Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [X] Amended return [ ] Application pending

C Name of organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 9650 ROCKVILLE PIKE — Room/suite: 3411

City or town, state or province, country, and ZIP or foreign postal code: BETHESDA, MD 20814

D Employer identification number: 52-1986675

E Telephone number: (301)402-5311

G Gross receipts $ 145,938,597.

F Name and address of principal officer: MARIA FREIRE, PH.D. SAME AS C ABOVE

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No — If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ HTTP://WWW.FNIH.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — **L** Year of formation: 2001 — **M** State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH WAS ESTABLISHED BY THE UNITED STATES CONGRESS

2 Check this box ▶ [ ] 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	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	49
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	59,135,001.	73,905,546.
	9	Program service revenue (Part VIII, line 2g)	333,361.	197,177.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	199,587.	148,518.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150,775.	199,253.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,818,724.	74,450,494.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	40,276,784.	57,340,984.
	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)	5,820,510.	5,868,172.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 126,016.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	14,736,567.	10,868,336.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	60,833,861.	74,077,492.
	19	Revenue less expenses. Subtract line 18 from line 12	<1,015,137.>	373,002.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	101,581,045.	99,015,541.
	21	Total liabilities (Part X, line 26)	10,442,627.	7,446,160.
	22	Net assets or fund balances. Subtract line 21 from line 20	91,138,418.	91,569,381.

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: Maria Freire — Date: 1-14-15

▶ MARIA FREIRE, PH.D., PRESIDENT — Type or print name and title

Paid Preparer Use Only				
Print/Type preparer's name: LORI K. COCHRAN, CPA	Preparer's signature: Lori K. Cochran	Date: 1/13/16	Check [ ] if self-employed	PTIN: P00853221
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶ 56-0747981	
Firm's address ▶ 111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850			Phone no. 240-403-3700	

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

432001 11-07-14 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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:
SEE SCHEDULE O, STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT

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 $ 68,198,142. including grants of $ 55,844,351.) (Revenue $ 197,177.)
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS

4b (Code:) (Expenses $ 1,605,067. including grants of $ 1,339,808.) (Revenue $)
SEE SCHEDULE O, PROGRAM TWO, FELLOWSHIPS AND TRAINING PROGRAMS

4c (Code:) (Expenses $ 103,421. including grants of $) (Revenue $)
SEE SCHEDULE O, PROGRAM THREE, CAPITAL PROJECTS

4d Other program services (Describe in Schedule O.)
(Expenses $ 427,057. including grants of $ 156,825.) (Revenue $)

4e Total program service expenses ▶ 70,333,687.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6	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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b	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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b	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? *If "Yes," complete Schedule F, Parts II and IV*	15	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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	41			
b	Enter the number of Forms W-2G included in 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	
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	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ..... 1a 28 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 in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27				
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?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		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 in Schedule O*	9			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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶MD,VA,NY,AL,AK,AZ,AR,CA,CO,CT,FL,GA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in 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: ▶

JULIE TUNE - 301-402-5311

9650 ROCKVILLE PIKE, BETHESDA, MD 20814

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANN LURIE BOARD MEMBER	0.50	X						0.	0.	0.
(2) ANNE WOJCICKI BOARD MEMBER	0.50	X						0.	0.	0.
(3) CHARLES A. SANDERS, MD CHAIRMAN	2.00	X		X				0.	0.	0.
(4) EDISON T. LIU, MD, PH.D. BOARD MEMBER	0.50	X						0.	0.	0.
(5) ELLEN V. SIGAL, PH.D. BOARD MEMBER	0.50	X						0.	0.	0.
(6) FREDA C. LEWIS-HALL, MD BOARD MEMBER	0.50	X						0.	0.	0.
(7) GARRY A. NEIL, MD BOARD MEMBER	0.50	X						0.	0.	0.
(8) JAMES H. DONOVAN BOARD MEMBER	0.50	X						0.	0.	0.
(9) JILLIAN SACKLER BOARD MEMBER	0.50	X						0.	0.	0.
(10) JOEL S. MARCUS BOARD MEMBER	0.50	X						0.	0.	0.
(11) JOHN EDWARD PORTER VICE CHAIRMAN, POLICY	1.50	X		X				0.	0.	0.
(12) JOSEPH M. FECZKO, MD BOARD MEMBER	0.50	X						0.	0.	0.
(13) KATHY BLOOMGARDEN BOARD MEMBER	0.50	X						0.	0.	0.
(14) LILY SAFRA BOARD MEMBER	0.50	X						0.	0.	0.
(15) MARIA FREIRE, PH.D. PRESIDENT	40.00	X		X				374,138.	0.	26,000.
(16) MARTIN J. MURPHY, JR, M.D. BOARD MEMBER	0.50	X						0.	0.	0.
(17) MILES GILBURNE BOARD MEMBER	0.50	X						0.	0.	0.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(19) MRS. WILLIAM N. CAFRITZ BOARD MEMBER	0.50	X						0.	0.	0.
(20) NINA SOLARZ BOARD MEMBER	0.50	X						0.	0.	0.
(21) PAUL L. HERRLING, PH.D. BOARD MEMBER	0.50	X						0.	0.	0.
(22) PAUL M. MONTRONE, PH.D. BOARD MEMBER	1.00	X						0.	0.	0.
(23) RONALD L. KRALL, MD BOARD MEMBER	0.50	X						0.	0.	0.
(24) SAMUEL O. THIER, MD BOARD MEMBER	0.50	X						0.	0.	0.
(25) SHERRY LANSING BOARD MEMBER	0.50	X						0.	0.	0.
(26) SOLOMON H. SNYDER, MD VICE CHAIRMAN, SCIENCE	1.50	X		X				0.	0.	0.
1b Sub-total ▶								374,138.	0.	26,000.
c Total from continuation sheets to Part VII, Section A ▶								2,176,498.	0.	309,798.
d Total (add lines 1b and 1c) ▶								2,550,636.	0.	335,798.

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 ▶ 14

			Yes	No
3	Did the organization list any **former** officer, director, or 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
SWOG CTI, 24 FRANK LLOYD WRIGHT DRIVE, ANN ARBOR, MI 48106	CLINICAL TRIAL	4,615,196.
QUINTILES, INC P.O. BOX 601070, CHARLOTTE, NC 28260	PROJECT MANAGEMENT	708,038.
CCS ASSOCIATES P.O. BOX 9125, MCLEAN, VA 22102	CONSULTING	553,140.
MARRIOTT BUSINESS SERVICES P.O. BOX 402642, ATLANTA, GA 30384	MEETING SERVICES	404,683.
THE REGENTS OF THE UNIV OF CALIFORNIA, 9500 GILMAN DR.MAIL CODE 0009, LA JOLLA,	PROJECT MANAGEMENT	399,943.

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 ▶ 19

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) STEVEN C. MAYER TREASURER	1.50	X		X				0.	0.	0.
(28) STEVEN M. PAUL, MD BOARD MEMBER	0.50	X						0.	0.	0.
(29) ANDREA BARUCHIN SR ADVISOR TO PRESIDENT	40.00				X			199,543.	0.	25,250.
(30) ANN ASHBY DEPUTY EXECUTIVE DIRECTOR	40.00				X			210,755.	0.	32,595.
(31) DAVID WHOLLEY DIR RESEARCH PARTNERSHIPS	40.00				X			284,891.	0.	37,520.
(32) JULIA WOLF-RODDA DIR DEVELOPMENT	40.00				X			187,834.	0.	30,303.
(33) JULIE TUNE CHIEF FINANCIAL OFFICER	40.00				X			192,774.	0.	30,797.
(34) STEPHANIE JAMES DIR OF SCIENCE AND GCGH	40.00				X			288,174.	0.	26,000.
(35) GAIL LEVINE SCIENTIFIC PROGRAM MANAGER	40.00					X		149,386.	0.	26,459.
(36) KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	40.00					X		152,591.	0.	26,779.
(37) MARIA VASSILEVA SCIENTIFIC PROGRAM MANAGER	40.00					X		136,960.	0.	25,216.
(38) MICHAEL GOTTLIEB ASSOC DIR OF SCIENCE	40.00					X		234,143.	0.	23,414.
(39) STEVE HOFFMAN SCIENTIFIC PROGRAM MANAGER	40.00					X		139,447.	0.	25,465.
Total to Part VII, Section A, line 1c								2,176,498.		309,798.

432201
05-01-14

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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 500,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 73,405,546.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f		73,905,546.			
Program Service Revenue		Business Code				
	2 a ADMINISTRATIVE FEES	561000	197,177.	197,177.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f		197,177.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		214,303.			214,303.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real: / (ii) Personal:				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities: / (ii) Other: 71,282,940.				
	b Less: cost or other basis and sales expenses	(ii) Other: 71,348,725.				
	c Gain or (loss)	(ii) Other: <65,785.>				
	d Net gain or (loss)		<65,785.>			<65,785.>
	8 a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a 184,675.				
	b Less: direct expenses	b 139,378.				
	c Net income or (loss) from fundraising events		45,297.			45,297.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11 a MISCELLANEOUS REVENUE	541700	153,956.			153,956.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		153,956.			
	12 **Total revenue.** See instructions.		74,450,494.	197,177.	0.	347,771.

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 ☐

	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	35,152,112.	35,152,112.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	219,718.	219,718.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	21,969,154.	21,969,154.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,940,876.	755,061.	1,182,716.	3,099.
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	2,746,045.	1,832,409.	835,201.	78,435.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	458,277.	242,342.	202,254.	13,681.
9	Other employee benefits	417,301.	254,925.	155,401.	6,975.
10	Payroll taxes	305,673.	142,660.	163,013.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	338,998.	335,915.	3,083.	
c	Accounting	53,500.		53,500.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	15,000.	15,000.		
13	Office expenses	23,251.	13,711.	9,463.	77.
14	Information technology	150,255.	49,561.	95,593.	5,101.
15	Royalties				
16	Occupancy	437,715.	183,785.	253,930.	
17	Travel	1,390,625.	1,322,824.	67,054.	747.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,542.		26,542.	
23	Insurance	171,874.	123,196.	48,678.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM CONTRACTS	6,384,946.	6,384,946.		
b	CONSULTANTS	1,502,514.	1,234,372.	264,269.	3,873.
c	RECRUITING	154,967.	63,840.	91,127.	
d	SERVICE CHARGES	98,342.	24,582.	73,760.	
e	All other expenses	119,807.	13,574.	92,205.	14,028.
25	**Total functional expenses.** Add lines 1 through 24e	74,077,492.	70,333,687.	3,617,789.	126,016.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		21,557,709.	2	20,242,543.
	3	Pledges and grants receivable, net		10,917,910.	3	19,827,866.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		243,935.	9	101,522.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 662,633.			
	b	Less: accumulated depreciation	10b 608,297.	32,016.	10c	54,336.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		68,829,475.	12	58,789,274.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		101,581,045.	16	99,015,541.
Liabilities	17	Accounts payable and accrued expenses		3,735,752.	17	1,338,401.
	18	Grants payable			18	
	19	Deferred revenue		5,340,739.	19	4,605,461.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1,196,132.	21	1,338,837.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			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		170,004.	25	163,461.
	26	**Total liabilities.** Add lines 17 through 25		10,442,627.	26	7,446,160.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,306,798.	27	11,758,572.
	28	Temporarily restricted net assets		76,604,220.	28	76,594,675.
	29	Permanently restricted net assets		3,227,400.	29	3,216,134.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		91,138,418.	33	91,569,381.
	34	Total liabilities and net assets/fund balances		101,581,045.	34	99,015,541.

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	74,450,494.
2	Total expenses (must equal Part IX, column (A), line 25)	2	74,077,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	373,002.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	91,138,418.
5	Net unrealized gains (losses) on investments	5	57,961.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,569,381.

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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.
Employer identification number 52-1986675

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-9 above or IRC section (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	No	**(v)** Amount of monetary support (see Instructions)	**(vi)** Amount of other support (see Instructions)
Total						

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61,850,631.	59,279,254.	58,355,026.	58,635,001.	73,405,546.	311,525,458.
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	500,000.	486,000.	514,000.	500,000.	500,000.	2,500,000.
4 **Total.** Add lines 1 through 3	62,350,631.	59,765,254.	58,869,026.	59,135,001.	73,905,546.	314,025,458.
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)						159,928,420.
6 **Public support.** Subtract line 5 from line 4.						154,097,038.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	62,350,631.	59,765,254.	58,869,026.	59,135,001.	73,905,546.	314,025,458.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	173,991.	134,140.	140,900.	213,728.	214,303.	877,062.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						314,902,520.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 2,742,095.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 14 | 48.93 %

15 Public support percentage from 2013 Schedule A, Part II, line 14 | 15 | 54.00 %

16a **33 1/3% support test - 2014.** 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 ▶ ☒

b **33 1/3% support test - 2013.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2014.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2013.** 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 ▶ ☐

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 ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
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)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
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? *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.*	**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)? *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).*	**1**		

Section D. 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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 ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

	Section D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	2	
2	Aggregate value of contributions to (during year)	4,230.	
3	Aggregate value of grants from (during year)	3,100.	
4	Aggregate value at end of year	4,925,017.	

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? [X] Yes [ ] 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? [X] Yes [ ] No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, 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? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 in 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 SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes [X] No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? [X] Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII [X]

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,381,374.	3,491,739.	3,498,900.	3,558,830.	3,736,712.
b Contributions	6,271,975.	14,559.	15,153.	3,214.	9,744.
c Net investment earnings, gains, and losses	11,641.	<83,704.>	25,879.	<91.>	<108,391.>
d Grants or scholarships					
e Other expenditures for facilities and programs					131,734.
f Administrative expenses	48,330.	41,220.	48,193.	63,053.	79,235.
g End of year balance	9,616,660.	3,381,374.	3,491,739.	3,498,900.	3,558,830.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 65.00 %

b Permanent endowment ▶ 33.00 %

c Temporarily restricted endowment ▶ 2.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		662,633.	608,297.	54,336.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				54,336.

Schedule D (Form 990) 2014

432052 10-01-14

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) BOND MUTUAL FUNDS	591,522.	END-OF-YEAR MARKET VALUE
(B) EQUITY MUTUAL FUNDS	269,535.	END-OF-YEAR MARKET VALUE
(C) CORPORATE BONDS	213,211.	END-OF-YEAR MARKET VALUE
(D) GOVERNMENT BONDS	56,897,792.	END-OF-YEAR MARKET VALUE
(E) STOCKS	703,404.	END-OF-YEAR MARKET VALUE
(F) EXCHANGE TRADED FUNDS	113,810.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	58,789,274.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) CHARITABLE GIFT ANNUITY	163,461.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	163,461.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	76,561,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	57,961.		
b	Donated services and use of facilities	2b	188,637.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,724,619.		
e	Add lines **2a** through **2d**			2e	1,971,217.
3	Subtract line **2e** from line **1**			3	74,589,872.
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			
b	Other (Describe in Part XIII.)	4b	<139,378.>		
c	Add lines **4a** and **4b**			4c	<139,378.>
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	74,450,494.

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

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

1	Total expenses and losses per audited financial statements			1	76,130,126.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	188,637.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,863,997.		
e	Add lines **2a** through **2d**			2e	2,052,634.
3	Subtract line **2e** from line **1**			3	74,077,492.
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			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	74,077,492.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

AS OF 12/31/2014, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC HELD $1,338,837 IN AGENCY FUNDS FOR FUTURE DISTRIBUTIONS TO THE NATIONAL INSTITUTES OF HEALTH (NIH). THESE FUNDS ARE DESIGNATED BY THE FUNDER(S) FOR SPECIFIC PROJECTS AT THE NIH, AND WILL BE DISBURSED AS NEEDED.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF INDIVIDUAL DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. (E.G. VARIETY OF RESEARCH AND EDUCATIONAL INITIATIVES AT THE FOUNDATION FOR THE NIH). NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED

Part XIII Supplemental Information *(continued)*

ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2014 AND 2013. FISCAL YEARS ENDING ON OR AFTER DECEMBER 31, 2011 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

IN KIND CONTRIBUTIONS

FUNDRAISING DIRECT EXPENSE

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization
FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number
52-1986675

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? ...... [X] **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 region	**(d)** Activities conducted in region (by type) (e.g., 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 region	**(f)** Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		11,010,529.
EUROPE	0	0	GRANTMAKING		10,434,252.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		210,453.
SOUTH ASIA	0	0	GRANTMAKING		313,920.
3 a Sub-total	0	0			21,969,154.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			21,969,154.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2014**

432071
09-24-14

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	DEVELOP A GENETIC STRATEGY TO DEPLETE OR INCAPACITATE INSECTS/VIMC2	9,416,510.	WIRE TRANSFER	0.		
		SOUTH ASIA	EPIDEMIOLOGY OF VISCERAL LEISMANIASIS PROJECT	95,211.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MODIFYING MOSQUITO POPULATION AGE STRUCTURE TO ELIMINATE DENGUE	10,995,461.	WIRE TRANSFER	0.		
		SOUTH ASIA	EPIDEMIOLOGY OF VISCERAL LEISMANIASIS PROJECT	218,709.	WIRE TRANSFER	0.		
		EUROPE	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	477,592.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BIOMARKERS OSTEOARTHRITIS	15,068.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	210,453.	WIRE TRANSFER	0.		
		EUROPE	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	540,150.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 8

3 Enter total number of other organizations or entities ▶

Schedule F (Form 990) 2014

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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 non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* ☐ Yes ☒ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☐ Yes ☒ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not 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.

PART I, LINE 2:

PROGRAM AND GRANTS MANAGEMENT STAFF INVEST CONSIDERABLE EFFORT IN PROVIDING SCIENTIFIC, ADMINISTRATIVE, AND FISCAL OVERSIGHT FOR FNIH GRANTS. SCIENTIFIC AND TECHNICAL PROGRESS IS MONITORED THROUGH SEMI-ANNUAL AND ANNUAL REPORTS FROM THE GRANTEES AS WELL AS THROUGH DIRECT CONTACT WITH INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS, AND FOLLOW UP TO PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC QUESTIONS OR ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT SUBMISSIONS COVER A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES AND OVERALL PROGRESS REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE, AND ANY OTHER SIGNIFICANT CHANGES. FINANCIAL REPORTING IS REQUIRED ANNUALLY FOR ALL OF THE GRANTEES, AND SEMI-ANNUALLY FOR INSTITUTIONS THAT REQUIRE ADDITIONAL OVERSIGHT, SUCH AS SOME DEVELOPING COUNTRY INSTITUTIONS. DUE DILIGENCE PROCEDURES, SUCH AS FNIH COMPLIANCE WITH THE USA PATRIOT ACT AND IRS REQUIREMENTS ON EXPENDITURE RESPONSIBILITIES, HAVE BEEN INCORPORATED INTO THE REPORTING PROCESS TO ENSURE THAT THE GRANTEES ARE COMPLYING WITH GRANT, LEGAL, FINANCIAL, AND REGULATORY REQUIREMENTS.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MODIFYING MOSQUITO POPULATION AGE STRUCTURE TO ELIMINATE DENGUE TRANSMISSION-ELIMINATE DENGUE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form 990.*

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.
Employer identification number 52-1986675

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 2014- FNIH AWARD CEREMO (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	184,675.			184,675.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	184,675.			184,675.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	17,422.			17,422.
	8 Entertainment				
	9 Other direct expenses	121,956.			121,956.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				139,378.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				45,297.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: ____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization conduct gaming activities with nonmembers? ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☐ **No**

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Part IV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

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? [X] 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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	13,050,991.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	4,072,380.	0.			RESEARCH
NIH/NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	4,050,877.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	3,000,000.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,858,899.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	1,266,704.	0.			MAL-ED

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2014)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

432101 10-15-14

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NIH- CLINICAL CENTER 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,033,784.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	835,326.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM STREET/MCB425- BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	545,000.	0.			OSTEOARTHRITIS/BONE QUALITY
NIH/FIC 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	538,507.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	529,119.	0.			VIMC/INNATE AND MUCOSAL IMMUNITY DISCOVERY TEAM
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST, 2ND FLOOR. SHERIDAN BUILDING. - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	469,870.	0.			OVAF
NIH/NICHD 9001 ROCKVILLE PIKE BETHESDA, MD 20893	52-0858116	170(C)(1) GOVT	464,268.	0.			RESEARCH
COLORADO STATE UNIVERSITY 601 HOWES STREET-2002 CAMPUS DELIVE FORT COLLINS, CO 80523	84-6000545	170(C)(1) GOVT	435,319.	0.			MOLECULAR MOSQUITOCIDES: DEVELOPMENT OF AN INNOVATIVE AND ROBUST, PLATFORM-BASED APPROACH
VACCINE AND GENE THERAPY INSTITUTE FLORIDA - 11350 SW VILLAGE PARKWAY. THIRD FLOOR - PORT ST. LUCIE, FL 34987	36-4631835	170(C)(1) GOVT	432,016.	0.			VIMC/INNATE AND MUCOSAL IMMUNITY DISCOVERY TEAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	350,549.	0.			PROFICIENCY TESTING CENTRAL/CECI/BIOMARKERS
DONALD DANFORTH PLANT SCIENCE CENTER - 975 NORTH WARSON ROAD - ST. LOUIS, MO 63132	31-1584621	501(C)(3)	278,792.	0.			REGULATORY DEVELOPMENT FOR HEG-MODIFIED MOSQUITOES
NEW YORK BLOOD CENTER 310 EAST 67TH STREET NEW YORK, NY 10065	13-1949477	501(C)(3)	198,887.	0.			OVAF
NIH/NIDCD 9002 ROCKVILLE PIKE BETHESDA, MD 20894	52-0858117	170(C)(1) GOVT	195,000.	0.			RESEARCH
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	124,176.	0.			NON HUMAN PRIMATE NEW ASSAY
THE HOPE FOUNDATION 24 FRANK LLOYD WRIGHT DR. SUITE 360 ANN ARBOR, MI 48106	74-2655302	501(C)(3)	92,446.	0.			LUNGMAP
BRIGHAM AND WOMEN'S HOSPITAL 1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120	04-2312909	501(C)(3)	89,616.	0.			EVALUATION OF THE EFFECTS OF FCRN MUTATIONS ON ANTIBODY HALF-LIFE.+ KIDNEY
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	75,000.	0.			LUNG CANCER PROTOCOL
NIH/NEI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	69,412.	0.			RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NIH/NIEHS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	50,000.	0.			RESEARCH
NIH- NCCAM 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	45,000.	0.			RESEARCH

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to 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 non-cash assistance
AWARDS	10	130,650.	0.	FMV	

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:

PROGRAM AND GRANTS MANAGEMENT STAFF INVEST CONSIDERABLE EFFORT IN PROVIDING SCIENTIFIC, ADMINISTRATIVE, AND FISCAL OVERSIGHT FOR FNIH GRANTS. SCIENTIFIC AND TECHNICAL PROGRESS IS MONITORED THROUGH SEMI-ANNUAL AND ANNUAL REPORTS FROM THE GRANTEES AS WELL AS THROUGH DIRECT CONTACT WITH INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS, AND FOLLOW UP TO PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC QUESTIONS OR ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT SUBMISSIONS COVER A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES AND OVERALL PROGRESS

Part IV Supplemental Information

REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE, AND ANY OTHER SIGNIFICANT CHANGES. FINANCIAL REPORTING IS REQUIRED ANNUALLY FOR ALL OF THE GRANTEES, AND SEMI-ANNUALLY FOR INSTITUTIONS THAT REQUIRE ADDITIONAL OVERSIGHT, SUCH AS FOR-PROFIT INSTITUTIONS. DUE DILIGENCE PROCEDURES, SUCH AS FNIH COMPLIANCE WITH THE USA PATRIOT ACT AND IRS REQUIREMENTS ON EXPENDITURE RESPONSIBILITIES, HAVE BEEN INCORPORATED INTO THE REPORTING PROCESS TO ENSURE THAT THE GRANTEES ARE COMPLYING WITH GRANT, LEGAL, FINANCIAL, AND REGULATORY REQUIREMENTS.

FELLOWS SELECTED FOR FOUNDATION FELLOWSHIPS ARE SELECTED THROUGH NATIONWIDE AND INTERNATIONAL COMPETITIONS.

THE CLINICAL RESEARCH TRAINING PROGRAM (CRTP) IS OPEN TO ALL THIRD YEAR STUDENTS ENROLLED IN MEDICAL OR DENTAL SCHOOLS. THE WOMEN'S HEALTH FELLOWSHIP PROGRAMS ARE OPEN TO DOCTORAL-LEVEL CANDIDATES WITHIN FIVE YEARS OF RECEIPT OF THE DOCTORAL DEGREE. APPLICATIONS, CONTAINING TRANSCRIPTS AND ESSAYS ON THEIR RESEARCH GOALS ARE SUBMITTED AND REVIEWED BY PANELS OF NIH SCIENTISTS WHO MAKE RECOMMENDATIONS FOR SELECTION. POTENTIAL FELLOWS ARE OFTEN BROUGHT TO THE CAMPUS FOR INTERVIEWS AND FINAL SELECTION. THE FOUNDATION'S FELLOWSHIPS ARE OPEN TO PROFESSIONALS WORKING AT VARIOUS STAGES OF THEIR RESEARCH CAREERS. APPLICANTS TO THE NEUROSCIENCE FELLOWSHIP, FOR EXAMPLE, ARE YOUNG SCIENTISTS WHO WILL BENEFIT FROM EXPERIENCE OF CLINICAL AND BASIC SCIENCE RESEARCH. THE DIRECTOR'S FELLOWSHIP IN COMPLEMENTARY AND ALTERNATIVE MEDICINE RESEARCH SEEKS A MORE EXPERIENCED SCIENTIST WHO IS WELL-POSITIONED TO BECOME A LEADER IN THE FIELD OF COMPLEMENTARY ALTERNATIVE MEDICINE.

PART II, LINE 1, COLUMN (H):

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COLORADO STATE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: MOLECULAR MOSQUITOCIDES: DEVELOPMENT OF AN INNOVATIVE AND ROBUST, PLATFORM-BASED APPROACH FOR SUSTAINABLE INSECTICIDAL CONTROL OF ANOPHELINE MOSQUITOES

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., 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 in line 1a?	2		
3	Indicate which, if any, of the following the filing 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. ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in 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 in 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" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 in 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MARIA FREIRE, PH.D.	(i)	374,138.	0.	0.	26,000.	0.	400,138.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREA BARUCHIN	(i)	199,343.	0.	200.	19,934.	5,316.	224,793.	0.
SR ADVISOR TO PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANN ASHBY	(i)	208,255.	0.	2,500.	21,075.	11,520.	243,350.	0.
DEPUTY EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID WHOLLEY	(i)	282,391.	0.	2,500.	26,000.	11,520.	322,411.	0.
DIR RESEARCH PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIA WOLF-RODDA	(i)	187,834.	0.	0.	18,783.	11,520.	218,137.	0.
DIR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JULIE TUNE	(i)	192,274.	0.	500.	19,277.	11,520.	223,571.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) STEPHANIE JAMES	(i)	288,174.	0.	0.	26,000.	0.	314,174.	0.
DIR OF SCIENCE AND GCGH	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GAIL LEVINE	(i)	146,886.	0.	2,500.	14,939.	11,520.	175,845.	0.
SCIENTIFIC PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN TOUNTAS	(i)	152,591.	0.	0.	15,259.	11,520.	179,370.	0.
SCIENTIFIC PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MARIA VASSILEVA	(i)	130,760.	0.	6,200.	13,696.	11,520.	162,176.	0.
SCIENTIFIC PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MICHAEL GOTTLIEB	(i)	234,143.	0.	0.	23,414.	0.	257,557.	0.
ASSOC DIR OF SCIENCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEVE HOFFMAN	(i)	133,447.	6,000.	0.	13,945.	11,520.	164,912.	0.
SCIENTIFIC PROGRAM MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open To Public Inspection

Name of the organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number: 52-1986675

Part I — Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	1,492,479.	MARKET PRICE
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 IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2014
Open to Public Inspection

Name of the organization	Employer identification number
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	52-1986675

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO SUPPORT THE NIH IN ITS MISSION TO IMPROVE HEALTH, BY FORMING AND FACILITATING PUBLIC-PRIVATE PARTNERSHIPS FOR BIOMEDICAL RESEARCH AND TRAINING. THE FOUNDATION BUILDS PARTNERSHIP FOR DISCOVERY AND INNOVATION TO IMPROVE HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH WAS ESTABLISHED BY THE UNITED STATES CONGRESS TO SUPPORT THE NIH IN ITS MISSION TO IMPROVE HEALTH, BY FORMING AND FACILITATING PUBLIC-PRIVATE PARTNERSHIPS FOR BIOMEDICAL RESEARCH AND TRAINING. THE FOUNDATION BUILDS PARTNERSHIP FOR DISCOVERY AND INNOVATION TO IMPROVE HEALTH.

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

PROGRAM ONE - RESEARCH PARTNERSHIPS - IN 2014, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH CONTINUED TO SUPPORT THE MISSION OF THE NIH, FORGING NEW MODELS OF COLLABORATION FOCUSED ON THE GOAL OF ADVANCING BIOMEDICAL SCIENCE TO IMPROVE LIVES. FNIH INITIATIVES BRING TOGETHER GOVERNMENT AGENCIES, FOUNDATIONS, NON-PROFITS, CORPORATIONS AND ACADEMIA IN A WIDE PORTFOLIO OF PROGRAMS TO UNDERSTAND DISEASE, SUPPORT NIH RESEARCH, ENHANCE GLOBAL HEALTH, DEVELOP THE CAREERS OF YOUNGER RESEARCHERS, RECOGNIZE SCIENTIFIC ACHIEVEMENT, EDUCATE THE PUBLIC ABOUT SCIENCE AND MUCH MORE. AMONG THE FNIH PROGRAMS ARE:

ACCELERATING MEDICINES PARTNERSHIP (AMP)

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

NEW MEDICINES THAT SHOW PROMISE IN THE LABORATORY OFTEN DO NOT SUCCEED IN HUMAN TESTING. IN FACT, ABOUT 95 PERCENT FAIL, TYPICALLY LATE IN THE CLINICAL TRIALS PROCESS AFTER MILLIONS OF DOLLARS HAVE BEEN INVESTED. SUCH A HIGH-COST, LOW-REWARD PIPELINE POINTS TO THE NEED FOR A BETTER UNDERSTANDING OF HOW DISEASES DEVELOP AT THE MOLECULAR LEVEL-WHICH IS WHY THE FNIH IS HELPING TO LEAD AN UNPRECEDENTED PARTNERSHIP TO FILL THIS NEED. LAUNCHED IN 2014, THE ACCELERATING MEDICINES PARTNERSHIP (AMP) IS A $230 MILLION, FIVE-YEAR EFFORT JOINING THE FORCES OF THE FNIH, THE NIH AND THE FOOD AND DRUG ADMINISTRATION (FDA) WITH THOSE OF NOT-FOR-PROFIT ORGANIZATIONS AND 10 BIOPHARMACEUTICAL COMPANIES TO DEVISE A RADICALLY NEW APPROACH TO EARLY-STAGE DRUG DEVELOPMENT. THESE COMPANIES HAVE AGREED TO SHARE EXPERTISE, RESOURCES AND DATA TO ANSWER A CRITICAL QUESTION: WHICH BIOLOGICAL PATHWAYS UNDERLYING A GIVEN DISEASE ARE THE BEST CANDIDATES FOR TARGETING NEW TREATMENTS? INSTEAD OF HAVING DIFFERENT ORGANIZATIONS PURSUE DISPARATE PATHWAYS IN ISOLATION, AMP WILL GENERATE PRE-COMPETITIVE, DISEASE-SPECIFIC DATA ON THE GENETIC AND BIOLOGICAL MARKERS MOST LIKELY TO YIELD SUCCESS WHEN USED AS TARGETS FOR NEW MEDICINES. THE DATA WILL BE PUBLICLY AVAILABLE TO THE BIOMEDICAL COMMUNITY SO THAT MANY CAN USE IT AS THE FOUNDATION FOR DRUG DISCOVERY.

AMP: TYPE 2 DIABETES

MORE THAN 100 MILLION AMERICANS ALREADY HAVE TYPE 2 DIABETES OR ARE AT HIGH RISK, AND 382 MILLION PEOPLE WORLDWIDE HAVE A TYPE 2 DIAGNOSIS. ALTHOUGH THERAPIES ARE AVAILABLE, NONE CAN REVERSE THE DISEASE PROCESS OR PREVENT THE PROGRESSION THAT LEADS TO LIFE-ALTERING COMPLICATIONS SUCH AS CARDIOVASCULAR AND KIDNEY DISEASE, LIMB LOSS AND BLINDNESS. AMP PARTNERS WILL LEVERAGE THE SUBSTANTIAL AMOUNT OF DATA ALREADY AVAILABLE

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

FROM PATIENTS WITH TYPE 2 DIABETES AND THOSE AT HIGH RISK TO IDENTIFY AND VALIDATE DNA REGIONS CRITICAL IN THE DEVELOPMENT OR PROGRESSION OF THE DISEASE, WITH AN EYE TOWARD IDENTIFYING POTENTIAL DRUG TARGETS.

AMP: ALZHEIMER'S DISEASE

ALZHEIMER'S DISEASE (AD) IS THE MOST COMMON FORM OF DEMENTIA, A CONDITION THAT AFFECTS 36 MILLION PEOPLE GLOBALLY-A NUMBER EXPECTED TO SKYROCKET TO 115 MILLION BY 2050 UNLESS AN EFFECTIVE THERAPY IS DEVELOPED. SCIENTISTS KNOW THAT PEOPLE WITH AD HAVE THE SIGNATURE PROTEIN- BASED BRAIN LESIONS CALLED PLAQUES AND TANGLES; HOWEVER, EFFORTS TO HARNESS THIS KNOWLEDGE TO DEVELOP NEW THERAPIES HAVE NOT SUCCEEDED. AMP PARTNERS ARE WORKING TO ESTABLISH AN EXPANDED SET OF BIOLOGICAL MARKERS THAT ARE PRESENT WHEN AD DEVELOPS, AND THEN DETERMINE WHICH ARE MOST PROMISING FOR DEVELOPING NEW TREATMENTS AND PREDICTING THE LIKELIHOOD OF CLINICAL RESPONSE. THE PROJECT WILL INVOLVE THE LARGE-SCALE ANALYSIS OF BRAIN TISSUE FROM AD PATIENTS AND CLINICAL TRIALS TO VALIDATE NEWLY IDENTIFIED BIOMARKERS.

AMP: RHEUMATOID ARTHRITIS & LUPUS

RHEUMATOID ARTHRITIS (RA) AND LUPUS ARE JUST TWO OF MANY DISORDERS THAT OCCUR WHEN THE IMMUNE SYSTEM MISTAKENLY ATTACKS PARTS OF THE BODY THAT IT IS DESIGNED TO PROTECT, LEADING TO INFLAMMATION THAT DESTROYS TISSUES. ANTI-INFLAMMATORY TREATMENTS CAN HELP, BUT MOST PEOPLE WITH RA RESPOND TO CURRENT TREATMENTS ONLY PARTIALLY OR TEMPORARILY. IN THE CASE OF LUPUS, NO EFFECTIVE TARGETED THERAPIES EXIST FOR THE MOST SEVERE FORMS OF THE DISEASE. AMP PARTNERS WILL ANALYZE TISSUE AND BLOOD SAMPLES FROM PEOPLE WITH RA AND LUPUS TO PINPOINT GENES, PROTEINS, CHEMICAL PATHWAYS AND NETWORKS INVOLVED AT THE CELLULAR LEVEL. THIS IS

Name of the organization	Employer identification number
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	52-1986675

ESSENTIAL FOR DEVELOPING TARGETED TREATMENTS FOR THESE DEBILITATING CONDITIONS, BUT IT ALSO COULD SHED LIGHT ON THE AUTOIMMUNE PROCESS IMPLICATED IN A WIDE RANGE OF DISEASES.

THE LUNG CANCER MASTER PROTOCOL

PATIENTS WITH ADVANCED SQUAMOUS CELL LUNG CANCER HAVE FEW GOOD TREATMENT OPTIONS BEYOND SURGERY, YET THE PACE OF TRADITIONAL CLINICAL TRIALS REMAINS SLOW, WITH MOST POTENTIAL TREATMENTS NEVER MAKING IT TO THE BEDSIDE. THE LUNG CANCER MASTER PROTOCOL (LUNG-MAP) TRIAL, THE RESULT OF A PARTNERSHIP THAT INCLUDES THE FNIH, IS PIONEERING A NEW MODEL DESIGNED TO SPEED ACCESS TO INVESTIGATIONAL DRUGS FOR PATIENTS AND ALLOW MULTIPLE RESEARCHERS TO SHARE ONE UMBRELLA STRUCTURE AND RECRUITMENT PROCESS, SIGNIFICANTLY INCREASING THEIR EFFICIENCY. LAUNCHED IN JUNE 2014, LUNG-MAP USES GENOMIC PROFILING TECHNOLOGY TO TEST PATIENTS FOR OVER 200 CANCER-RELATED GENETIC ALTERATIONS, THEN ASSIGNS THEM TO ONE OF A NUMBER OF INVESTIGATIONAL TREATMENT STUDIES BASED ON THEIR GENETIC PROFILE. WITHIN ITS FIRST SIX MONTHS, LUNG-MAP WAS ENROLLING PATIENTS AT MORE THAN 400 SITES IN 39 STATES. THE TRIAL WILL ADD NEW INVESTIGATIONAL TREATMENTS OVER TIME, WITH THE ULTIMATE GOAL OF TESTING 10 TO 12 TARGETED THERAPIES IN 5,000 PATIENTS OVER THE NEXT FIVE YEARS. BESIDES THE FNIH, PARTNERS IN THE EFFORT INCLUDE THE NATIONAL CANCER INSTITUTE, SWOG CANCER RESEARCH, FRIENDS OF CANCER RESEARCH, FOUNDATION MEDICINE, FIVE PHARMACEUTICAL COMPANIES AND SEVERAL LUNG CANCER ADVOCACY GROUPS.

CONSENSUS DEFINITION OF CLINICALLY IMPORTANT SARCOPENIA.

SARCOPENIA-AGE-RELATED MUSCLE LOSS AND WEAKNESS-AFFECTS NEARLY 1 IN 3 PEOPLE OVER 60 AND HALF OF THOSE OVER AGE 80. HOWEVER, LACK OF AN

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. | Employer identification number 52-1986675

EVIDENCE-BASED DEFINITION FOR SARCOPENIA HAS LIMITED OUR ABILITY TO UNDERSTAND ITS PROGRESSION AND DEVELOP STRATEGIES FOR PREVENTION AND TREATMENT. THIS CHANGED IN APRIL 2014 WITH THE LANDMARK PUBLICATION OF SIX SPECIAL ONLINE ARTICLES IN THE JOURNALS OF GERONTOLOGY: MEDICAL SCIENCES, WHICH SET FORTH DATA-DRIVEN DIAGNOSTIC CRITERIA FOR SARCOPENIA, INCLUDING DEFINITIONS OF GRIP STRENGTH AND MUSCLE MASS. THE ARTICLES RESULTED FROM A COLLABORATIVE PROJECT BY THE FNIH BIOMARKERS CONSORTIUM, THE FDA, THE NATIONAL INSTITUTE ON AGING AND SEVERAL PHARMACEUTICAL COMPANIES, IN WHICH RESEARCHERS ANALYZED DATA FROM NINE LONG-TERM EPIDEMIOLOGIC STUDIES INVOLVING OVER 26,000 HEALTHY PARTICIPANTS TO GENERATE A DEFINITION OF SARCOPENIA. IN ADDITION TO DIAGNOSTIC CRITERIA, THE 2014 PUBLICATIONS PROVIDE SPECIFIC CHARACTERIZATIONS OF HOW LOW LEAN MASS AND LOW STRENGTH RELATE TO PROBLEMS WITH MOBILITY. THIS NEW INFORMATION IS EXPECTED TO INFLUENCE TREATMENT DECISIONS AND HELP IDENTIFY GROUPS OF AT-RISK PATIENTS WHO ARE GOOD CANDIDATES FOR TESTING INTERVENTIONS.

RIVER BLINDNESS: MOVING BEYOND CONTROL TO ELIMINATION

OVER THE PAST FEW DECADES, FOCUSED EFFORTS TO CONTROL THE TROPICAL DISEASE ONCHOCERCIASIS, OR RIVER BLINDNESS, HAVE DRASTICALLY LOWERED INCIDENCE IN SOUTH AND CENTRAL AMERICA, BUT THE DISEASE CONTINUES TO HAVE A DEVASTATING IMPACT IN SUB-SAHARAN AFRICA. RIVER BLINDNESS IS CAUSED BY ONCHOCERCA VOLVULUS WORMS, WHICH ARE TRANSMITTED TO HUMANS THROUGH REPEATED BITES FROM INFECTED BLACKFLIES. MASS ADMINISTRATION OF THE DRUG IVERMECTIN IS AN EFFECTIVE CONTROL STRATEGY, BUT IT DOES NOT GUARANTEE ELIMINATION OF THE DISEASE FROM A POPULATION, AS PEOPLE CAN CARRY THE WORMS WITHOUT EXHIBITING SYMPTOMS. THE FNIH IS WORKING WITH THE NIAID TO DETERMINE IF A BLOOD OR URINE TEST COULD BE DEVELOPED TO

IDENTIFY PEOPLE WHO ARE CARRIERS OF ADULT FEMALE ONCHOCERCA VOLVULUS WORMS (OVAF). ONCE INSIDE A HUMAN HOST, THESE FEMALES PRODUCE SMALLER LARVAE THAT OVER TIME CAN CAUSE CHRONIC SKIN DISEASE, SEVERE ITCHING AND EYE LESIONS THAT LEAD TO BLINDNESS. KNOWING IF SOMEONE IS A CARRIER WOULD ENSURE THEY COULD BE TREATED AND PREVENT TRANSMISSION OF THE WORMS TO UNINFECTED BLACKFLIES. THE FNIH AND NIAID ARE STUDYING OVAF AND OVAF-INFECTED HUMANS TO IDENTIFY BIOMARKERS IN BLOOD AND URINE THAT MIGHT INDICATE THE PRESENCE OF THE FEMALE WORM, AND THEN TEST AND VALIDATE THE MOST PROMISING CANDIDATES. THE ULTIMATE GOAL IS A POINT-OF-CARE TEST THAT WOULD HELP ERADICATE RIVER BLINDNESS AROUND THE GLOBE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
THE WORK OF THE FNIH ALSO INCLUDES INITIATIVES AND STUDIES IN NUMEROUS OTHER AREAS, INCLUDING:

ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE
AS THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI) APPROACHES THE END OF ITS FIRST DECADE, THE PARTNERSHIP REMAINS A GOLD STANDARD FOR HOW ACADEMIC, INDUSTRY, ADVOCACY AND GOVERNMENT PARTNERS CAN, TOGETHER, ADVANCE BIOMEDICAL RESEARCH. INVOLVING MORE THAN 25 PARTNERS COORDINATED BY FNIH, ADNI CREATED AN ONLINE, OPEN-ACCESS DATABASE AND IMAGE ARCHIVE FOR ALL INFORMATION COLLECTED BY RESEARCHERS. IN ADNI PHASE 1, THE STUDY PERFORMED MRI AND PET SCANS AND COLLECTED CEREBROSPINAL FLUID AND OTHER BIOSAMPLES FROM 1,500 PARTICIPANTS. PHASE 2, WHICH WILL CONTINUE THROUGH 2015, FOLLOWS PHASE 1 PARTICIPANTS AND HAS ENROLLED AN ADDITIONAL 750 PEOPLE. THE STUDY HAS ALSO EXPANDED TO INCLUDE GENETIC TESTING, INCLUDING WHOLE-GENOME SEQUENCING FOR MORE

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

THAN 800 PARTICIPANTS.

SPIROMICS

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD), WHICH INCLUDES CHRONIC BRONCHITIS AND EMPHYSEMA, AFFECTS MORE THAN 12 MILLION AMERICANS AND IS THE COUNTRY'S THIRD LEADING CAUSE OF DEATH. THE DISEASE PROGRESSES OVER TIME, SUGGESTING THAT THERE MAY BE POINTS FOR EARLY INTERVENTION TO PREVENT FULL-BLOWN COPD FROM DEVELOPING. HOWEVER, WE DO NOT UNDERSTAND THE DISEASE'S CLINICAL COURSE WELL ENOUGH TO MAKE THAT HAPPEN. THE SPIROMICS (SUBPOPULATIONS AND INTERMEDIATE OUTCOME MEASURES IN COPD STUDY) PROGRAM BRINGS TOGETHER THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE, THE FOOD AND DRUG ADMINISTRATION, INDUSTRY PARTNERS AND MULTIPLE RESEARCHERS ACROSS THE COUNTRY. THE STUDY IS ENROLLING SUBJECTS WITH COPD AT 11 SITES NATIONALLY AND COLLECTING BLOOD SAMPLES, IMAGES, LUNG FUNCTION TESTS AND GENETIC INFORMATION. FNIH COORDINATES THE SPIROMICS EXTERNAL SCIENTIFIC BOARD.

GLOBAL HEALTH

COLLABORATING WITH ORGANIZATIONS AROUND THE WORLD, FNIH FURTHERS THE UNDERSTANDING AND CONTROL OF DISEASES THAT SICKEN AND KILL HUNDREDS OF MILLIONS OF PEOPLE EVERY YEAR. WORKING IN THE U.S. AND INTERNATIONALLY, FNIH-FUNDED INVESTIGATORS ARE MAKING STRIDES AGAINST LIFE-THREATENING DISEASES INCLUDING MALARIA, DENGUE, TUBERCULOSIS, ENTERIC INFECTIONS AND MALNUTRITION.

GRAND CHALLENGES IN GLOBAL HEALTH

FOUND IN 100 COUNTRIES, WITH NO VACCINE AND NO CURE, THE MOSQUITO-BORNE VIRAL DISEASE KNOWN A DENGUE FEVER IS A SIGNIFICANT GLOBAL HEALTH

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. | Employer identification number 52-1986675

THREAT. USING INSECTICIDES TO CONTROL POPULATIONS OF THE FEMALE AEDES AEGYPTI MOSQUITO, WHICH SPREADS THE VIRUS, HAS FAILED TO STOP DENGUE; IN FACT, INCIDENCE HAS INCREASED 30-FOLD IN THE LAST 50 YEARS. THE FNIH'S GRAND CHALLENGES IN GLOBAL HEALTH, AN INITIATIVE FUNDED BY THE BILL & MELINDA GATES FOUNDATION, IS SUPPORTING A GLOBAL NETWORK OF RESEARCHERS WHO HAVE FOUND THAT INFECTING THE MOSQUITOES WITH WOLBACHIA, A COMMON BACTERIUM FOUND IN MANY INSECTS, CAN REDUCE MOSQUITOES' ABILITY TO TRANSMIT THE VIRUS. THE METHOD, WHICH HAS SHOWN GREAT PROMISE THROUGH A SERIES OF TEST RELEASES, IS PART OF ELIMINATE DENGUE, ONE OF SEVERAL PROJECTS THAT ARE PART OF THE FNIH'S VECTOR-BASED CONTROL OF TRANSMISSION: DISCOVER RESEARCH (VCTR) PROGRAM, AN OFFSHOOT OF THE GRAND CHALLENGES INITIATIVE.

MAL-ED

THE $40 MILLION MAL-ED NETWORK, A COLLABORATIVE PROJECT SUPPORTED BY THE BILL & MELINDA GATES FOUNDATION AND MANAGED BY THE FNIH IN COOPERATING WITH THE NIH FOGARTY INTERNATIONAL CENTER, SUPPORTS RESEARCHERS AT EIGHT FIELD SITES IN AFRICA, ASIA AND SOUTH AMERICA, WHO HAVE BEEN FOLLOWING MORE THAN 1,600 CHILDREN SINCE BIRTH, TO UNDERSTAND HOW ENTERIC PATHOGENS, NUTRITION AND OTHER ENVIRONMENTAL FACTORS ARE LINKED TO PHYSICAL GROWTH, COGNITIVE DEVELOPMENT AND VACCINE RESPONSE. IDENTIFYING BIOMARKERS THAT PREDICT GROWTH FALTERING AND/OR IMPAIRED COGNITIVE DEVELOPMENT WILL INFORM DEVELOPMENT OF STRATEGIES FOR TIMELY INTERVENTION.

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

PROGRAM TWO - FELLOWSHIPS AND TRAINING PROGRAMS - WHILE TECHNOLOGY

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

PLAYS AN INCREASINGLY VITAL ROLE IN ADVANCING HUMAN HEALTH, PROGRESS IS IMPOSSIBLE WITHOUT A NEW GENERATION OF CAPABLE AND CURIOUS RESEARCHERS. FNIH PROGRAMS IN VARIOUS FORMATS TARGET A WIDE ARRAY OF TOPICS AND EDUCATION LEVELS, MAKING THE WORLD-CLASS METHODS AND RESOURCES OF THE NIH AVAILABLE TO STUDENTS AND RESEARCHERS ALL OVER THE WORLD. EXAMPLES INCLUDE:

MEDICAL RESEARCH SCHOLARS PROGRAM. THE MEDICAL RESEARCH SCHOLARS PROGRAM BRINGS TO THE NIH CAMPUS SOME OF THE BEST AND BRIGHTEST YOUNG RESEARCHERS FROM MEDICAL, DENTAL AND VETERINARY SCHOOLS ACROSS THE COUNTRY. DURING THE YEAR-LONG PROGRAM, THE STUDENTS CONDUCT BASIC, TRANSLATIONAL OR CLINICAL RESEARCH IN A FIELD OF THEIR CHOICE, GUIDED BY A MENTOR AND A TUTOR. THE PROGRAM IMMERSES STUDENTS IN BIOMEDICAL RESEARCH EARLY IN THEIR CAREER TRAINING. IN ADDITION TO THEIR RESEARCH WORK, STUDENTS COMPLETE AN ACADEMIC CURRICULUM AND INTERACT WITH NIH SCIENTIFIC LEADERS, INCLUDING INSTITUTE DIRECTORS, CLINICAL DIRECTORS AND ESTABLISHED INVESTIGATORS. THE PROGRAM MERGES AND BUILDS ON TWO EARLIER, HIGHLY SUCCESSFUL TRAINING PROGRAMS, THE HOWARD HUGHES MEDICAL INSTITUTE-NIH RESEARCH SCHOLARS PROGRAM AND THE CLINICAL RESEARCH TRAINING PROGRAM. THE GOAL IS TO SUPPORT 70 SCHOLARS EACH YEAR.

HUMAN GENOME EXHIBITION. BETWEEN JUNE 2013 AND AUGUST 2014, ROUGHLY THREE MILLION SMITHSONIAN VISITORS EXPERIENCED GENOME: UNLOCKING LIFE'S CODE AT THE NATIONAL MUSEUM OF NATURAL HISTORY, AN EXHIBITION MADE POSSIBLE THROUGH FUNDS RAISED, IN PART, BY THE FNIH. THE RESULT OF A COLLABORATION BETWEEN THE MUSEUM AND THE NATIONAL HUMAN GENOME RESEARCH INSTITUTE, GENOME AWED VISITORS WITH THE COMPLEXITY AND POWER OF THE HUMAN GENOME USING 3-D MODELS, INTERACTIVE DISPLAYS, CUSTOM ANIMATIONS

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

AND VIDEOS OF REAL-LIFE STORIES. IT CELEBRATED THE 10TH ANNIVERSARY OF THE HUMAN GENOME PROJECT AND THE SUCCESSFUL SEQUENCING OF THE HUMAN GENETIC BLUEPRINT, HELPING VIEWERS UNDERSTAND HOW THIS KNOWLEDGE IS REVOLUTIONIZING OUR UNDERSTANDING OF HUMAN DEVELOPMENT, DIVERSITY AND SOCIETY, ESPECIALLY HEALTH AND DISEASE. IN ADDITION TO THE 4,400-SQUARE-FOOT EXHIBITION ITSELF, WHICH TOOK TWO YEARS FOR MUSEUM DESIGNERS AND EDUCATORS TO DEVELOP AND BUILD, GENOME INCLUDED PUBLIC EVENTS, EDUCATIONAL SYMPOSIA, AN EDUCATORS' GUIDE AND THE WEBSITE WWW.UNLOCKINGLIFESCODE.ORG. GENOME IS NOW ON A MULTI-CITY TOUR THAT WILL TAKE IT TO MUSEUMS IN CALIFORNIA, THE MIDWEST AND ONTARIO THROUGH EARLY 2018.

HONORS. WHAT IF WE COULD REMOVE AND REPLACE DAMAGED OR DEFECTIVE PARTS OF HUMAN DNA? SCIENTISTS HAVE BEEN WORKING TO FIND SUCH A GENOME-EDITING TOOL, BUT JENNIFER DOUDNA, PH.D., PROFESSOR OF BIOCHEMISTRY, BIOPHYSICS AND STRUCTURAL BIOLOGY AND A HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR AT THE UNIVERSITY OF CALIFORNIA, BERKELEY, STANDS APART. DR. DOUDNA HAS FOCUSED HER RESEARCH ON THE STRUCTURE OF RNA, THE MOLECULE THAT CARRIES OUT DNA INSTRUCTIONS FOR CREATING THE PROTEINS THAT DRIVE PROCESSES IN THE BODY. THE FNIH AWARDED HER THE LURIE PRIZE IN BIOMEDICAL SCIENCES IN 2014 FOR THAT BODY OF STUDY, WHICH INCLUDES HER WORK ON CRISPR (CLUSTERED REGULARLY INTERSPACED SHORT PALINDROMIC REPEATS), THAT ARE REPETITIVE RNA SEQUENCES IN BACTERIA THAT PLAY A ROLE IN THEIR IMMUNITY. DOUDNA DISCOVERED THAT PIECES OF CRISPR RNA TEAM UP WITH A PROTEIN CALLED CAS9 TO CUT THROUGH THE DNA OF AN INVADING VIRUS. DOUDNA AND HER TEAM THEN ENGINEERED THEIR OWN RNA/PROTEIN COMBINATION AND SHOWED IT CAN BE USED TO PRECISELY EDIT THE DNA OF PLANTS, ANIMALS AND HUMANS. THIS CRISPR

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

TOOL HAS TO BE MANAGED WITH CAREFUL ATTENTION TO BIOETHICAL CONCERNS, BUT IT COULD FUNCTION AS "MOLECULAR SCISSORS" THAT CAN FIX FAULTY GENES UNDERLYING A RANGE OF DISEASES AND HEALTH CONDITIONS.

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

PROGRAM THREE - CAPITAL PROJECTS - THE FOUNDATION'S CAPITAL PROJECTS ENHANCE THE RESEARCH ENVIRONMENT AT NIH, SUPPORTING AND PROMOTING THE IMPORTANT DISCOVERIES THAT RESULT FROM NIH'S LEADING-EDGE WORK. THE EDMOND J. SAFRA FAMILY LODGE, FOR EXAMPLE, OPENED IN 2005 TO SERVE AS A COMFORTABLE HOME-AWAY-FROM-HOME FOR FAMILIES THAT COME TO NIH'S CAMPUS IN BETHESDA, MARYLAND TO ACCOMPANY PATIENTS WHO ARE PARTICIPATING IN CLINICAL TRIALS OR RECEIVING TREATMENT AT NIH'S CLINICAL CENTER. SO FAR, THE LODGE HAS HOSTED MORE THAN 40,000 FAMILY MEMBERS AND CAREGIVERS OF ADULT PATIENTS FROM ALL OVER THE WORLD.

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

MEMORIALS, AWARDS AND EVENTS - COLLABORATION HAPPENS WHEN PEOPLE CONNECT. THAT IS WHY MANAGING AND ORGANIZING MEETINGS AND EVENTS IS FUNDAMENTAL TO THE WORK OF THE FNIH. FROM LECTURES AND WORKSHOPS TO COLLABORATIVE SUMMITS, TELECONFERENCES AND MEDIA OPPORTUNITIES, THE FNIH FACILITATED MORE THAN 60 EVENTS IN 2014 - SPANNING THE GLOBE AND DOZENS OF FIELDS OF RESEARCH.

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

SEE SCHEDULE O, MEMORIALS, AWARDS AND EVENTS

EXPENSES $ 427,057.   INCLUDING GRANTS OF $ 156,825.   REVENUE $ 0.

Name of the organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number 52-1986675

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

PRIOR TO THE SUBMISSION OF THE FOUNDATION FOR NIH'S FORM 990 TO THE INTERNAL REVENUE SERVICE, EACH VOTING MEMBER OF THE BOARD OF DIRECTORS SHALL BE PROVIDED WITH A COPY OF THE FINAL FORM 990 AS COMPLETED BY THE CHIEF FINANCIAL OFFICER.

BOARD DIRECTORS SHALL BE PROVIDED WITH AT LEAST TEN BUSINESS DAYS TO REVIEW THE FORM AND RAISE QUESTIONS, MAKE SUGGESTIONS, AND ADDRESS ANY POTENTIAL PROBLEMS OR CONCERNS WITH THE CHIEF FINANCIAL OFFICER.

A SPECIAL MEETING OF THE GOVERNANCE COMMITTEE WILL BE CALLED TO REVIEW THE SUGGESTED CHANGES FROM THE BOARD OF DIRECTORS AND TO APPROVE THE FINAL VERSION OF THE FORM 990 FOR SUBMISSION.

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

THE FOUNDATION REQUIRES DIRECTORS, OFFICERS, VOLUNTEER COMMITTEE MEMBERS, AND STAFF MEMBERS TO DISCLOSE REAL AND APPARENT CONFLICTS OF INTEREST FOR THEMSELVES AND THEIR FAMILY MEMBERS AND TO ANNUALLY SIGN A STATEMENT OF COMPLIANCE.

AFTER A CONFLICT OR AN APPARENT CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD OF DIRECTORS OR THE BOARD COMMITTEE, OR THEIR DESIGNEE, IN THE ABSENCE OF THE INTERESTED PERSON, SHALL DETERMINE IF THE CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST EXISTS AND IS MATERIAL AND WILL DECIDE HOW IT IS TO BE MANAGED OR ELIMINATED.

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

Name of the organization: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number: 52-1986675

BEGINNING IN 2015, THE NEWLY CREATED COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE SALARIES OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ANNUALLY.

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

MD,VA,NY,AL,AK,AZ,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MA,MI,MS,MN,NH,NJ,NM,NC ND,OH,OK,OR,PA,RI,SC,TN,UT,WA,WV,WI

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PAGE 1 HEADING, SECTION B, AMENDED RETURN CHECK-BOX

THIS RETURN IS BEING AMENDED TO REFLECT A MORE ACCURATE BOARD OF DIRECTORS LISTING. THE UPDATED SECTIONS OF THE RETURN ARE THE FOLLOWING:

1. FORM 990, PART I, LINES 3 & 4
2. FORM 990, PART VII

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	FURNITURE & EQUIPMENT	VARIOUS	SL	5.00		16	662,633.				662,633.	581,755.		26,542.	608,297.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						662,633.				662,633.	581,755.		26,542.	608,297.
	OTHER														
2		VARIOUS		.000	HY	16								0.	
	* 990 PAGE 10 TOTAL OTHER						0.				0.	0.		0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR						662,633.				662,633.	581,755.		26,542.	608,297.

428111
05-01-14

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) 990

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172 **2014** Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	FORM 990 PAGE 10	52-1986675

Part I Election To Expense Certain Property Under Section 179 **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26,542.

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	26,542.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year:					
43 Amortization of costs that began before your 2014 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number (EIN) or 52-1986675
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 9650 ROCKVILLE PIKE, NO. 3411	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

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

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JULIE TUNE 9650 ROCKVILLE PIKE - BETHESDA, MD 20814

  Telephone No. ▶ 301-402-5311 Fax No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2015.

5 For calendar year 2014, or other tax year beginning ______, and ending ______.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED IN ORDER TO OBTAIN ALL NECESSARY INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶