

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 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC Doing business as CDC FOUNDATION		D Employer identification number 58-2106707
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 600 PEACHTREE STREET NE 1000	E Telephone number (404) 653-0790	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30308		G Gross receipts \$ 186,313,329.
	F Name and address of principal officer: SHAVONE SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number
J Website: WWW.CDCFOUNDATION.ORG			L Year of formation: 1993 M State of legal domicile: GA
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	1312
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	123,339,717.	115,729,319.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,501,901.	46,013,628.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,726,050.	3,465,742.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,558.	362,723.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	192,607,226.	165,571,412.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,548,475.	17,146,612.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,216,833.	100,059,871.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	4,367,497.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,965,157.	58,012,613.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,730,465.	175,219,096.	
19 Revenue less expenses. Subtract line 18 from line 12	-15,123,239.	-9,647,684.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	166,254,577.	158,635,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	18,495,064.	17,826,718.
22 Net assets or fund balances. Subtract line 21 from line 20	147,759,513.	140,808,831.	

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CDC FOUNDATION HELPS THE PUBLIC HEALTH SYSTEM, INCLUDING THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), BY FORGING EFFECTIVE PARTNERSHIPS BETWEEN GOVERNMENT, PHILANTHROPY, 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 [X] 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 [X] 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 \$ 39,030,468. including grants of \$ 27,218.) (Revenue \$ 44,208,124.) 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 27 HEALTH JURISDICTIONS. (SEE SCH O FOR FURTHER INFORMATION)

4b (Code:) (Expenses \$ 15,675,811. including grants of \$ 36,394.) (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 \$ 15,500,287. including grants of \$) (Revenue \$) WORKFORCE ACCELERATION INITIATIVE THE WORKFORCE ACCELERATION INITIATIVE (WAI) IS AN INITIATIVE DESIGNED TO IDENTIFY, ONBOARD AND TRAIN DATA AND TECHNOLOGY EXPERTS FROM OUTSIDE OF PUBLIC HEALTH, AIMED AT SPEEDING UP IMPROVEMENTS TO PUBLIC HEALTH INFORMATION SYSTEMS AND BOLSTERING THE ABILITY OF PUBLIC HEALTH AGENCIES TO DELIVER ON KEY DATA MODERNIZATION PROJECTS AND OBJECTIVES. (SEE SCH O FOR FURTHER INFORMATION)

4d Other program services (Describe on Schedule O.) (Expenses \$ 83,467,465. including grants of \$ 17,083,000.) (Revenue \$ 2,140,435.)

4e Total program service expenses 153,674,031.

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

Part IV Checklist of Required Schedules

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

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 4

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 195	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 5

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1312		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
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>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. 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.		

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 6

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, 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
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 7

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				616,215.	0.	41,537.
(2) MONIQUE PATRICK CHIEF OPERATIONS OFFICER	48.00 0.00			X				339,537.	0.	49,600.
(3) MICHAEL BRANDON TALLEY CHIEF PROGRAM AND INNOVATION OFFICER	52.00 0.00				X			286,580.	0.	37,871.
(4) DANIEL PIERCE NELSON CHIEF COMMUNICATIONS OFFICER	54.00 0.00				X			283,581.	0.	29,898.
(5) NEDRA JONES (ENDED 11/1/24) CHIEF FINANCIAL OFFICER	45.00 0.00			X				252,840.	0.	34,250.
(6) PETER JOSEPH GIBSON SENIOR DATA ENTREPRENEUR	44.00 0.00					X		210,241.	0.	25,547.
(7) ANITA WILSON-MERRITT MEDICAL CONSULTANT	41.00 0.00					X		198,695.	0.	34,821.
(8) JAMES ALLEN SOLUTION ARCHITECT 4 (IT) CONTRACT M	40.00 0.00					X		193,937.	0.	31,030.
(9) RACHNA CHANDORA VP, NON-INFECTIOUS DISEASE	44.00 0.00				X			194,518.	0.	28,221.
(10) SHAVONE SMITH VP, FINANCE	48.00 0.00					X		198,761.	0.	21,150.
(11) ALISON THOMPSON CHIEF ADVANCEMENT OFFICER	46.00 0.00				X			187,789.	0.	30,514.
(12) CATHERINE HASTINGS VP, INFECTIOUS DISEASE(ENDED 5/1/25)	43.00 0.00				X			186,401.	0.	30,206.
(13) TWANDA MICKLE VP, STRATEGIC OPERATIONS	44.00 0.00				X			182,098.	0.	33,085.
(14) TERRI HEYNS VP, COMMUNICATIONS	50.00 0.00					X		172,956.	0.	26,286.
(15) RAYMOND BAXTER BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(16) DAVID ALDRIDGE TREASURER, FINANCE CHAIR	2.00 0.00	X		X				0.	0.	0.
(17) SHIRLEY FRANKLIN DIRECTOR	2.00 0.00	X						0.	0.	0.

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 8

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) JAMES MARKS NOMINATING CHAIR	2.00 0.00	X						0.	0.	0.
(19) ELAINE CHAMBERS PAST CHAIR	2.00 0.00	X		X				0.	0.	0.
(20) JEFFREY KOPLAN DIRECTOR, TO SUMMER 2025	1.00 0.00	X						0.	0.	0.
(21) AMELIE RAMIREZ SECRETARY	2.00 0.00	X		X				0.	0.	0.
(22) BROOKS BELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) ROBERT FRANKLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) WINSTON WONG DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) BERNARD MILANO DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) MELISSA MCPHEETERS ADVANCEMENT CHAIR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,504,149.	0.	454,016.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,504,149.	0.	454,016.

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 110

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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, 200 PARK AVENUE, 11TH FLOOR, NEW YORK, NY 10016	RESEARCH & DATA COLLECTION	2,412,339.
MARKETVISION, 8647 WURZBACH RD SUITE J100, SAN ANTONIO, TX 78240	RESEARCH & GRAPHIC DESIGN	1,487,639.
AFRICAN FIELD EPIDEMIOLOGY NETWORK PLOT 42 LUGOGO BYPASS, KAMPALA, UGANDA	GRANT MANAGEMENT & CONTRACTOR SUPPORT	1,245,161.
MCCHRYSAL GROUP LLC, 333 N FAIRFAX ST, SUITE 100, ALEXANDRIA, VA 22314	CONSULTING - DATA MODERNIZATION	1,130,084.
THE PUBLIC GOOD PROJECTS, 2308 MOUNT VERNON AVE STE 758, ALEXANDRIA, VA 22301	CONSULTING & TRAINING - MEDIA	1,090,737.

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 93

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 9

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	65,041,505.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	50,687,814.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,564,172.				
	h Total. Add lines 1a-1f			115729319.			
Program Service Revenue	2 a WORKFORCE SOLUTIONS	Business Code					
		541900	44,208,124.	44208124.			
	b PUBLIC HEALTH PROTECTION EFFORTS	541900	1,805,504.	1,805,504.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			46,013,628.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,465,255.			3465255.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	20,742,404.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	20,741,917.				
c Gain or (loss)	7c	487.					
d Net gain or (loss)			487.		487.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REFUNDABLE PROGRAM FUNDS	Business Code					
		900099	334,931.	334,931.			
	b MISCELLANEOUS REVENUE	900099	27,792.			27,792.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			362,723.				
12 Total revenue. See instructions			165571412.	46348559.	0.	3493534.	

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

Form 990 (2024)

58-2106707 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	15,176,761.	15,176,761.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	107,200.	107,200.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,862,651.	1,862,651.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,838,932.	799,703.	1,443,392.	595,837.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	78,507,856.	68,217,514.	8,052,190.	2,238,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,604,126.	4,965,300.	497,497.	141,329.
9 Other employee benefits	6,612,517.	5,769,585.	659,956.	182,976.
10 Payroll taxes	6,496,440.	5,612,964.	682,162.	201,314.
11 Fees for services (nonemployees):				
a Management				
b Legal	83,174.		83,174.	
c Accounting	159,051.		159,051.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	150,372.		150,372.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	45,478,833.	43,357,052.	1,767,235.	354,546.
12 Advertising and promotion				
13 Office expenses	1,308,083.	538,901.	353,399.	415,783.
14 Information technology	3,758,619.	1,358,855.	2,288,078.	111,686.
15 Royalties				
16 Occupancy	791,993.	675,681.	89,720.	26,592.
17 Travel	3,209,960.	2,928,327.	233,379.	48,254.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	755,159.	653,923.	83,066.	18,170.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	341,365.	291,231.	38,672.	11,462.
23 Insurance	448,497.	65,746.	369,491.	13,260.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT SUPPLIES	1,252,293.	1,252,293.		
b STAFF EXPENSES	236,028.	34,600.	194,450.	6,978.
c LICENSES & REGISTRATION	19,135.	2,805.	15,764.	566.
d CREDIT CARD FEES	17,919.	2,627.	14,762.	530.
e All other expenses	2,132.	312.	1,758.	62.
25 Total functional expenses. Add lines 1 through 24e	175,219,096.	153,674,031.	17,177,568.	4,367,497.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,436,508.	1	2,980,286.
	2 Savings and temporary cash investments	23,459,293.	2	14,095,095.
	3 Pledges and grants receivable, net	31,967,628.	3	25,073,332.
	4 Accounts receivable, net	17,363,570.	4	9,771,281.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,028,673.	9	6,841,171.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,884,978.		
	b Less: accumulated depreciation	10b 3,086,960.	10c	798,018.
	11 Investments - publicly traded securities	80,308,512.	11	95,288,866.
	12 Investments - other securities. See Part IV, line 11	0.	12	1,771,114.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,581,864.	15	2,016,386.
16 Total assets. Add lines 1 through 15 (must equal line 33)	166,254,577.	16	158,635,549.	
Liabilities	17 Accounts payable and accrued expenses	10,100,131.	17	11,526,408.
	18 Grants payable	2,704,082.	18	801,048.
	19 Deferred revenue	1,074,917.	19	1,711,863.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,615,934.	25	3,787,399.
	26 Total liabilities. Add lines 17 through 25	18,495,064.	26	17,826,718.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,119,109.	27	45,228,377.
	28 Net assets with donor restrictions	97,640,404.	28	95,580,454.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	147,759,513.	32	140,808,831.
	33 Total liabilities and net assets/fund balances	166,254,577.	33	158,635,549.

Form 990 (2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Form 990 (2024)

58-2106707 Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	165,571,412.
2	Total expenses (must equal Part IX, column (A), line 25)	2	175,219,096.
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,647,684.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	147,759,513.
5	Net unrealized gains (losses) on investments	5	2,697,002.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	140,808,831.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	191156154	248141708	225282911	123339717	115729319	903649809
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...	270,464.	176,000.	132,000.			578,464.
4 Total. Add lines 1 through 3	191426618	248317708	225414911	123339717	115729319	904228273
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						145141431
6 Public support. Subtract line 5 from line 4.						759086842

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	191426618	248317708	225414911	123339717	115729319	904228273
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1655957.	1535092.	1936866.	2726047.	3465255.	11319217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		1,437.	1,206.	39,558.	362,723.	404,924.
11 Total support. Add lines 7 through 10						915952414
12 Gross receipts from related activities, etc. (see instructions)					12	171,738,332.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	82.87 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	85.11 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule A (Form 990) 2024

58-2106707 Page 6

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

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

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

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

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

Schedule A (Form 990) 2024

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
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

**Schedule B
(Form 990)**

(Rev. December 2024)
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 for the latest information.

OMB No. 1545-0047

Name of the organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	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>8,621,914.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>21,363,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>46,108,633.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>2,492,362.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>18,015,176.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>4,824,440.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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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
7	<hr/> <hr/> <hr/>	\$ 4,195,045.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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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 NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number 58-2106707
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC).
If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures	175068724.													
e Total exempt purpose expenditures (add lines 1c and 1d)	175068724.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	0.	0.	0.	0.	
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990) 2024

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)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d 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).

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

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."

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

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.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) (Rev. 12-2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR

Schedule D (Form 990) (Rev. 12-2024) DISEASE CONTROL AND PREVENTION INC

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)		
Total. (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)		
Total. (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)	
Total. (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) CONTRACTS PAYABLE	364,005.
(3) OPERATING LEASE LIABILITIES	3,423,394.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	3,787,399.

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

Schedule D (Form 990) (Rev. 12-2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR

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

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

1	Total revenue, gains, and other support per audited financial statements		1	168,118,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,697,002.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,697,002.	
3	Subtract line 2e from line 1	3	165,421,040.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,372.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	150,372.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	165,571,412.	

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

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

1	Total expenses and losses per audited financial statements		1	175,068,724.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1	3	175,068,724.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	150,372.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	150,372.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	175,219,096.	

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 25 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 PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. AS OF JUNE 30, 2025 AND 2024, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**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	2	PROGRAM SERVICES	PROFESSIONAL FEES	900,556.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRAVEL	546.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		30,934.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		4,500.
EAST ASIA AND THE PACIFIC	0	16	PROGRAM SERVICES	PROFESSIONAL FEES	718,912.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	8,833.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	TRAVEL	274,597.
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	1,839.
3 a Subtotal	0	18			1,940,717.
b Total from continuation sheets to Part I	0	127			12,006,916.
c Totals (add lines 3a and 3b)	0	145			13,947,633.

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

Schedule F (Form 990) (Rev. 12-2024)

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	GRANT MAKING		510,005.
EUROPE	0	14	PROGRAM SERVICES	PROFESSIONAL FEES	1,067,709.
EUROPE	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	40,969.
EUROPE	0	0	PROGRAM SERVICES	TRAVEL	227,111.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	472.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING		26,400.
MIDDLE EAST AND NORTH AFRICA	0	7	PROGRAM SERVICES	PROFESSIONAL FEES	422,782.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	60.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRAVEL	91,174.
NORTH AMERICA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	625.
Totals					

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

Schedule F (Form 990)

58-2106707 Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	5	PROGRAM SERVICES	PROFESSIONAL FEES	387,890.
NORTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	765.
KAZAKHSTAN (RUSSIA AND NEIGHBORING STATES)	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	9.
KAZAKHSTAN (RUSSIA AND NEIGHBORING STATES)	0	0	PROGRAM SERVICES	TRAVEL	3,296.
GEORGIA (RUSSIA AND NEIGHBORING STATES)	0	0	PROGRAM SERVICES	TRAVEL	6,875.
SOUTH AMERICA	0	3	PROGRAM SERVICES	PROFESSIONAL FEES	5,620.
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAVEL	4,098.
SOUTH ASIA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	350.
SOUTH ASIA	0	0	GRANT MAKING		593,429.
SOUTH ASIA	0	19	PROGRAM SERVICES	PROFESSIONAL FEES	1,384,910.
Totals					

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule F (Form 990)

58-2106707

Page 1

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH ASIA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	84.
SOUTH ASIA	0	0	PROGRAM SERVICES	TRAVEL	63,005.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CONFERENCES & MEETINGS	423.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		697,382.
SUB-SAHARAN AFRICA	0	79	PROGRAM SERVICES	PROFESSIONAL FEES	5,062,605.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	SUPPLIES & OTHER	174,796.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	TRAVEL	344,846.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		889,226.
Totals		127			12,006,916.

NATIONAL FOUNDATION FOR THE CENTERS FOR

Schedule F (Form 990) (Rev. 12-2024) DISEASE CONTROL AND PREVENTION INC

58-2106707

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	356,042.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		EUROPE	MONITORING THE GLOBAL TOBACCO EPIDEMIC	153,963.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	DATA FOR HEALTH	26,400.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	36,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	291,760.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	DATA FOR HEALTH	25,858.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	149,225.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SOUTH ASIA	ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY	90,587.	ELECTRONIC FUND 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 8

3 Enter total number of other organizations or entities 4

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

58-2106707

Schedule F (Form 990)

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	DATA FOR HEALTH	49,650.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	MONITORING THE GLOBAL TOBACCO EPIDEMIC	540,969.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SCHOLARSHIPS AT STAREHE GIRLS' CENTRE AND SCHOOL	6,763.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MONITORING THE GLOBAL TOBACCO EPIDEMIC	30,934.	ELECTRONIC FUND OR WIRE TRANSFER	0.		

NATIONAL FOUNDATION FOR THE CENTERS FOR

Schedule F (Form 990) (Rev. 12-2024) DISEASE CONTROL AND PREVENTION INC

58-2106707

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)
PRIZE PRIZE FOR IMPROVING HEALTH	SUB-SAHARAN AFRICA	1	100,000.	ELECTRONIC FUND OR WIRE TRANSFER	0.		
GLOBAL COMPASSION FUND FOR LOCALLY EMPLOYED STAFF	EAST ASIA AND THE PACIFIC	2	4,500.	ELECTRONIC FUND OR WIRE TRANSFER	0.		

NATIONAL FOUNDATION FOR THE CENTERS FOR

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 GRANTEE'S PROGRESS AND EXPENDITURES, AND BOTH THE GRANTEE AND THE CDC PROVIDE DETAILED INFORMATION TO THE CDC FOUNDATION'S PROGRAM OFFICERS WHO ARE ASSIGNED TO THE PROJECT. OFTEN, THE FOUNDATION PROGRAM OFFICER WILL MAKE SITE VISITS TO ENSURE THAT THE PROGRAM IS PROCEEDING AS AGREED AND THAT THE FUNDS ARE PROPERLY SPENT.

PART I, LINE 3:

AMOUNT REPORTED FOR GRANTMAKING AND PROGRAM SERVICE EXPENDITURES WAS CALCULATED USING THE ACCRUAL METHOD OF ACCOUNTING. AMOUNT REPORTED FOR INVESTMENTS REPRESENTS THE FAIR MARKET VALUE OF SUCH INVESTMENTS AS OF THE END OF THE TAX YEAR.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABLE SOUTH CAROLINA 720 GRACERN RD STE 106 COLUMBIA, SC 29210-7658	58-2336332	501C3	117,565.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
ACTION FOR HEALTHY KIDS 600 W VAN BUREN SUITE 720 CHICAGO, IL 60607	47-0902020	501C3	244,000.	0.			IMPROVING MENTAL, BEHAVIORAL, AND ACADEMIC SUPPORTS TO STUDENTS AND FAMILIES
ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DR ANCHORAGE, AK 99508	92-0023588	501C3	21,599.	0.			UNDERSTANDING AND PREVENTING DROWNING
ALLIANCECHICAGO 225 W. ILLINOIS STREET SUITE 500 CHICAGO, IL 60654-7927	81-5434098	501C3	111,431.	0.			INCREASING ENGAGEMENT OF CBOS IN MATERNAL MORTALITY REVIEW COMMITTEE PROCESSES
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY - 2915 VINE STREET - DALLAS, TX 75204	34-0787715	501C3	20,610.	0.			GILSTRAP OBSTETRICS AND GYNECOLOGIST (OB/GYN) FELLOWSHIP
AMERICAN PUBLIC HEALTH ASSOCIATION INC - 800 I STREET NW - WASHINGTON, DC 20001-3710	13-1628688	501C3	73,220.	0.			SUPPORT FOR THE PUBLIC HEALTH AMERICORPS PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 107.

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.

Schedule I (Form 990) (Rev. 12-2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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
ARIZONA DEPARTMENT OF HEALTH SERVICES - 150 N. 18TH AVENUE SUITE 310 - PHOENIX, AZ 85007-2607	86-6004791	GOVT	23,000.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS
ASIAN HEALTH COALITION 1006 S MICHIGAN AVE CHICAGO, IL 60605	31-1607193	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
BATON ROUGE BLACK ALCOHOLISM COUNCIL DBA METRO HEALTH - 950 LORRI BURGESS AVENUE - BATON ROUGE, LA 70802	72-1135608	501C3	106,883.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
BEAT AIDS COALITION TRUST PO BOX 200545 SAN ANTONIO, TX 78220	74-2495767	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
BLACK MAMAS MATTER ALLIANCE, INC PO BOX 571894 ATLANTA, GA 30357	85-1274248	501C3	30,923.	0.			ACCELERATING THE IMPACT OF ERASE MATERNAL MORTALITY
BLACK MAMAS MATTER ALLIANCE, INC PO BOX 571894 ATLANTA, GA 30357	85-1274248	501C3	153,978.	0.			INCREASING ENGAGEMENT OF CBOS IN MATERNAL MORTALITY REVIEW COMMITTEE PROCESSES
BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION DBA UNIVERSITY OF NEVADA, RE - 1664 N. VIRGINIA STREET 204 ROSS HALL/MS 325 -	88-6000024	501C3	13,100.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS
BOULDER PRIDE DBA OUT BOULDER COUNTY - PO BOX 1018 - BOULDER, CO 80306	84-1467134	501C3	32,000.	0.			STRETCH 2.0
BROWN UNIVERSITY 1 PROSPECT ST, BOX J PROVIDENCE, RI 02912	05-0258809	501C3	10,000.	0.			PANDEMIC SECURITY INITIATIVE

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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

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CASA COMMUNITY CENTER 114 S. MAPLE ST. CASA, AR 72025	88-1715229	501C3	70,000.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
C-ASSIST 30260 CHERRY HILL ROAD GARDEN CITY, MI 48135	81-3386484	501C3	112,295.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	1,073,204.	0.			ANALYSIS OF IMMUNOGENICITY AND SHEDDING OF NEW ORAL POLIOVIRUS VACCINES
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	87,797.	0.			BIOMARKER DISCOVERY THROUGH SERUM EPITOPE REPERTOIRE ANALYSIS (SERA)
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	71,507.	0.			CHARACTERIZATION OF NON-ROTAVIRUS VIRAL DIARRHEAL PATHOGENS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	18,632.	0.			CHOLERA SURVEILLANCE
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	12,629.	0.			CONTINUED STRENGTHENING GLOBAL EVENT-BASED DETECTION CAPACITY
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	60,354.	0.			DATA FOR CHANGE
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	1,044,115.	0.			DATA FOR HEALTH

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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

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CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	149,785.	0.			EVALUATING TUBERCULOSIS PREVENTIVE TREATMENT IN PEOPLE LIVING WITH HIV
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	13,442.	0.			EVALUATION FOR MALARIA SPECIMEN BANK
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	34,567.	0.			EVALUATION OF MALARIA VACCINE IMPLEMENTATION
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	106,277.	0.			EXPANDING FIREFIGHTING PPE CLEANING VALIDATION PROCEDURES
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	60,184.	0.			FIELD EPIDEMIOLOGY TRAINING PROGRAM (FETP)
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	43,494.	0.			GAVI ALLIANCE PARTNER ENGAGEMENT FRAMEWORK
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	700,000.	0.			HIV PREVENTION TRIALS NETWORK
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	16,262.	0.			IMPLEMENTATION AND MONITORING OF OVERDOSE PREVENTION PROGRAMS AND POLICIES
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	10,836.	0.			IMPROVING UNDERSTANDING OF DROWNING

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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

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CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	285,967.	0.			INVESTIGATING SAFETY AND EFFICACY OF L9LS MONOCLONAL ANTIBODIES
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	163,170.	0.			INVESTIGATING THE BIOCOMPATIBILITY OF BIODEGRADABLE SUBCUTANEOUS IMPLANT
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	210,255.	0.			MATERNAL HEALTH SUSTAINABILITY EVALUATION
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	43,086.	0.			MECHANISMS OF NOROVIRUS PROTECTIVE IMMUNITY
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	42,262.	0.			NATIONAL ACTION PLAN FOR HEALTH SECURITY TOOLKIT BENCHMARKS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	89,217.	0.			NEXT GENERATION MULTIPURPOSE INTRAVAGINAL RING TECHNOLOGY
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	545,672.	0.			PATHOGENESIS OF NIPAH VIRUS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	495,098.	0.			PLACES: LOCAL DATA FOR BETTER HEALTH
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	10,480.	0.			ROTAVIRUS VACCINE EFFECTIVENESS AND SAFETY

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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

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CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	5,855.	0.			ROTAVIRUS VACCINE IMPACT AND EFFECTIVENESS ASSESSMENTS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	227,506.	0.			RSV GENOMIC MONITORING
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	150,000.	0.			RSV SENTINEL MONITORING
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	53,553.	0.			SAFETY AND PHARMACOKINETICS OF HYDROGEL IMPLANTS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	194,923.	0.			STRENGTHENING GLOBAL CARDIOVASCULAR HEALTH SYSTEMS
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	23,983.	0.			SUPPORT FOR INACTIVATED ROTAVIRUS VACCINE
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	33,269.	0.			SUPPORTING WATER AND HYGIENE INFRASTRUCTURE
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	33,469.	0.			TECHNICAL ASSISTANCE FOR PNEUMOCOCCAL CARRIAGE STUDY
CENTERS FOR DISEASE CONTROL AND PREVENTION - 1600 CLIFTON ROAD - ATLANTA, GA 30329-4027	58-6051157	GOVT	138,041.	0.			UNDERSTANDING THE EFFECTS OF HORMONES IN PREVENTING HIV INFECTION

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

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

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CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES (CSIS) - 1616 RHODE ISLAND AVENUE - WASHINGTON, DC 20036	52-1501082	501C3	15,000.	0.			PANDEMIC SECURITY INITIATIVE
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE BUILDING D KNOXVILLE, TN 37919-2355	20-3415545	501C3	86,899.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
CHEYENNE RIVER LONG-TERM RECOVERY GROUP - 325 SOUTH SPRUCE STREET N4 / PO BOX 360 - EAGLE BUTTE, SD 57625	92-2030939	501C3	71,187.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
CHILDREN AND FAMILY RESOURCE SERVICES - 3970 LA COLINA ROAD - SANTA BARBARA, CA 93110	82-4121880	GOVT	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
CITY OF MUSKOGEE 837 EAST OKMULGEE STREET MUSKOGEE, OK 74403	73-6005340	GOVT	36,146.	0.			UNDERSTANDING AND PREVENTING DROWNING
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA EDUCATION FUND (COPAL) - 3702 EAST LAKE STREET - MINNEAPOLIS, MN 55406	83-1380358	501C3	75,150.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA EDUCATION FUND (COPAL) - 3702 EAST LAKE STREET - MINNEAPOLIS, MN 55406	83-1380358	501C3	119,166.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
COOPERATIVE FOR ASSISTANCE AND RELIEF EVERYWHERE INC. (CARE) - 151 ELLIS STREET NE - ATLANTA, GA 30303	13-1685039	501C3	27,218.	0.			ENHANCING GLOBAL HEALTH SECURITY
DREAM OF WILD HEALTH 1308 EAST FRANKLIN AVENUE SUITE 203 MINNEAPOLIS, MN 55404	41-1632662	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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DREAMING OUT LOUD INC 80 M ST SE WASHINGTON, DC 20003-3386	26-1286043	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
DUKE UNIVERSITY 2204 ERWIN ROAD DURHAM, NC 27705	56-0532129	501C3	46,050.	0.			HEALTH & SOCIAL POLICY ROUNDTABLE
ECOLIBRIUM3 2014 WEST 3RD STREET DULUTH, MN 55806	45-2746481	501C3	70,000.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
EQUAL HOPE 300 S. ASHLAND AVE SUITE 202 CHICAGO, IL 60607	26-2264895	501C3	112,842.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
FAMICOS FOUNDATION, INC. 1325 ANSEL RD. CLEVELAND, OH 44106	34-1053534	501C3	93,948.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
FAMILY COUNSELING CENTER OF MOBILE, INC. - 705 OAK CIRCLE DRIVE EAST - MOBILE, AL 36609	63-0388685	501C3	68,634.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
FLORIDA CLINICIANS FOR CLIMATE ACTION - 2014 NORTHWEST 139TH TERRACE - PEMBROKE PINES, FL 33028	88-1303018	501C3	65,000.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
FLORIDA STATE ALLIANCE OF YMCAS FOUNDATION, INC. - 600 1ST AVE NORTH SUITE 201 - ST. PETERSBURG, FL 33701	45-5429259	501C3	40,908.	0.			UNDERSTANDING AND PREVENTING DROWNING
FOUNDATION FOR SUSTAINABLE COMMUNITY DBA FARMER FROG - 12129 TREOSTI RD. - SNOHOMISH, WA 98290-6906	20-2112828	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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GIRL PLUS ENVIRONMENT CORPORATION 2950 TEJAS TRAIL SOUTHWEST ATLANTA, GA 30331	86-1528869	501C3	67,457.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
GRAHAM COUNTY HEALTH DEPARTMENT 191 P & J ROAD / PO BOX 1848 ROBBINSVILLE, NC 28771	56-6000302	GOVT	22,500.	0.			IMPLEMENTATION AND MONITORING OF OVERDOSE PREVENTION PROGRAMS AND POLICIES
GWINNETT COALITION 750 SOUTH PERRY STREET STE 312 LAWRENCEVILLE, GA 30046	58-1925667	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
HEALTH RESOURCES IN ACTION 2 BOYLSTON ST. 4TH FLOOR BOSTON, MA 02116	04-2229839	501C3	55,898.	0.			POWER-BUILDING PARTNERSHIPS FOR COMMUNITY VIOLENCE PREVENTION
HEALTHY GULF 935 GRAVIER STREET SUITE 700 NEW ORLEANS, LA 70112	72-1447742	501C3	65,000.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
HIGHER PURPOSE CO. 130 DESOTO AVE SUITE 10 CLARKSDALE, MS 38614-4329	82-1629178	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST SUITE 210 WEST SAINT PAUL, MN 55118	46-0928003	501C3	110,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
HURON-CLINTON METROPOLITAN AUTHORITY - 13000 HIGH RIDGE DRIVE - BRIGHTON, MI 48114-9058	38-6005602	GOVT	29,568.	0.			UNDERSTANDING AND PREVENTING DROWNING
IDAHO IMMUNIZATION COALITION P.O. BOX 234 SHOSHONE, ID 83352	45-2718620	501C3	118,473.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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
ILLINOIS ASSOCIATION OF FREE AND CHARITABLE CLINICS - 42 STEPHEN ST #416 - LEMONT, IL 60439	20-1942444	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
ILLINOIS PUBLIC HEALTH ASSOCIATION 500 W. MONROE 1E SPRINGFIELD, IL 62704	36-6108790	501C3	117,628.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
IOWA ENVIRONMENTAL COUNCIL 505 5TH AVENUE SUITE 85 DES MOINES, IA 50309	42-1436090	501C3	70,000.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
JEWISH VOCATIONAL SERVICE BUREAU OF KANSAS CITY - 4600 THE PASEO - KANSAS CITY, MO 64110	44-0545994	501C3	119,867.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL ST - HONOLULU, HI 96819	99-0149797	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
KOREAN COMMUNITY SERVICE CENTER OF GREATER WASHINGTON - 7700 LITTLE RIVER TURNPIKE STE 406 - ANNANDALE, VA 22003	52-1005984	501C3	70,131.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
KOREAN AMERICAN FEDERATION OF LOS ANGELES - 981 S WESTERN AVENUE SUITE 100 - LOS ANGELES, CA 90006	95-3842560	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
LA CASA DE LA SALUD 2201 BIRNAM WOODS CT MIDLOTHIAN, VA 23112	47-2220416	501C3	119,999.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
LA COLABORATIVA, INC 318 BROADWAY STREET CHELSEA, MA 02150	22-2906521	501C3	99,567.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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LA SEMILLA FOOD CENTER PO BOX 2579 ANTHONY, NM 88021-2579	27-2486484	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
LATIN AMERICAN COMMUNITY CENTER 403 N. VAN BUREN STREET WILMINGTON, DE 19805	23-7047048	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
LEAD COALITION OF BAY COUNTY, INC. P O BOX 564 PANAMA CITY, FL 32402	81-2636147	501C3	119,995.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
LOCAL ENVIRONMENTAL ACTION DEMANDED AGENCY INC - 19289 SOUTH 4403 DRIVE - VINITA, OK 74301	73-1592485	501C3	68,774.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
MASON CONSOLIDATED SCHOOLS 2400 MASON EAGLES DRIVE ERIE, MI 48133	38-6008211	GOVT	43,482.	0.			UNDERSTANDING AND PREVENTING DROWNING
MIDWEST ASIAN HEALTH ASSOCIATION 218 WEST 26TH STREET CHICAGO, IL 60616	36-4526722	501C3	100,000.	0.			PILOTING PARTNERSHIP STRENGTHENING RECOMMENDATIONS
MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES - 201 BLEECKER STREET - UTICA, NY 13501	16-1158764	501C3	116,886.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
MOTTEP OF CLEVELAND 18720 CHAGRIN BLVD SHAKER HEIGHTS, OH 44122	34-1900839	501C3	105,436.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
MULTICULTURAL INSIGHTS, LTD. 207 SAYRE DRIVE PRINCETON, NJ 08540	86-2435971	S CORP	57,600.	0.			INCREASING NON-COMMUNICABLE DISEASE MONITORING IN A GLOBAL SETTING

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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

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NATIONAL INSTITUTE FOR CHILDRENS HEALTH QUALITY, INC (NICHQ) - 308 CONGRESS STREET 5TH FLOOR - BOSTON, MA 02210-1015	01-0647374	501C3	176,512.	0.			RESPECTFUL MATERNITY CARE RESOURCES FOR PERINATAL QUALITY COLLABORATIVE
NATIONAL NETWORK OF PUBLIC HEALTH INSTITUTES, INC - 1100 POYDRAS STREET - WASHINGTON, DC 20036	72-1505359	501C3	25,304.	0.			INCREASING ENGAGEMENT OF CBOS IN MATERNAL MORTALITY REVIEW COMMITTEE PROCESSES
NORTHERN COUNTIES HEALTH CARE, INC. - 165 SHERMAN DRIVE - SAINT JOHNSBURY, VT 05819-8813	51-0199559	501C3	32,000.	0.			STRETCH 2.0
NORTHERN INDIANA HISPANIC HEALTH COALITION INC. - 444 N. NAPPANEE ST. - ELKHART, IN 46514	32-0039221	501C3	107,956.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
OCHIN INC. 1881 SW NAITO PARKWAY PORTLAND, OR 97201-5195	20-0195556	501C3	52,592.	0.			INCREASING ENGAGEMENT OF CBOS IN MATERNAL MORTALITY REVIEW COMMITTEE PROCESSES
OKLAHOMA ALLIANCE OF YMCAS, INC. PO BOX 2582 OKLAHOMA CITY, OK 73101	82-0930893	501C3	188,179.	0.			UNDERSTANDING AND PREVENTING DROWNING
OKLAHOMA STATE DEPARTMENT OF HEALTH - 1000 NE 10TH STREET - OKLAHOMA CITY, OK 73117	73-6017987	GOVT	18,240.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS
OLA OF EASTERN LONG ISLAND PO BOX 5050 EAST HAMPTON, NY 11937	43-1997489	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
OPERATION RESTORATION 1450 POYDRAS STREET SUITE 2260 NEW ORLEANS, LA 70112	61-1791941	501C3	70,000.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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PACIFIC ISLAND HEALTH OFFICERS' ASSOCIATION (PIHOA) - 737 BISHOP STREET SUITE 2075 - HONOLULU, HI 96813	20-0198040	501C3	16,500.	0.			ELIMINATING LYMPHATIC FILARIASIS
PEACE VILLAGE POSTER 4 PEACE DBA CANCER JUSTICE NETWORK - 4129 GEORGIA AVE - CINCINNATI, OH 45223	20-0079223	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
PEOPLES JUSTICE COUNCIL 131 41ST STREET SOUTH BIRMINGHAM, AL 35222	83-0784025	501C3	68,639.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
PLUM, PEACE LOVE UNDERSTANDING MERCY - 600 THOMPSON AVENUE - WEST MEMPHIS, AR 72301	26-0430335	501C3	69,242.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
PROJECT WET FOUNDATION INC. PO BOX 4230 BOZEMAN, MT 59772	20-0281441	501C3	10,285.	0.			YOUTH HEALTH ACTION CORPS
PUERTO RICO DEPARTMENT OF HEALTH PO BOX 70184 SAN JUAN, PR 00936	66-0437470	GOVT	22,809.	0.			ADVANCED MOLECULAR DIAGNOSTICS
RESOLVE TO SAVE LIVES, INC. 1520 BELLE VIEW BOULEVARD SUITE 403 ALEXANDRIA, VA 22307	86-2254152	501C3	66,000.	0.			GLOBAL HEALTH MONITORING AND EVALUATION
RURAL WOMEN'S HEALTH PROJECT, INC. 1108 SOUTHWEST 2ND AVENUE GAINESVILLE, FL 32601	59-3429511	501C3	68,331.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
SEATTLE INDIAN HEALTH BOARD 611 12TH AVE S SEATTLE, WA 98144	91-0869056	501C3	177,262.	0.			SUBSTANCE USE DISORDER RESOURCES FOR PERINATAL QUALITY COLLABORATIVES

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2106707

Page 1

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SISTERS IN BIRTH, INC. 405 BRIARWOOD DRIVE JACKSON, MS 39206	81-2072883	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
SOUTH CAROLINA OFFICE OF RURAL HEALTH, INC. - 107 SALUDA POINTE DRIVE - LEXINGTON, SC 29072	57-1006495	501C3	67,500.	0.			COMMUNITY HEALTH ACTION NETWORK
SOUTHEAST ARIZONA AREA HEALTH EDUCATION CENTER - 1171 W TARGET RANGE RD - NOGALES, AZ 85621	86-0520996	501C3	120,000.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
SPINA BIFIDA ASSOCIATION OF AMERICA, INC. - 1600 WILSON BLVD SUITE 800 - ARLINGTON, VA 22209	58-1342181	501C3	32,231.	0.			DATA FOR HEALTH
SPINA BIFIDA ASSOCIATION OF AMERICA, INC. - 1600 WILSON BLVD SUITE 800 - ARLINGTON, VA 22209	58-1342181	501C3	45,790.	0.			NURSE PRACTITIONER AND NURSING GROUP RESOURCES
ST. MARY'S HEALTH WAGON 5626 PATRIOT DRIVE WISE, VA 24293	04-3739083	501C3	119,996.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
THE BROTHERHOOD SISTER SOL INC. 512 WEST 143RD STREET NEW YORK, NY 10031	13-3857387	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION - 1685 LEE ROAD SUITE 200 - WINTER PARK, FL 32789	59-3368679	501C3	70,650.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
THE CORBIN HILL FOOD PROJECT, INC. 475 RIVERSIDE DRIVE SUITE 243 NEW YORK, NY 10115	46-1206478	501C3	110,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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THE GENERAL HOSPITAL CORPORATION DBA MASS GENERAL HOSPITAL - PO BOX 3829 - BOSTON, MA 02241-3829	04-2697983	501C3	97,345.	0.			CRYOPRESERVATION OF ANOPHOLES MOSQUITOES
THE HIGHLAND HAVEN PO BOX 16820 PORTLAND, OR 97216	93-1307857	501C3	67,500.	0.			PILOTING PARTNERSHIP STRENGTHENING RECOMMENDATIONS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, ON BEHALF OF ITS LOS ANGELES CAMPUS - EMF BOX 0897 - SAN FRANCISCO, CA 94143-0902	95-6006143	501C3	31,345.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109-1287	38-6006309	501C3	9,921.	0.			PUBLIC HEALTH CRISIS MONITORING AND RESPONSE SYSTEM FOR SPECIFIC COMMUNITIES
THE YOUNG MEN'S CHRISTIAN ASSOC OF THE CAPITAL AREA DBA YMCA OF THE CAPITAL AREA - 8704 JEFFERSON HWY. - BATON ROUGE, LA 70809	72-0408994	501C3	42,789.	0.			UNDERSTANDING AND PREVENTING DROWNING
THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF AUSTIN DBA GREATER AUSTIN YMCA - 4000 S. IH 35 FRONTAGE RD. FLOOR 5 - AUSTIN, TX	74-1193464	501C3	124,891.	0.			UNDERSTANDING AND PREVENTING DROWNING
THOMPSON CHAIN OF LAKES STEWARDSHIP COALITION - LAKESHORE DRIVE - TREGO, MT 59923	88-4061045	501C3	60,000.	0.			PREPARING MIDWEST COMMUNITIES TO MEET HEALTH CHALLENGES
TOGETHER LOUISIANA 2721 SOUTH BROAD STREET NEW ORLEANS, LA 70125	85-2994623	501C3	70,000.	0.			PREPARING GULF STATE COMMUNITIES TO MEET HEALTH CHALLENGES
TRUTH INITIATIVE FOUNDATION 900 G STREET NW 4TH FLOOR WASHINGTON, DC 20001	91-1956621	501C3	367,722.	0.			MONITORING THE GLOBAL & DOMESTIC TOBACCO EPIDEMIC

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE BOX 351130 SEATTLE, WA 98195-1130	91-6001537	GOVT	64,252.	0.			UNDERSTANDING AND PREVENTING DROWNING
URBAN GROWERS COLLECTIVE, INC 1200 W 35TH STREET #118 CHICAGO, IL 60609-1305	82-3336616	501C3	100,000.	0.			SUPPORTING THE NATIONAL STRATEGY ON HUNGER, NUTRITION AND HEALTH
UTAH DEPARTMENT OF HEALTH AND HUMAN SERVICES - 195 N 1950 W - SALT LAKE CITY, UT 84116-3100	87-6000545	GOVT	7,000.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS
UTAH HEALTH POLICY PROJECT UTAH HEALTH POLICY PROJECT STE 20 WEST VALLEY CITY, UT 84119	87-0684606	501C3	114,946.	0.			PARTNERING WITH NATIONAL ORGANIZATIONS TO SUPPORT COMMUNITY-BASED ORGANIZATIONS
VALLEY OF THE SUN YOUNG MEN'S CHRISTIAN ASSOCIATION DBA VALLEY OF THE SUN YMCA - 350 N 1ST AVE - PHOENIX, AZ 85003	86-0096799	501C3	50,912.	0.			UNDERSTANDING AND PREVENTING DROWNING
VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR STREET RICHMOND, VA 23860	54-6001775	GOVT	7,714.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS
VOICES FOR OUR FATHERS LEGACY FOUNDATION - P.O. BOX 1001 - WIRTZ, VA 24184	47-1831062	501C3	40,000.	0.			VOICES TODAY FOR CHANGE TOMORROW ENDOWED SCHOLARSHIP FUND
WHOLE HEART GRIEF & LOSS RESOURCE CENTER - 330 CATOCTIN AVE - FREDERICK, MD 21701	46-1789083	501C3	32,000.	0.			STRETCH 2.0
YMCA OF METROPOLITAN DALLAS 146 TOWN CENTER BLVD COPPELL, TX 75019	75-0800696	501C3	48,207.	0.			UNDERSTANDING AND PREVENTING DROWNING

Schedule I (Form 990)

NATIONAL FOUNDATION FOR THE CENTERS FOR
DISEASE CONTROL AND PREVENTION INC

Schedule I (Form 990)

58-2106707

Page 1

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YMCA OF SAN DIEGO COUNTY 3708 RUFFIN RD SAN DIEGO, CA 92123-1812	95-2039198	501C3	55,549.	0.			UNDERSTANDING AND PREVENTING DROWNING
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO DBA YMCA OF SAN FRANCISCO - 169 STEUART STREET - SAN FRANCISCO, CA 94105	94-0997140	501C3	50,000.	0.			UNDERSTANDING AND PREVENTING DROWNING
YOUNG MEN'S CHRISTIAN ASSOCIATION OF SOUTHERN ARIZONA - 60 W. ALAMEDA STREET - TUCSON, AZ 85701	86-0101237	501C3	53,232.	0.			UNDERSTANDING AND PREVENTING DROWNING
ILLINOIS DEPARTMENT OF PUBLIC HEALTH - 525 W. JEFFERSON FLOOR 2 - SPRINGFIELD, IL 62702-5076	36-6000811	GOVT	20,000.	0.			SUPPORTING STATE IMPLEMENTATION OF BRFS

NATIONAL FOUNDATION FOR THE CENTERS FOR

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
EPIDEMIC INTELLIGENCE SERVICE	8	8,000.	0.		
2025 PAPPAIOANOU AWARDEE	2	2,600.	0.		
FRIES JURY HONORARIUM	6	17,000.	0.		
FRIES PRIZE FOR HEALTH	5	60,500.	0.		
HUBERT GLOBAL HEALTH AWARDEE	7	9,100.	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)

58-2106707

Page 2

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
SCHUCHAT BERGER EXCELLENCE IN LEADERSHIP AWARD FUND	1.	2,500.	0.		
THOMAS A. BARTENFELD III AWARD FOR PUBLIC HEALTH PRACTICE	1.	500.	0.		
WILLIAM C. WATSON, JR. MEDAL OF EXCELLENCE	1.	5,000.	0.		
KATHERINE LYON DANIEL AWARD FOR INTEGRITY IN COMMUNICATION	1.	1,000.	0.		
2025 SCHNITKER AWARD	1.	1,000.	0.		

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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 for instructions and the latest information.

OMB No. 1545-0047

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	1b	
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?	2	X
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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

NATIONAL FOUNDATION FOR THE CENTERS FOR

Schedule J (Form 990) (Rev. 12-2024) DISEASE CONTROL AND PREVENTION INC

58-2106707

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)	486,015.	130,200.	0.	34,500.	7,037.	657,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MONIQUE PATRICK CHIEF OPERATIONS OFFICER	(i)	304,537.	35,000.	0.	34,675.	14,925.	389,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL BRANDON TALLEY CHIEF PROGRAM AND INNOVATION OFFICER	(i)	246,580.	40,000.	0.	28,880.	8,991.	324,451.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL PIERCE NELSON CHIEF COMMUNICATIONS OFFICER	(i)	253,581.	30,000.	0.	28,266.	1,632.	313,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NEDRA JONES (ENDED 11/1/24) CHIEF FINANCIAL OFFICER	(i)	252,840.	0.	0.	25,825.	8,425.	287,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PETER JOSEPH GIBSON SENIOR DATA ENTREPRENEUR	(i)	210,241.	0.	0.	10,814.	14,733.	235,788.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANITA WILSON-MERRITT MEDICAL CONSULTANT	(i)	198,695.	0.	0.	20,691.	14,130.	233,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JAMES ALLEN SOLUTION ARCHITECT 4 (IT) CONTRACT M	(i)	193,937.	0.	0.	19,509.	11,521.	224,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RACHNA CHANDORA VP, NON-INFECTIOUS DISEASE	(i)	194,518.	0.	0.	19,662.	8,559.	222,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SHAVONE SMITH VP, FINANCE	(i)	193,761.	5,000.	0.	20,158.	992.	219,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ALISON THOMPSON CHIEF ADVANCEMENT OFFICER	(i)	187,789.	0.	0.	19,336.	11,178.	218,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CATHERINE HASTINGS VP, INFECTIOUS DISEASE(ENDED 5/1/25)	(i)	186,401.	0.	0.	20,015.	10,191.	216,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TWANDA MICKLE VP, STRATEGIC OPERATIONS	(i)	179,598.	2,500.	0.	19,036.	14,049.	215,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) TERRI HEYNS VP, COMMUNICATIONS	(i)	172,956.	0.	0.	17,551.	8,735.	199,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

NATIONAL FOUNDATION FOR THE CENTERS FOR

Schedule J (Form 990) (Rev. 12-2024) DISEASE CONTROL AND PREVENTION INC

58-2106707

Page 3

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 AND CEO OF THE ORGANIZATION, JUDITH MONROE, WAS AWARDED A RETENTION BONUS OF \$60,000 AND PERFORMANCE BONUS OF \$70,200. THE RETENTION BONUS WAS DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS, AND THE PERFORMANCE BONUS WAS DETERMINED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THE CHIEF OPERATING OFFICER, MONIQUE PATRICK; THE VICE PRESIDENT OF FINANCE, SHAVONE SMITH; THE CHIEF PROGRAM AND INNOVATION OFFICER, MICHAEL BRANDON TALLEY; THE CHIEF COMMUNICATIONS OFFICER, DANIEL PIERCE NELSON; AND THE VICE PRESIDENT OF STRATEGIC OPERATIONS, TWANDA MICKLE, WERE AWARDED BONUSES BASED ON PERFORMANCE AND APPROVED BY THE PRESIDENT AND CEO.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	7	1,564,172.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** **X**

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 for instructions and the latest information.

OMB No. 1545-0047

**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 PUBLIC HEALTH SYSTEM, INCLUDING THE
 CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), BY FORGING EFFECTIVE
 PARTNERSHIPS BETWEEN GOVERNMENT, PHILANTHROPY, ORGANIZATIONS,
 CORPORATIONS AND INDIVIDUALS TO FIGHT THREATS TO HEALTH AND SAFETY.

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 27
 HEALTH JURISDICTIONS THIS YEAR.

AS PART OF THIS EFFORT, THE CDC FOUNDATION EMPLOYED MORE THAN 206
 PUBLIC HEALTH WORKERS AT THE END OF THE FISCAL YEAR TO BRIDGE WORKFORCE
 GAPS AT HEALTH DEPARTMENTS ACROSS THE NATION. FIELD 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 JURISDICTIONS ACROSS AMERICA.

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:
 BUILDING ON PREVIOUS WORK THAT ASSISTED STATE AND LOCAL HEALTH
 DEPARTMENTS IN BUILDING THEIR CAPACITY 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 FY2025. THE CDC AWARDED A COOPERATIVE AGREEMENT TO THE CDC
 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 MONITORING EFFORTS TO PREVENT OVERDOSES. OD2A SUPPORTS
 EMPLOYEES AND SUBRECIPIENTS ACROSS 48 JURISDICTIONS TO IMPLEMENT
 OVERDOSE SURVEILLANCE AND PREVENTION ACTIVITIES.

UNDER THE SAME COOPERATIVE AGREEMENT, CDC ALSO AWARDED FUNDS TO
 CONTINUE THE OVERDOSE RESPONSE STRATEGY (ORS), AN INITIATIVE LED BY THE
 CDC FOUNDATION DESIGNED TO ENHANCE PUBLIC HEALTH-PUBLIC SAFETY
 COLLABORATION AND STRENGTHEN EFFORTS TO REDUCE DEATHS FROM DRUG
 OVERDOSES.

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 EIGHTH YEAR, THE PROGRAM'S MISSION REMAINS HELPING
 COMMUNITIES REDUCE FATAL AND NON-FATAL DRUG OVERDOSES BY IMPROVED

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LHA 432211 01-15-25

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number	58-2106707
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INFORMATION SHARING ACROSS PUBLIC HEALTH AND PUBLIC SAFETY AGENCIES AND BY SUPPORTING EFFECTIVE STRATEGIES. 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:
THE CDC FOUNDATION LAUNCHED THE WORKFORCE ACCELERATION INITIATIVE (WAI) TO HELP MEET THE TECHNOLOGY WORKFORCE NEEDS OF THE NATION'S PUBLIC HEALTH SYSTEM BY PROVIDING ADDITIONAL TECHNOLOGY AND DATA EXPERTS TO SUPPORT ACCELERATED INFORMATION SYSTEM IMPROVEMENTS.

WITH MORE MODERN AND INTEGRATED INFORMATION SYSTEMS, PUBLIC HEALTH AUTHORITIES (PHAS) WILL BE BETTER EQUIPPED TO RAPIDLY DETECT AND RESPOND TO NEW THREATS, MAKE MORE INFORMED AND TIMELY DECISIONS, AND DELIVER HEALTHIER OUTCOMES FOR THE POPULATIONS THEY SERVE. WAI IS SUPPORTED BY A NEARLY \$66 MILLION AWARD FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) THROUGH A PARTNERSHIP WITH THE ASSOCIATION OF PUBLIC HEALTH LABORATORIES AND IS DESIGNED TO SUPPORT CDC'S PUBLIC HEALTH DATA STRATEGY.

AS OF JUNE 30, 2025, 49 PHAS WERE SELECTED AND MORE THAN 125 WAI PLACEMENTS WERE HIRED. ADDITIONAL PHAS AND TECHNICAL EXPERTS, FROM DATA SCIENTISTS TO ENGINEERS, ARE BEING RECRUITED AS THE WAI PROGRAM CONTINUES TO CHART A PATH FOR BETTER OUTCOMES IN PUBLIC HEALTH.

FORM 990, PART III, LINE 4D, PROGRAM SERVICE ACCOMPLISHMENTS:
THE CDC FOUNDATION, WORKING IN COLLABORATION WITH THE PUBLIC HEALTH SYSTEM, INCLUDING CDC, SPENDS MOST OF ITS FUNDS DIRECTLY FOR PROGRAMS AND PROJECTS THAT FURTHER ITS EXEMPT PURPOSES. DURING THE YEAR ENDED JUNE 30, 2025, OTHER PROGRAMS INCLUDED THOSE TO ADDRESS PUBLIC HEALTH EMERGENCIES; 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 ADVANCE 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 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

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number	58-2106707
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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 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, VP OF STRATEGIC OPERATIONS, GENERAL COUNSEL AND VICE PRESIDENT OF LEGAL AFFAIRS, AND CHIEF COMMUNICATIONS OFFICER. IN ADDITION, THE FORM 990 WAS SENT TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR THEIR REVIEW, COMMENTS, AND QUESTIONS AND THEN GIVEN TO THE BOARD FOR THEIR REVIEW.

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

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

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

AN INDEPENDENT, INTERNATIONAL HUMAN RESOURCES CONSULTING FIRM IS PROVIDED WITH ALL POSITION DESCRIPTIONS AND THAT FIRM PREPARES A SALARY STUDY INCLUDING MARKET VALUES FOR EACH POSITION AND RANGES FOR EVERY GRADE. THE EXECUTIVE COMMITTEE OF THE BOARD, CONSISTING OF THE CHAIR, TREASURER, SECRETARY, NOMINATING CHAIR, AND ADVANCEMENT CHAIR ARE PROVIDED WITH THE INFORMATION FROM THE CONSULTANT. THIS COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT/CEO, SETS GOALS AND OBJECTIVES FOR THE FOLLOWING YEAR AND 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, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NY, 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 990S AND FORM 1023 ON ITS WEBSITE. THE FOUNDATION POSTS THE PRIOR THREE YEARS OF AUDITS ON ITS WEBSITE. THE FOUNDATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

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

WORKFORCE SOLUTIONS:

PROGRAM SERVICE EXPENSES	732,492.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	732,492.

NON-INFECTIOUS DISEASE:

PROGRAM SERVICE EXPENSES	27,268,889.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	27,268,889.

INFECTIOUS DISEASE:

PROGRAM SERVICE EXPENSES	15,171,341.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	NATIONAL FOUNDATION FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION INC	Employer identification number	58-2106707
TOTAL EXPENSES			15,171,341.

EMERGENCY RESPONSE:

PROGRAM SERVICE EXPENSES	184,330.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	184,330.

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,767,235.
FUNDRAISING EXPENSES	354,546.
TOTAL EXPENSES	2,121,781.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	45,478,833.

FORM 990, PART X, LINE 12, INVESTMENTS - OTHER SECURITIES
DURING THE YEAR, THE FOUNDATION'S ENDOWMENT LONG-TERM INVESTMENT
STRATEGY EVOLVED TO INCLUDE A SMALL ALLOCATION TO ALTERNATIVE
INVESTMENTS. THE INITIAL INVESTMENT INCLUDED A FOREIGN HEDGE FUND,
WHICH TRIGGERED ADDITIONAL REPORTING AND DISCLOSURE IN THIS FORM 990
AND OTHERWISE, INCLUDING IN SCHEDULE F, STATEMENT OF ACTIVITIES OUTSIDE
THE UNITED STATES, AND FORM 8865, RETURN OF US PERSONS WITH RESPECT TO
CERTAIN FOREIGN PARTNERSHIPS. THESE ARE PASSIVE INVESTMENTS, MANAGED
BY INDEPENDENT THIRD PARTIES. THE FOUNDATION HAS ESTABLISHED POLICIES
AND PROCEDURES TO MONITOR AND OVERSEE SUCH INVESTMENTS.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.