLE CREEK, MI 49017	38-2045459	501(C)(3)	113,513.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BEACON CHARITABLE PHARMACY 2525 13TH STREET NW CANTON, OH 44708	20-0797475	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BEAT AIDS COALITION TRUST PO BOX 200545 SAN ANTONIO, TX 78220	74-2495767	501(C)(3)	114,503.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BIG CITIES HEALTH COALITION 6909 LAUREL AVE TAKOMA PARK, MD 20913	88-1791197	501(C)(3)	33,600.	0.			EMERGENCY RESPONSE FUND

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MAMAS MATTER ALLIANCE, INC PO BOX 571894 ATLANTA, GA 30357	85-1274248	501(C)(3)	379,431.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
BLAQOUT, INC. 517 CAMPBELL ST KANSAS CITY, MO 64106	82-1144166	501(C)(3)	49,774.	0.			PREVENTING MPOX RESURGENCE
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY - PO BOX 19607 327 W. CALHOUN STREET - SPRINGFIELD, IL 62794-9607	37-6005961	501(C)(3)	17,507.	0.			IMPROVING PREVENTION THROUGH STATE LEGISLATOR AND POLICY MAKER PARTNERSHIPS
BOAT PEOPLE S.O.S INC. 6107 OAKBROOK PARKWAY NORCROSS, GA 30093	54-1563619	501(C)(3)	66,822.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BORDERLANDS RESTORATION NETWORK 320-B SCHOOL STREET PATAGONIA, AZ 85624	47-2581032	501(C)(3)	7,500.	0.			YOUTH HEALTH ACTION CORPS
BOULDER PRIDE DBA OUT BOULDER COUNTY - PO BOX 1018 - BOULDER, CO 80306	84-1467134	501(C)(3)	112,785.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BRAVE COMMUNITIES 9800 PEAKRIDGE DR AUSTIN, TX 78737	81-1901039	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
BRIGHTON PARK NEIGHBORHOOD COUNCIL 4477 S ARCHER AVENUE CHICAGO, IL 60632	36-4229387	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
BROWN UNIVERSITY BROWN UNIVERSITY BOX J PROVIDENCE, RI 02912	05-0258809	501(C)(3)	55,000.	0.			PANDEMIC SECURITY INITIATIVE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ASSOCIATION OF AFRICAN-AMERICAN SUPERINTENDENTS & ADMINISTRATORS - 11856 BALBOA BLVD #228 - GRANADA HILLS, CA 91344	26-3944470	501(C)(3)	119,933.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CALIFORNIA INDIAN MUSEUM AND CULTURAL CENTER - 5250 AERO DRIVE - SANTA ROSA, CA 95403	94-3244506	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
CAMP SOUTHERN GROUND INC. 100 SOUTHERN GROUND PARKWAY FAYETTEVILLE, GA 30215	27-3082862	501(C)(3)	27,735.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
CAN COMMUNITY HEALTH, INC 4440 FRUITVILLE RD SARASOTA, FL 34232	65-0278528	501(C)(3)	97,500.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
CAN COMMUNITY HEALTH, INC 4440 FRUITVILLE RD SARASOTA, FL 34232	65-0278528	501(C)(3)	100,000.	0.			PREVENTING MPOX RESURGENCE
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501(C)(3)	166,300.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CENTER FOR INDEPENDENT LIVING OF BROWARD - 4800 N STATE ROAD 7 - LAUDERDALE LAKES, FL 33319	65-0292125	501(C)(3)	152,527.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CENTER FOR INTERCULTURAL ORGANIZING DBA UNITE OREGON - 1390, SE 122ND AVE - PORTLAND, OR 97233	74-3098100	501(C)(3)	112,982.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES (CSIS) - 1616 RHODE ISLAND AVENUE - WASHINGTON, DC 20036	52-1501082	501(C)(3)	30,000.	0.			PANDEMIC SECURITY INITIATIVE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR THE INNOVATIVE TRAINING OF YOUTH, INC D/B/A STEM NOLA - 4910 DREXEL DR. - NEW ORLEANS, LA 70125	46-4516976	501(C)(3)	7,500.	0.			YOUTH HEALTH ACTION CORPS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	1,752.	0.			NATIONAL ACTION PLAN FOR HEALTH SECURITY TOOLKIT BENCHMARKS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	2,729.	0.			CONTINUED STRENGTHENING GLOBAL EVENT-BASED SURVEILLANCE CAPACITY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	3,876.	0.			IMPROVING UNDERSTANDING OF DROWNING
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	6,002.	0.			EVALUATING HPV VACCINE INDUCED ANTIBODIES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	8,863.	0.			ANTIMALARIAL RESISTANCE MONITORING
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	11,169.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	11,248.	0.			EVALUATION FOR MALARIA SPECIMEN BANK PHASE VI
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	11,637.	0.			SUPPORT FOR INACTIVATED ROTAVIRUS VACCINE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	13,501.	0.			IMPLEMENTATION AND MONITORING OF OVERDOSE PREVENTION PROGRAMS AND POLICIES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	15,746.	0.			PNEUMOCOCCAL CONJUGATE VACCINE SURVEILLANCE AND EVALUATION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	18,000.	0.			EVALUATION SUPPORT OF THE HEAR HER CAMPAIGN
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	20,000.	0.			INTEGRATED SEROSURVEILLANCE CENTER AND SEROLOGIC SURVEILLANCE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	20,738.	0.			TECHNICAL ASSISTANCE FOR PNEUMOCOCCAL CARRIAGE STUDY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	22,183.	0.			CHARACTERIZATION OF NON-ROTAVIRUS VIRAL DIARRHEAL PATHOGENS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	27,927.	0.			EVALUATION OF PNEUMOCOCCAL CONJUGATE VACCINE SCHEDULE CHANGE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	35,420.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	36,265.	0.			BIOMARKER DISCOVERY THROUGH SERUM EPITOPE REPERTOIRE ANALYSIS (SERA)

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	51,721.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	55,866.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS PHASE II
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	64,864.	0.			NEXT GENERATION MULTIPURPOSE TECHNOLOGY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	71,013.	0.			VECTOR STOCK AND REAGENT REPOSITORY FOR RESEARCH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	71,461.	0.			EXPANDING FIREFIGHTING PPE CLEANING VALIDATION PROCEDURES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	73,293.	0.			MONITORING THE GLOBAL & DOMESTIC TOBACCO EPIDEMIC
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	77,515.	0.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION PHASE III
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	77,581.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOVT	88,558.	0.			EVALUATING TUBERCULOSIS PREVENTIVE TREATMENT

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	104,174.	0.			IMPROVING ENGAGEMENT IN COMMUNITY LEVEL DATA COLLECTION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	205,065.	0.			UNDERSTANDING THE EFFECTS OF HORMONES IN PREVENTING INFECTION
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	222,847.	0.			PLACES: LOCAL DATA FOR BETTER HEALTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	234,700.	0.			MULTI-CENTER ZOLIFLODACIN STUDY
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	288,193.	0.			PATHOGENIC PARAMYXOVIRUS REPLICATION IN BSL-4 CONTAINMENT
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	363,194.	0.			RSV GENOMIC SURVEILLANCE LEVERAGING GISRS
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	391,206.	0.			INVESTIGATING SAFETY AND EFFICACY OF L9LS MONOCLONAL ANTIBODIES
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	404,526.	0.			PREVENTING GLOBAL CHILD SEXUAL ABUSE
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	455,272.	0.			IMPROVED TRACKING OF HEALTHCARE-ASSOCIATED INFECTIONS

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CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	630,000.	0.			PREVENTION TRIALS NETWORK
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	787,644.	0.			DATA FOR HEALTH
CENTERS FOR DISEASE CONTROL 1600 CLIFTON ROAD ATLANTA, GA 30329-4027	58-6051157	US FEDERAL GOV'T	1,036,932.	0.			ANALYSIS OF IMMUNOGENICITY AND SHEDDING OF NEW ORAL POLIOVIRUS VACCINES
CENTRAL AMERICAN RESOURCE CENTER - CARECEN - OF CALIFORNIA - 2845 W. 7TH STREET - LOS ANGELES, CA 90005	95-3867724	501(C)(3)	111,890.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CENTRO ARARAT, INC. 8169 CALLE CONCORDIA PONCE, PR 00717-1567	66-0604909	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE BUILDING D KNOXVILLE, TN 37919-2355	20-3415545	501(C)(3)	70,776.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CHANGE INC.-MN 381 ROBIE STREET EAST SAINT PAUL, MN 55107	41-0906127	501(C)(3)	27,073.	0.			SUPPORTING COMMUNITY ORGANIZATIONS TO STRENGTHEN VACCINE CONFIDENCE
CHATTANOOGA CARES, INC. DBA CEMPA COMMUNITY CARE - 1000 EAST 3RD ST - CHATTANOOGA, TN 37403	62-1325543	501(C)(3)	75,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
CHEROKEE COUNTY HEALTH SERVICES COUNCIL - 135 N MUSKOGEE AVE - TAHLEQUAH, OK 74464	73-1574782	CHEROKEE TRIBAL	98,670.	0.			PREVENTING MPOX RESURGENCE

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CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA ROAD - SANTA BARBARA, CA 93110	82-4121880	CA STATE GOVT	99,574.	0.			PREVENTING MPOX RESURGENCE
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA ROAD - SANTA BARBARA, CA 93110	82-4121880	VA STATE GOVT	195,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CHILDRENS HOSPITAL CORPORATION DBA BOSTON CHILDRENS HOSPITAL - 300 LONGWOOD AVENUE - BOSTON, MA 02115	04-2774441	501(C)(3)	1,593,133.	0.			STRENGTHENED COMMUNITY PARTNERSHIPS FOR HEALTH DATA INTEROPERABILITY
CHINESE AMERICAN CHAMBER OF COMMERCE - MN - 7901, 12TH AVENUE SOUTH - BLOOMINGTON, MN 55425	84-2227725	501(C)(3)	175,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CHINESE COMMUNITY HEALTH RESOURCE CENTER (CCHRC) - 818 JACKSON SUITE 301 - SAN FRANCISCO, CA 94133-4849	20-4251913	501(C)(3)	98,108.	0.			PREVENTING MPOX RESURGENCE
CIVIC HEART COMMUNITY SERVICES 3131 EMANCIPATION AVE HOUSTON, TX 77004	76-0297531	501(C)(3)	62,634.	0.			PREVENTING MPOX RESURGENCE
CIVIC HEART COMMUNITY SERVICES 3131 EMANCIPATION AVE HOUSTON, TX 77004	76-0297531	501(C)(3)	114,264.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CLEAR PATH FOR VETERANS, INC 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037-9795	27-5206513	501(C)(3)	19,804.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
COALITION OF AFRICAN COMMUNITIES (AFRICOM) - 6328 PASCHALL AVENUE - PHILADELPHIA, PA 19142	22-3857591	501(C)(3)	96,792.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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COLLABORATIVE SUPPORT SERVICES, INC - 720 UNIVERSITY AVE, SUITE 200 - LOS GATOS, CA 95032	83-0599239	501(C)(3)	32,000.	0.			STRATEGIES TO TRANSFORM COMMUNITY HEALTH
COMMUNITY DEVELOPMENT TECHNOLOGIES CENTER - 520 W. 23RD STREET - LOS ANGELES, CA 90007	95-4546040	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
COMMUNITY MINISTRY OF PRINCE GEORGE'S CO. - PO BOX 250 - UPPER MARLBORO, MD 20773	52-0974092	501(C)(3)	107,993.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA EDUCATION FUND (COPAL) - 3702 EAST LAKE STREET - MINNEAPOLIS, MN 55406	83-1380358	501(C)(3)	89,733.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
CONGOLESE INTEGRATION NETWORK 19550 INTERNATIONAL BLVD SEATAC, WA 98188	81-3511834	501(C)(3)	110,487.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC. (CARE) - 151 ELLIS STREET NE - ATLANTA, GA 30303	13-1685039	501(C)(3)	302,389.	0.			ENHANCING GLOBAL HEALTH SECURITY
COUNTY OF IMPERIAL PUBLIC HEALTH DEPARTMENT - 935 BROADWAY - IMPERIAL, CA 92243	95-6000924	IMPERIAL COUNTY	6,573.	0.			EMERGENCY RESPONSE FUND
CREATIVETS 1123 12TH AVE S NASHVILLE, TN 37203	46-3617663	501(C)(3)	43,792.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
DAR AL-HIJRAH ISLAMIC CENTER 3159 ROW STREET FALLS CHURCH, VA 22044	31-1256417	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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DATA FRIENDLY SPACE 700 EAST MAIN STREET RICHMOND, VA 23219	83-2368839	501(C)(3)	123,573.	0.			ENHANCING GLOBAL HEALTH SECURITY
EDUCACION PARA NUESTRO FUTURO FOUNDED BY ESCUELA BOLIVIA DBA EDU-FUTURO - 2110 WASHINGTON BLVD 3RD FLOOR - ARLINGTON, VA 22204	54-1914671	501(C)(3)	107,140.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
EL SOL NEIGHBORHOOD EDUCATIONAL CENTER - PO BOX 449 - SAN BERNARDINO, CA 92402	33-0552297	501(C)(3)	116,308.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ELMHURST HOME, INC. 12010 LINWOOD ST. DETROIT, MI 48206	38-1947263	501(C)(3)	119,254.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
EMMANUEL COMMUNITIES, INC. 777 MOORING LINE DR NAPLES, FL 34102	81-4703797	501(C)(3)	94,399.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
EMORY UNIVERSITY 1784 NORTH DECATUR RD SUITE 530 ATLANTA, GA 30322-1620	58-0566256	501(C)(3)	12,763.	0.			IMMUNOLOGIC ENDPOINTS AGAINST YOUNG INFANT GROUP B STREPTOCOCCAL DISEASE
EQUAL HOPE 300 S. ASHLAND AVE. SUITE 202 CHICAGO, IL 60607	26-2264895	501(C)(3)	159,897.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ESPERANZA HEALTH CENTERS 1940 S. WESTERN AVE. CHICAGO, IL 60608	32-0115907	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
FAMICOS FOUNDATION, INC. 1325 ANSEL RD. CLEVELAND, OH 44106	34-1053534	501(C)(3)	168,144.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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FAMILY SERVICE OF RHODE ISLAND, INC - 55 HOPE STREET - PROVIDENCE, RI 02906	05-0258858	501(C)(3)	115,537.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
FAMILY YMCA OF GREATER AUGUSTA 1058 CLAUSSEN RD. SUITE 100 AUGUSTA, GA 30907	58-0566254	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
FLORIDA HARM REDUCTION COLLECTIVE, INC. - 1525 16TH ST S - ST PETERSBURG, FL 33705	86-3321717	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
FRANNIE PEABODY CENTER 30 DANFORTH ST PORTLAND, ME 04141	01-0416974	501(C)(3)	97,023.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
FRIENDS OF REFUGEES, INC. P.O. BOX 548 CLARKSTON, GA 30021	20-1989492	501(C)(3)	54,021.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
FUND FOR PUBLIC HEALTH IN NY, INC. 22 CORTLANDT STREET, SUITE 802 NEW YORK, NY 10007	05-0539199	501(C)(3)	25,000.	0.			EMERGENCY RESPONSE FUND
FUSION PARTNERSHIPS, INC. 1601 GUILFORD AVE BALTIMORE, MD 21202	52-2148413	501(C)(3)	119,997.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
GAY & LESBIAN COMM CENTER OF GREATER FORT LAUDERDALE INC DBA THE PRIDE CTR - 2040 N DIXIE HIGHWAY - WILTON MANORS, FL 33305	65-0431045	501(C)(3)	97,500.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
GAY ELDERS OF METRO DETROIT DBA MIGNEN MICHIGAN LGBTQ+ ELDERS NETWORK - 290 W. 9 MILE RD - FERNDALE, MI 48220	47-3464425	501(C)(3)	76,827.	0.			PREVENTING MPOX RESURGENCE

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GAY ELDERS OF METRO DETROIT DBA MIGEN MICHIGAN LGBTQ+ ELDERS NETWORK - 290 W. 9 MILE RD - FERNDALE, MI 48220	47-3464425	501(C)(3)	80,724.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
GRACEMED HEALTH CLINIC, INC 1150 N BROADWAY WICHITA, KS 67214	48-1159633	501(C)(3)	115,475.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
GRANITE STATE ORGANIZING PROJECT 1045 ELM ST., SUITE 201 MANCHESTER, NH 03103	47-0873896	501(C)(3)	60,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
GREAT LAKES DRYHOOTCH INC. 1030E. BRADY ST MILWAUKEE, WI 53202	81-3879969	501(C)(3)	55,219.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
GREAT PLAINS TRIBAL CHAIRMEN'S HEALTH BOARD - 2611 ELDERBERRY BLVD - RAPID CITY, SD 57703	46-0420063	501(C)(3)	29,700.	0.			EMERGENCY RESPONSE FUND
GWINNETT COALITION 750 SOUTH PERRY STREET STE 312 LAWRENCEVILLE, GA 30046	58-1925667	501(C)(3)	154,386.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
HAWAII PUBLIC HEALTH INSTITUTE 850 RICHARDS STREET HONOLULU, HI 96813	68-0637054	501(C)(3)	85,309.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
HEALTH EQUITY SOLUTIONS 53 OAK ST HARTFORD, CT 06106	46-5011055	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
HEALTH RESOURCES IN ACTION 2 BOYLSTON ST. 4TH FLOOR BOSTON, MA 02116	04-2229839	501(C)(3)	207,827.	0.			POWER-BUILDING PARTNERSHIPS FOR COMMUNITY

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HEALTHCARE ACCESS WORLDWIDE, INC. 3837 STANLEY TOLLIVER AVE. CLEVELAND, OH 44115	83-1486556	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
HISPANIC CENTER LEHIGH VALLEY 520 EAST FOURTH STREET BETHLEHEM, PA 18015	23-1882308	501(C)(3)	66,416.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
HOUSING WORKS, INC. 57 WILLOUGHBY STREET, 2ND FL BROOKLYN, NY 11201	13-3584089	501(C)(3)	119,269.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
IBEC INC DBA INTEGRATED BIOSCIENCE AND BUILT ENVIRONMENT CONSORTIUM (IBEC) - 400 W. BROADWAY ST. - MISSOULA, MT 59802-4136	85-1205136	501(C)(3)	99,974.	0.			PREVENTING MPOX RESURGENCE
IDAHO IMMUNIZATION COALITION P.O. BOX 234 SHOSHONE, ID 83352	45-2718620	501(C)(3)	160,245.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN ST, #416 - LEMONT, IL 60439	20-1942444	501(C)(3)	82,458.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ILLINOIS MIGRANT COUNCIL 333 COMMERCE DRIVE SUITE 800 CRYSTAL LAKE, IL 60014	36-2597070	501(C)(3)	146,950.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
ILLINOIS PUBLIC HEALTH ASSOCIATION 500 W. MONROE 1E SPRINGFIELD, IL 62704	36-6108790	501(C)(3)	115,600.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
IMMUNIZE KANSAS COALITION 623 SW 10TH AVE TOPEKA, KS 66612	82-2718681	501(C)(3)	32,414.	0.			SUPPORTING COMMUNITY ORGANIZATIONS TO STRENGTHEN VACCINE CONFIDENCE

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INDIA HOME, INC. 17836 WEXFORD TERRACE JAMAICA, NY 11432	20-8747291	501(C)(3)	100,481.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
INSTITUTE FOR SPIRITUALITY AND HEALTH AT THE TEXAS MEDICAL CENTER - 8100 GREENBRIAR - HOUSTON, TX 77054	74-1246255	501(C)(3)	102,282.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
INSTITUTE FOR THE ADVANCEMENT OF MINORITY HEALTH - 129 COUNTRY CLUB DRIVE - MADISON, MS 39110	83-4631016	501(C)(3)	94,549.	0.			PREVENTING MPOX RESURGENCE
INSTITUTE FOR THE ADVANCEMENT OF MINORITY HEALTH - 129 COUNTRY CLUB DRIVE - MADISON, MS 39110	83-4631016	501(C)(3)	101,304.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE #320 - SILVER SPRING, MD 20902	52-1704037	501(C)(3)	77,851.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
INTERNATIONAL ASSOCIATION FOR INDIGENOUS AGING - 11101 GEORGIA AVE #320 - SILVER SPRING, MD 20902	52-1704037	501(C)(3)	86,793.	0.			PREVENTING MPOX RESURGENCE
IOWA PUBLIC HEALTH ASSOCIATION 501 SW 7TH ST DES MOINES, IA 50309	23-7327835	501(C)(3)	99,656.	0.			PREVENTING MPOX RESURGENCE
IOWA PUBLIC HEALTH ASSOCIATION 501 SW 7TH ST DES MOINES, IA 50309	23-7327835	501(C)(3)	114,948.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
JEWISH VOCATIONAL SERVICE BUREAU OF KANSAS CITY - 4600 THE PASEO - KANSAS CITY, MO 64110	44-0545994	501(C)(3)	97,235.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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KOREAN AMERICAN FEDERATION OF LOS ANGELES - 981 S WESTERN AVENUE SUITE 100 - LOS ANGELES, CA 90006	95-3842560	501(C)(3)	80,603.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON - 7700 LITTLE RIVER TURNPIKE STE. #406 - ANNANDALE, VA 22003	52-1005984	501(C)(3)	172,425.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LA CASA DE LA SALUD 2201 BIRNAM WOODS CT MIDLOTHIAN, VA 23112	47-2220416	501(C)(3)	99,555.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LA COLABORATIVA, INC 318 BROADWAY STREET CHELSEA, MA 02150	22-2906521	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LANTERN COMMUNITY SERVICES 494 8TH AVE 20TH FLOOR NEW YORK, NY 10001	13-3910692	501(C)(3)	60,959.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LATIN AMERICAN COMMUNITY CENTER 403 N. VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501(C)(3)	189,384.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LATIN AMERICAN LEGAL DEFENSE AND EDUCATION FUND DBA LALDEF - 714-716 S CLINTON AVENUE - TRENTON, NJ 08611-1916	20-2484231	501(C)(3)	90,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE - 6112 WEST CERMAK ROAD - CICERO, IL 60804	35-2288467	501(C)(3)	99,510.	0.			PREVENTING MPOX RESURGENCE
LATINO ALZHEIMER'S AND MEMORY DISORDERS ALLIANCE - 6112 WEST CERMAK ROAD - CICERO, IL 60804	35-2288467	501(C)(3)	195,001.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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LATINO CENTER FOR PREVENTION & ACTION IN HEALTH & WELFARE - 450 WEST 4TH STREET - SANTA ANA, CA 92701	33-0562943	501(C)(3)	114,047.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LATINOS SALUD, INC. 1401 NE 26TH STREET WILTON MANORS, FL 33305-1321	26-2763535	501(C)(3)	99,997.	0.			PREVENTING MPOX RESURGENCE
LEAD COALITION OF BAY COUNTY, INC. P O BOX 564 PANAMA CITY, FL 32402	81-2636147	501(C)(3)	103,479.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LEADERSHIP COUNCIL FOR HEALTHY COMMUNITIES - 10 G STREET, NE - WASHINGTON, DC 20002-4253	45-2938187	501(C)(3)	94,850.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LITERACY VOLUNTEERS OF GREATER HARTFORD - 30 ARBOR STREET, SUITE 101 S - HARTFORD, CT 06106-1241	23-7237570	501(C)(3)	119,652.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
LUTHERAN COMMUNITY SERVICES NORTHWEST (LCSNW) - 4040 S 188TH ST - SEATAC, WA 98188-5070	93-0386860	501(C)(3)	95,039.	0.			PREVENTING MPOX RESURGENCE
MASSACHUSETTS AUDUBON SOCIETY, INC. - 208 S GREAT ROAD - LINCOLN, MA 01773	04-2104702	501(C)(3)	12,389.	0.			YOUTH HEALTH ACTION CORPS
MINNESOTA DEPARTMENT OF HEALTH 625 ROBERT STREET N ST PAUL, MN 55155-2538	41-6007162	MN STATE GOVT	75,000.	0.			EMERGENCY RESPONSE FUND
MINORITY AIDS SUPPORT SERVICES, INC. (MASS) - 247 28TH ST - NEWPORT NEWS, VA 23607	45-3751448	501(C)(3)	95,406.	0.			PREVENTING MPOX RESURGENCE

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MINORITY ORGAN & TISSUE TRANSPLANT EDUCATION PROGRAM OF CLEVELAND INC - 18720 CHAGRIN BLVD - SHAKER HEIGHTS, OH 44122	34-1900839	501(C)(3)	94,166.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES - 201 BLEECKER STREET - UTICA, NY 13501	16-1158764	501(C)(3)	118,751.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
MOSHOLU-MONTEFIORE COMMUNITY CENTER, INC. - 3450 DEKALB AVENUE - BRONX, NY 10467	13-3622107	501(C)(3)	119,949.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
MUSKEGON YOUNG MENS CHRISTIAN ASSOCIATION - PO BOX 1667 - MUSKEGON, MI 49443	38-2000172	501(C)(3)	124,276.	0.			UNDERSTANDING AND PREVENTING DROWNING
MY BROTHER'S KEEPER, INC. 407 ORCHARD PARK RIDGELAND, MS 39157	64-0937314	501(C)(3)	112,034.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NATIONAL ACADEMY OF SCIENCE 2101 CONSTITUTION AVE NW WASHINGTON, DC 20418-0007	53-0196932	501(C)(3)	25,000.	0.			OPIOID EPIDEMIC
NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS - 1201 EYE STREET, NW, 4TH FLOOR - WASHINGTON, DC 20005	52-1426663	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE FUND
NATIONAL CONGRESS OF PARENTS AND TEACHERS (NATIONAL PTA) - 1250 N. PITT STREET - ALEXANDRIA, VA 22314	36-2169155	501(C)(3)	68,016.	0.			IMPROVING MENTAL, BEHAVIORAL AND ACADEMIC SUPPORTS TO STUDENTS AND FAMILIES PT2
NATIONAL HISPANIC COUNCIL ON AGING 2201 12TH ST NW WASHINGTON, DC 20009	52-1306347	501(C)(3)	104,384.	0.			SUPPORTING COMMUNITY ORGANIZATIONS TO STRENGTHEN VACCINE CONFIDENCE

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NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES - 1100 POYDRAS STREET - WASHINGTON, DC 20036	72-1505359	501(C)(3)	270,288.	0.			SUPPORT FOR THE PUBLIC HEALTH AMERICORPS PROGRAM
NATIONZ FOUNDATION, INC. 1603 SANTA ROSA ROAD, STE. 203 HENRICO, VA 23229-5010	47-3964152	501(C)(3)	99,652.	0.			PREVENTING MPOX RESURGENCE
NATIVE AMERICAN COMMUNITY ACADEMY FOUNDATION - 1000 INDIAN SCHOOL RD NW - ALBUQUERQUE, NM 87104-2304	27-2193660	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
NATURE NEXUS INSTITUTE 2436 E. 4TH STREET, PMB#1339 LONG BEACH, CA 90814-1034	87-1515685	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
NEW AGE SERVICES CORPORATION 1330 S KOSTNER AVE CHICAGO, IL 60623	36-3307455	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NEW AMERICAN PATHWAYS, INC. 2300 HENDERSON MILL RD NE ATLANTA, GA 30345	30-0130066	501(C)(3)	184,025.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NEW ARRIVALS INSTITUTE 2714 W MARKET ST GREENSBORO, NC 27403	27-3996262	501(C)(3)	76,455.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NEW MEXICO COMMUNITY CAPITAL 301 GOLD AVE SW ALBUQUERQUE, NM 87102	20-1798654	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
NORTH IDAHO AIDS COALITION, INC DBA NORTH IDAHO ALLIANCE OF CARE (NIAC) - 2201 N. GOVERNMENT WAY - COEUR D' ALENE, ID 83814	82-0509161	501(C)(3)	97,500.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING

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NORTHEAST VALLEY HEALTH CORPORATION (NEVHC) - 1172 N. MACLAY AVENUE - SAN FERNANDO, CA 91340-1328	23-7120632	501(C)(3)	100,000.	0.			PREVENTING MPOX RESURGENCE
NORTHERN INDIANA HISPANIC HEALTH COALITION INC. - 444 N. NAPPANEE ST. - ELKHART, IN 46514	32-0039221	501(C)(3)	129,079.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NORTHWEST NEW JERSEY COMMUNITY ACTION PROGRAM, INC. DBA NORWESCAP, INC. - 350 MARSHALL ST - PHILLIPSBURG, NJ 08865	22-1777156	501(C)(3)	100,879.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
NORWEGIAN REFUGEE COUNCIL USA 818 CONNECTICUT AVE NW WASHINGTON, DC 20011	47-5342860	501(C)(3)	99,390.	0.			ENHANCING GLOBAL HEALTH SECURITY
NOVASALUD, INC. 2946 SLEEPY HOLLOW RD. FALLS CHURCH, VA 22044-2003	27-1306634	501(C)(3)	85,542.	0.			PREVENTING MPOX RESURGENCE
OLA OF EASTERN LONG ISLAND PO BOX 278 SAGAPONACK, NY 11962	43-1997489	501(C)(3)	106,935.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
OLNEYVILLE HOUSING CORPORATION DBA ONE NEIGHBORHOOD BUILDERS - 66 CHAFFEE STREET - PROVIDENCE, RI 02909	22-3010422	501(C)(3)	32,000.	0.			STRATEGIES TO TRANSFORM COMMUNITY HEALTH
OPERATION STAND DOWN TENNESSEE 1125 12TH AVE S NASHVILLE, TN 37203	62-1638832	501(C)(3)	14,309.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
PEACE VILLAGE POSTER 4 PEACE DBA CANCER JUSTICE NETWORK - 4129 GEORGIA AVE - CINCINNATI, OH 45223	20-0079223	501(C)(3)	162,378.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

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PHILADELPHIA CHINATOWN DEVELOPMENT CORPORATION - 301 N 9TH STREET - PHILADELPHIA, PA 19107	23-7439723	501(C)(3)	74,953.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE N MINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	91,831.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
PRIDE CENTER OF MARYLAND (PCOM) 2418 ST. PAUL BALTIMORE, MD 21218-5177	52-1112541	501(C)(3)	99,881.	0.			PREVENTING MPOX RESURGENCE
PROJECT NEW YORKER CORPORATION 169-18 HILLSIDE AVE JAMAICA, NY 11432	82-1375092	501(C)(3)	103,000.	0.			PREVENTING MPOX RESURGENCE
PROJECT WET FOUNDATION INC. PO BOX 4230 BOZEMAN, MT 59772	20-0281441	501(C)(3)	43,294.	0.			YOUTH HEALTH ACTION CORPS
PUBLIC HEALTH FOUNDATION ENTERPRISES, INC DBA HELUNA HEALTH - 13300 CROSSROADS PARKWAY NORTH, STE 450 - CITY OF INDUSTRY, CA	95-2557063	501(C)(3)	97,649.	0.			PREVENTING MPOX RESURGENCE
QUALITY HOME CARE SERVICES, INC. (QCHC) - 3552 BEATTIES FORD RD - CHARLOTTE, NC 28216-3742	56-2480615	501(C)(3)	86,959.	0.			PREVENTING MPOX RESURGENCE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 1109 GEDDES AVE, SUITE 3300 - ANN ARBOR, MI 48109-1079	38-6006309	501(C)(3)	61,345.	0.			MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
REGENTS OF THE UNIVERSITY OF MICHIGAN - 1109 GEDDES AVE, SUITE 3300 - ANN ARBOR, MI 48109-1079	38-6006309	501(C)(3)	79,827.	0.			PREVENTING MPOX RESURGENCE

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SAFE SWIM LLC 8814 VETERANS MEM. BLVD METAIRIE, LA 70003	86-2801669		122,011.	0.			UNDERSTANDING AND PREVENTING DROWNING
SALT LAKE HARM REDUCTION PROJECT 1400 SOUTH 1100 EAST SALT LAKE CITY, UT 84105-2435	81-5416993	501(C)(3)	98,109.	0.			PREVENTING MPOX RESURGENCE
SAN FRANCISCO AIDS FOUNDATION 1035 MARKET STREET SAN FRANCISCO, CA 94103-1665	94-2927405	501(C)(3)	96,634.	0.			PREVENTING MPOX RESURGENCE
SER FAMILIA, INC. 1000 COBB PLACE BLVD NW SUITE 170 KENNESAW, GA 30144	35-2166123	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
SHINE CHARITY, INC. 3604 BEYER BLVD SAN YSIDRO, CA 92173	47-2306777	501(C)(3)	70,972.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
SHINE CHARITY, INC. 3604 BEYER BLVD SAN YSIDRO, CA 92173	47-2306777	501(C)(3)	96,201.	0.			PREVENTING MPOX RESURGENCE
SISTERLOVE, INCORPORATED 3709 BAKERS FERRY RD SW ATLANTA, GA 30331	58-2016070	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
SISTERS IN BIRTH, INC. 405 BRIARWOOD DRIVE JACKSON, MS 39206	81-2072883	501(C)(3)	104,721.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
SOSTENTO INC. 9 PORTLAND PL UNIT 1 MONTCLAIR, NJ 07042	84-3739888	501(C)(3)	55,859.	0.			SUPPORTING COMMUNITY ORGANIZATIONS TO STRENGTHEN VACCINE CONFIDENCE

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SOUTHEAST ARIZONA AREA HEALTH EDUCATION CENTER - 1171 W TARGET RANGE RD - NOGALES, AZ 85621	86-0520996	501(C)(3)	193,744.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
SPECIAL SERVICE FOR GROUPS, INC. (SSG) - 905 E. 8TH STREET - LOS ANGELES, CA 90021-1848	95-1716914	501(C)(3)	99,831.	0.			PREVENTING MPOX RESURGENCE
ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501(C)(3)	119,999.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
SWEMKIDS INTERNATIONAL, INC PO BOX 371901 DECATUR, GA 30037	82-2338640	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
THE ALLIANCE FOR COMMUNITY WELLNESS DBA LA FAMILIA - 24301 SOUTHLAND DRIVE - HAYWARD, CA 94545	94-2297155	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
THE AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE - 808 N 5TH AVE - SEQUIM, WA 98382	47-0922046	501(C)(3)	74,422.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
THE ASPEN INSTITUTE 2300 N STREET NW, SUITE 700 WASHINGTON, DC 20037	84-0399006	501(C)(3)	225,000.	0.			HEALTH FESTIVAL 2024
THE CENTER FOR BLACK WOMEN'S WELLNESS (CBWW) INC. - 477 WINDSOR ST SW - ATLANTA, GA 30312	58-2212203	501(C)(3)	119,838.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - 1685 LEE ROAD, SUITE 200 - WINTER PARK, FL 32789	59-3368679	501(C)(3)	85,946.	0.			PREVENTING MPOX RESURGENCE

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THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - 1685 LEE ROAD , SUITE 200 - WINTER PARK, FL 32789	59-3368679	501(C)(3)	169,340.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
THE FIRE WATCH PROJECT, INC. 5011 GATE PARKWAY JACKSONVILLE, FL 32256	85-3790585	501(C)(3)	6,115.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
THE G.R.E.E.NE FOUNDATION 2030 E. FOURTH STREET SANTA ANA, CA 92705	33-1143366	501(C)(3)	95,954.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
THE GENERAL HOSPITAL CORPORATION DBA MASS GENERAL HOSPITAL - PO BOX 3829 - BOSTON, MA 02241-3829	04-2697983	501(C)(3)	56,325.	0.			MOSQUITO CRYOPRESERVATION
THE GEORGE WASHINGTON UNIVERSITY 800 17TH STREET, NW WASHINGTON, DC 20006-3962	53-0196584	501(C)(3)	65,958.	0.			IMPROVING PREVENTION THROUGH STATE LEGISLATOR AND POLICY MAKER PARTNERSHIPS
THE HEALTH COLLABORATIVE 2692 MADISON ROAD CINCINNATI, OH 45208	31-1449807	501(C)(3)	105,580.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
THE HEALTH COUNCIL OF SOUTH FLORIDA, INC. (HCSF) - 7855 NW 12 STREET, SUITE 117 - MIAMI, FL 33126-1818	59-2268478	501(C)(3)	98,400.	0.			PREVENTING MPOX RESURGENCE
THE KNIGHTS AND ORCHIDS SOCIETY (TKO SOCIETY OR TKO) - 17 BROAD STREET - SELMA, AL 36701-4605	45-2603909	501(C)(3)	63,421.	0.			PREVENTING MPOX RESURGENCE
THE PUBLIC GOOD PROJECTS 5187 COLLEGE AVE STE 128 ALEXANDRIA, VA 22301	46-2717584	501(C)(3)	414,309.	0.			ENHANCING COMM ACCEPTANCE THROUGH MICRO-INFLUENCING

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS LA CAMPUS - ACCOUNTING OFFICE, EMF, BOX 0897 - SAN FRANCISCO, CA	95-6006143	501(C)(3)	6,166.	0.			MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS LA CAMPUS - ACCOUNTING OFFICE, EMF, BOX 0897 - SAN FRANCISCO, CA	95-6006143	501(C)(3)	38,655.	0.			PREVENTING MPOX RESURGENCE
THE UNIVERSITY OF TEXAS AT SAN ANTONIO - ONE UTSA CIRCLE - SAN ANTONIO, TX 78249-1644	74-1717115	TX STATE GOVT	225,000.	0.			MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
THRIVE SS INC. 2038 STANTON RD EAST POINT, GA 30344	81-1080246	501(C)(3)	75,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
TREASURE COAST HEALTH COUNCIL INC. 600 SANDTREE DRIVE SUITE 101 PALM BEACH GARDENS, FL 33403	59-2242689	501(C)(3)	99,887.	0.			PREVENTING MPOX RESURGENCE
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501(C)(3)	36,535.	0.			MONITORING THE GLOBAL & DOMESTIC TOBACCO EPIDEMIC
UNCONDITIONAL LOVE, INC. DBA COMPREHENSIVE HEALTH CARE - 1495 N HARBOR CITY BLVD - MELBOURNE, FL 32935	59-3062093	501(C)(3)	96,771.	0.			PREVENTING MPOX RESURGENCE
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	362,977.	0.			HEALTH SECURITY AND HEALTH THREATS RESPONSE
UNITED WAY OF COASTAL AND WESTERN CONNECTICUT, INC. - 10 MIDDLE ST - BRIDGEPORT, CT 06604-4257	06-0646577	501(C)(3)	134,375.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF LONG ISLAND, INC 819 GRAND BLVD. DEER PARK, NY 11729	11-6042392	501(C)(3)	115,078.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
UNIVERSITY OF CHICAGO/CHICAGO CENTER FOR HIV ELIMINATION - 5801 SOUTH ELLIS AVENUE - CHICAGO, IL 60637	36-2177139	501(C)(3)	73,903.	0.			PREVENTING MPOX RESURGENCE
UNIVERSITY OF SOUTH CAROLINA 1600 HAMPTON STREET, 6TH FLOOR COLUMBIA, SC 29208	57-6001153	SC STATE GOVT	20,043.	0.			IMPROVING PREVENTION THROUGH STATE LEGISLATOR AND POLICY MAKER PARTNERSHIPS
UTAH HEALTH POLICY PROJECT UTAH HEALTH POLICY PROJECT STE 20 WEST VALLEY CITY, UT 84119	87-0684606	501(C)(3)	104,542.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
VALLEY OF THE SUN YOUNG MENS CHRISTIAN ASSOCIATION - 350 N 1ST AVE - PHOENIX, AZ 85003	86-0096799	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
VETS RECOVER (VETERANS RECOVERY RESOURCES/VRR) - PO BOX 41241 - MOBILE, AL 36640	47-4013431	501(C)(3)	19,746.	0.			BUILDING NGO CAPACITY TO PREVENT VETERAN SUICIDE
VIA CARE COMMUNITY HEALTH CENTER, INC. - 3601 FIRST STREET - LOS ANGELES, CA 90063	80-0699156	501(C)(3)	91,718.	0.			PREVENTING MPOX RESURGENCE
WARD'S OF SERENITY, INC. 3 TALL PINE CV. LITTLE ROCK, AR 72205-8533	33-1007768	501(C)(3)	69,818.	0.			PREVENTING MPOX RESURGENCE
WARREN/CONNER DEVELOPMENT COALITION DBA EASTSIDE COMMUNITY NETWORK - 4401 CONNER - DETROIT, MI 48215	38-2561225	501(C)(3)	101,247.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

Schedule I (Form 990)



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WAYNE METROPOLITAN COMMUNITY ACTION AGENCY - 7310 WOODWARD AVE STE 800 - DETROIT, MI 48202	38-1976979	501(C)(3)	108,410.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	38-6028429	501(C)(3)	12,500.	0.			YOUTH HEALTH ACTION CORPS
WAYNE STATE UNIVERSITY 5057 WOODWARD, 13TH FLOOR DETROIT, MI 48202	38-6028429	501(C)(3)	147,419.	0.			MONITORING AND RESPONSE SYSTEM FOR PUBLIC HEALTH CRISES
WE THINK 4 A CHANGE 900 QUARRY RD. AKRON, OH 44307	83-1850861	501(C)(3)	25,000.	0.			ENHANCING COMMUNITY CAPACITY TO SUPPORT SELF-TESTING
WHO REGIONAL OFFICE FOR THE AMERICAS/PAN AMERICAN HEALTH ORGANIZATION - 525 TWENTY-THIRD STREET, N.W. - WASHINGTON, DC	75-6036298	US FEDERAL GOVT	716,822.	0.			MONITORING THE GLOBAL TOBACCO EPIDEMIC
WORLD INSTITUTE ON DISABILITY 3075 ADELINE STREET SUITE 155 BERKELEY, CA 94703	94-2911623	501(C)(3)	25,060.	0.			VACCINATING PEOPLE WITH DISABILITIES IMPLEMENTING STRATEGIES ACCESS
YAKIMA NEIGHBORHOOD HEALTH SERVICES (YNHS) - 12 S 8TH STREET - YAKIMA, WA 98901	91-0928817	501(C)(3)	84,546.	0.			PREVENTING MPOX RESURGENCE
YMCA BUFFALO NIAGARA 301 CAYUGA ROAD BUFFALO, NY 14225	16-0743231	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
YMCA OF ALASKA 5353 LAKE OTIS PARKWAY ANCHORAGE, AK 99507	92-0034878	501(C)(3)	124,821.	0.			UNDERSTANDING AND PREVENTING DROWNING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE AVE BOSTON, MA 02115	04-2103551	501(C)(3)	191,851.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD COPPELL, TX 75019	75-0800696	501(C)(3)	120,194.	0.			UNDERSTANDING AND PREVENTING DROWNING
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD SAN DIEGO, CA 92123-1812	95-2039198	501(C)(3)	124,712.	0.			UNDERSTANDING AND PREVENTING DROWNING
YMCA OF SAN FRANCISCO 169 STEUART STREET SAN FRANCISCO, CA 94105	94-0997140	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
YMCA OF THE CAPITAL AREA 8704 JEFFERSON HWY. BATON ROUGE, LA 70809	72-0408994	501(C)(3)	124,222.	0.			UNDERSTANDING AND PREVENTING DROWNING
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER NEW YORK - 5 WEST 63RD STREET 7TH FLOOR - NEW YORK, NY 10023	13-1624228	501(C)(3)	125,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
YWCA NEW BRITAIN CT 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	501(C)(3)	120,000.	0.			CBO SUPPORT TO INCREASE VACCINATION COVERAGE

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FRIES PRIZE FOR IMPROVING HEALTH	3	120,000.	0.		
FRIES JURY - HONORARIUM	10	18,000.	0.		
2024 HUBERT AWARDEE	12	15,600.	0.		
GERALD R. COOPER AWARD FOR EXCELLENCE IN LABORATORY SAFETY	1	250.	0.		
THE MCKNIGHT PRIZE FOR HEALTHCARE OUTBREAK HEROES	1	2,000.	0.		

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

**PART I, LINE 2:**

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

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

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**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2024 AWARDEE - PAUL C. SCHNITKER, M.D., EIS '69 ENDOWED MEMORIAL AWARD FOR GLOBAL PUBLIC HEALTH	1.	1,000.	0.		
AWARDEE: WATSON MEDAL OF EXCELLENCE	2.	6,000.	0.		
SCHUCHAT BERGER EXCELLENCE IN LEADERSHIP AWARD FUND	1.	2,500.	0.		
KATHERINE LYON DANIEL AWARD FOR INTEGRITY IN COMMUNICATION	2.	2,000.	0.		
2024 PAPPAIOANOU AWARDEE	3.	3,900.	0.		

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

Schedule J (Form 990) 2023

58-2106707

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUDITH MONROE PRESIDENT & CEO	(i)	464,571.	66,800.	0.	32,981.	9,400.	573,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONIQUE PATRICK CHIEF OPERATIONS OFFICER	(i)	293,069.	0.	0.	28,707.	13,451.	335,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAUREN SMITH - TO 2/2024 CHIEF HEALTH EQUITY & STRATEGY OFF	(i)	274,853.	0.	0.	28,817.	15,518.	319,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) NEDRA JONES CHIEF FINANCIAL OFFICER	(i)	273,225.	0.	0.	27,905.	8,962.	310,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DANIEL PIERCE NELSON CHIEF COMMUNICATIONS OFFICER	(i)	233,516.	0.	0.	23,301.	1,507.	258,324.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LAURA ANGEL - TO 5/2024 CHIEF ADVANCEMENT OFFICER	(i)	217,466.	0.	0.	22,272.	9,808.	249,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHAEL BRANDON TALLEY CHIEF PROGRAM & INNOVATION OFFICER	(i)	213,106.	0.	0.	21,516.	8,416.	243,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PETER JOSEPH GIBSON SENIOR DATA ENTREPRENEUR	(i)	212,668.	0.	0.	12,173.	13,042.	237,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANITA WILSON-MERRITT MEDICAL CONSULTANT	(i)	195,950.	0.	0.	20,370.	12,395.	228,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROLAND NGWANG MEDICAL EPIDEMIOLOGIST	(i)	188,415.	0.	0.	20,157.	14,406.	222,978.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES ALLEN SOLUTION ARCHITECT 4 CONTRACT MGR	(i)	189,192.	0.	0.	18,022.	10,580.	217,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CATHERINE HASTINGS VP, INFECTIOUS DISEASE	(i)	178,861.	0.	0.	19,243.	9,387.	207,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) ROBERT ABRAHAM - TO 1/2024 VP, ADVANCEMENT	(i)	178,096.	0.	0.	18,025.	8,036.	204,157.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) RACHNA CHANDORA VP, NON-INFECTIOUS DISEASE	(i)	173,299.	0.	0.	17,545.	8,048.	198,892.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## PART I, LINE 1B:

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

## PART I, LINE 7:

THE PRESIDENT & CEO OF THE ORGANIZATION, JUDITH MONROE, WAS AWARDED AN INCENTIVE BONUS OF \$66,800. THE AMOUNT WAS DETERMINED AND APPROVED BY THE

NATIONAL FOUNDATION FOR THE CENTERS FOR  
DISEASE CONTROL AND PREVENTION INC

**Part III** Supplemental Information

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

BOARD OF DIRECTORS.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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FORM 990, PART I, LINE 1, ORGANIZATION'S MISSION OR ACTIVITIES:

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

FORM 990, PART I, LINE 19, REVENUE LESS EXPENSES:

THE FOUNDATION IS A DYNAMIC ORGANIZATION WITH HUNDREDS OF PROGRAMS  
THROUGHOUT THE WORLD TO ADDRESS VARIOUS PUBLIC HEALTH CHALLENGES. EACH  
YEAR, PROGRAMS AND FUNDING SOURCES MIGHT CHANGE, AFFECTING THE TIMING  
OF REVENUE STREAMS AND EXPENSES, AND THUS CHANGES IN NET ASSETS.  
ADDITIONALLY, REVENUE RECOGNITION IN ACCORDANCE WITH US GAAP CAN RESULT  
IN PROGRAM CONTRIBUTION REVENUES BEING RECOGNIZED IN A DIFFERENT PERIOD  
FROM THE APPLICABLE PROGRAM COSTS AND EXPENSES, WHICH CAN ALSO IMPACT  
THE CHANGE IN NET ASSETS IN ANY GIVEN REPORTING PERIOD.

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

THE CDC FOUNDATION CONTINUED ITS WORK TO STRENGTHEN THE NATION'S PUBLIC  
HEALTH PROTECTION SYSTEM BY RECRUITING, HIRING, ONBOARDING AND MANAGING  
DIVERSE AND EXPERIENCED PUBLIC HEALTH PROFESSIONALS ON BEHALF OF 28  
HEALTH JURISDICTIONS. DURING THE YEAR, WORKFORCE SERVICES WAS DEPLOYED  
TO STAFF STATE, TERRITORIAL, LOCAL AND TRIBAL HEALTH DEPARTMENTS TO  
PROVIDE CRITICAL SUPPORT FOR INITIATIVES SUCH AS EMERGENCY RESPONSE AND  
MODERNIZING PUBLIC HEALTH DATA SYSTEMS.

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number	58-2106707
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AS PART OF THIS EFFORT, THE CDC FOUNDATION EMPLOYED MORE THAN 400 PUBLIC HEALTH WORKERS AT THE END OF THE FISCAL YEAR TO BRIDGE WORKFORCE GAPS AT HEALTH DEPARTMENTS ACROSS THE NATION. THESE EMPLOYEES WORK IN VARIOUS ROLES, RANGING FROM TRADITIONAL PUBLIC HEALTH POSITIONS LIKE EPIDEMIOLOGISTS, DISEASE INVESTIGATORS AND EMERGENCY RESPONSE SPECIALISTS, TO DATA SCIENTISTS, CLOUD ARCHITECTS, LEGAL PROFESSIONALS, HEALTH POLICY EXPERTS, SCHOOL LIAISONS, OVERDOSE COORDINATORS, VACCINE DEMAND STRATEGISTS AND MANY MORE. THESE EMPLOYEES PLAY INTEGRAL ROLES IN THE PUBLIC HEALTH INFRASTRUCTURE FOR CDC FOUNDATION'S JURISDICTIONAL PARTNERS.

BY MEETING HEALTH DEPARTMENT NEEDS AND PROVIDING KEY STAFF WHEN AND WHERE THEY WERE NEEDED MOST, CDC FOUNDATION SUSTAINED ITS INVALUABLE CONTRIBUTION TO PUBLIC HEALTH, BOTH IN THE MOMENT AND FOR THE FUTURE.

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

THE OVERDOSE RESPONSE STRATEGY (ORS) IS AN INITIATIVE DESIGNED TO ENHANCE PUBLIC HEALTH-PUBLIC SAFETY COLLABORATION AND STRENGTHEN EFFORTS TO REDUCE DEATHS FROM DRUG OVERDOSES. BUILDING ON PREVIOUS WORK THAT ASSISTED STATE AND LOCAL HEALTH DEPARTMENTS TO COMBAT THE RAPID INCREASE OF DEATHS RELATED TO OPIOID OVERDOSES ACROSS THE COUNTRY, THE CDC FOUNDATION HAD TWO SPECIFIC ONGOING PROJECTS DESIGNED TO ADDRESS THIS ISSUE IN FY2024. THE CDC AWARDED A COOPERATIVE AGREEMENT TO THE FOUNDATION FOR A CAPACITY-BUILDING PROGRAM KNOWN AS OVERDOSE DATA TO ACTION (OD2A), WHICH SUPPORTS JURISDICTIONS IN IMPLEMENTING PREVENTION ACTIVITIES AND COLLECTING ACCURATE, COMPREHENSIVE AND TIMELY DATA ON NONFATAL AND FATAL OVERDOSES AND IN USING THOSE DATA TO ENHANCE PROGRAMMATIC AND SURVEILLANCE EFFORTS. OD2A SUPPORTS EMPLOYEES AND

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SUBRECIPIENTS ACROSS 55 JURISDICTIONS TO IMPLEMENT OVERDOSE  
SURVEILLANCE AND PREVENTION ACTIVITIES.

ORS WAS CREATED THROUGH A PARTNERSHIP BETWEEN CDC AND THE OFFICE OF  
NATIONAL DRUG CONTROL POLICY (ONDCP) THROUGH THEIR SUPPORT OF THE HIGH  
INTENSITY DRUG TRAFFICKING AREA (HIDTA) PROGRAM AND THE CDC FOUNDATION.  
NOW IN ITS SEVENTH YEAR, ITS MISSION IS TO HELP COMMUNITIES REDUCE  
FATAL AND NON-FATAL DRUG OVERDOSE RATES BY IMPROVED INFORMATION SHARING  
ACROSS PUBLIC HEALTH AND PUBLIC SAFETY AGENCIES AND BY SUPPORTING  
EVIDENCE-BASED INTERVENTIONS. CURRENTLY, THERE ARE 61 PUBLIC HEALTH  
ANALYSTS FUNDED IN ALL 50 STATES, WASHINGTON, DC, PUERTO RICO AND THE  
U.S. VIRGIN ISLANDS WHO GATHER AND ANALYZE DATA AND TRENDS ON OVERDOSES  
AND INFORM AND SUPPORT LOCAL COMMUNITIES WITH THE DEVELOPMENT AND  
IMPLEMENTATION OF SOLUTIONS TO REDUCE OVERDOSES AND SAVE LIVES.

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

COMMUNITY-BASED ORGANIZATIONS (CBOS) AND COMMUNITY MEMBERS, THROUGH  
THEIR DEEP-ROOTED PARTNERSHIPS WITH STATE AND LOCAL HEALTH DEPARTMENTS,  
HEALTH CARE ORGANIZATIONS AND OTHER LOCAL GROUPS, CAN PLAY A CRITICAL  
ROLE IN COMING TOGETHER TO ADDRESS A COMMUNITY'S UNIQUE NEEDS. DURING  
FY2024, THE CDC FOUNDATION LED SEVERAL PROGRAMS AIMED AT BUILDING THE  
PUBLIC HEALTH CAPACITY OF CBOS TO HELP SUPPORT HEALTHIER COMMUNITIES.  
THESE EFFORTS WERE AIMED AT ASSISTING CBOS TO SECURE AND DEVELOP  
SKILLS, TOOLS, STAFF AND RESOURCES TO ADVANCE THEIR PUBLIC HEALTH  
PROGRAMMING.

FOR INSTANCE, ONE OF THESE PROJECTS LEVERAGES PRIVATE SECTOR SUPPORT TO  
BUILD STRONG RELATIONSHIPS BETWEEN PUBLIC HEALTH, CBOS, AND COMMUNITY

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HEALTH CARE ORGANIZATIONS TO EFFECTIVELY PREPARE FOR FUTURE PUBLIC HEALTH EMERGENCIES. IN THIS EFFORT, THE CDC FOUNDATION IS BUILDING UPON OUR EARLIER NATIONAL PARTNERSHIP RECOMMENDATIONS TO LEAD THE DEVELOPMENT OF LOCALIZED EXAMPLES OF SUSTAINABLE PUBLIC-PRIVATE, MULTI-SECTOR COLLABORATIONS AND SYSTEMS-LEVEL RESPONSES TO ONGOING AND EMERGING PUBLIC HEALTH CHALLENGES.

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

THE FOUNDATION, WORKING IN COLLABORATION WITH CDC, SPENDS MOST OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. DURING THE YEAR ENDED JUNE 30, 2024, OTHER PROGRAMS INCLUDED THOSE TO ADDRESS PUBLIC HEALTH EMERGENCIES WORLDWIDE; FOCUS ON CHRONIC DISEASE PREVENTION, INJURY AND VIOLENCE PREVENTION, AND OTHER SIMILAR HEALTH CHALLENGES; STRENGTHEN THE PUBLIC HEALTH SYSTEMS THROUGH MODERNIZING PUBLIC HEALTH SYSTEMS AND PROCESSES; AND A WIDE VARIETY OF OTHER CRITICAL PUBLIC HEALTH PROTECTION EFFORTS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL BE COMPOSED OF UP TO SEVEN (7) VOTING MEMBERS: THE CHAIR, THE VICE CHAIR, THE SECRETARY, THE TREASURER, THE PAST CHAIR AND THE CHAIRS OF THE NOMINATING COMMITTEE AND THE ADVANCEMENT COMMITTEE. THE VICE CHAIR AND PAST CHAIR TERMS DO NOT OCCUR AT THE SAME TIME AND AS SUCH DO NOT PARTICIPATE IN EXECUTIVE COMMITTEE AT THE SAME TIME LEAVING UP TO SIX (6) VOTING MEMBERS DURING ANY GIVEN MEETING. THE PRESIDENT OF THE CORPORATION SHALL SERVE AS A NON-VOTING MEMBER OF THE COMMITTEE. THE COMMITTEE SHALL HAVE THE AUTHORITY TO ACT FOR THE BOARD OF DIRECTORS BETWEEN MEETINGS OF THE BOARD WHEN THE CHAIR DETERMINES THAT SUCH

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ACTION IS NECESSARY AND, TO THAT END, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD EXCEPT THE AUTHORITY: (I) TO APPROVE THE DISSOLUTION OR MERGER OF THE CORPORATION; (II) TO CAUSE THE SALE, PLEDGE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE CORPORATION'S ASSETS; (III) TO ELECT OR REMOVE DIRECTORS OR FILL VACANCIES ON THE BOARD OR ANY OF ITS COMMITTEES; (IV) TO ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE CORPORATION; OR (V) TAKE ANY OTHER ACTION WHICH BY LAW MAY NOT BE DELEGATED TO A COMMITTEE. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT REGULAR MEETING.

FORM 990, PART VI, SECTION A, LINE 8B:

THE EXECUTIVE COMMITTEE IS REQUIRED TO TAKE MINUTES, AND THE MINUTES ARE SHARED WITH THE BOARD. THE ADVANCEMENT AND NOMINATING COMMITTEES PRESENT THEIR REPORTS DURING THE BOARD MEETING. THE FINANCE COMMITTEE ALSO KEEPS MINUTES. HOWEVER, THE AUDIT SUB-COMMITTEE AND INVESTMENT SUB-COMMITTEE PRESENT THEIR REPORTS DURING THE FINANCE COMMITTEE MEETING. THESE SUB-COMMITTEES DO NOT KEEP MINUTES.

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

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

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

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

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

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

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC, TN  
UT, VA, WV, WI

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

THE FOUNDATION POSTS THE PRIOR TEN YEARS OF 990'S AND FORM 1023 ON ITS WEBSITE. THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

EMERGENCY RESPONSE & WORKFORCE SOLUTIONS:

PROGRAM SERVICE EXPENSES

2,056,942.

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MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,056,942.

## NON-INFECTIOUS DISEASE:

PROGRAM SERVICE EXPENSES	26,830,682.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,830,682.

## INFECTIOUS DISEASE:

PROGRAM SERVICE EXPENSES	15,386,772.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,386,772.

## OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	3,132,475.
MANAGEMENT AND GENERAL EXPENSES	1,901,975.
FUNDRAISING EXPENSES	460,029.
TOTAL EXPENSES	5,494,479.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	49,768,875.