

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**Open to Public  
Inspection**A** For the 2015 calendar year, or tax year beginning and ending**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationFOUNDATION 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

**F** Name and address of principal officer: MARIA FREIRE, PH.D.

SAME AS C ABOVE

**D** Employer identification number

52-1986675

**E** Telephone number

(301) 402-5311

**G** Gross receipts \$ 101,898,167.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ HTTP://WWW.FNIH.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 2001 **M** State of legal domicile: MD**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH WAS ESTABLISHED BY THE UNITED STATES CONGRESS</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>27</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>26</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>52</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
		<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>
<b>7b</b>		Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	73,905,546.	33,961,606.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	197,177.	194,500.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	148,518.	385,451.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	199,253.	24,552.
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,450,494.	34,566,109.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	57,340,984.	43,310,618.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	5,868,172.	6,530,244.
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,983.	0.	0.
Net Assets or Fund Balances	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,868,336.	9,228,745.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	74,077,492.	59,069,607.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	373,002.	-24,503,498.
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	99,015,541.	74,645,303.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	7,446,160.	8,169,755.	
		91,569,381.	66,475,548.	

**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 *11-10-16*  
 ▶ MARIA FREIRE, PH.D., PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: LORI K. COCHRAN  
 Preparer's signature: *Lori K. Cochran* Date: 11/10/16  
 Check ☐ if self-employed PTIN: P00853221  
 Firm's name: DIXON HUGHES GOODMAN LLP Firm's EIN: 56-0747981  
 Firm's address: 901 EAST CARY STREET, SUITE 1000  
 RICHMOND, VA 23219 Phone no. 804.282.7636

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 53,079,319. including grants of \$ 42,319,869. ) (Revenue \$ 194,500. )  
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS

4b (Code: ) (Expenses \$ 1,210,274. including grants of \$ 891,762. ) (Revenue \$ )  
SEE SCHEDULE O, PROGRAM TWO, FELLOWSHIPS AND TRAINING PROGRAMS

4c (Code: ) (Expenses \$ 734,853. including grants of \$ 88,504. ) (Revenue \$ )  
SEE SCHEDULE O, PROGRAM THREE, MEMORIALS, AWARDS AND EVENTS

4d Other program services (Describe in Schedule O.)

(Expenses \$ 313,270. including grants of \$ 10,484. ) (Revenue \$ )

4e Total program service expenses 55,337,716.

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**Part IV Checklist of Required Schedules**

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

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

		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		<b>X</b>
<b>28</b> 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):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>		<b>X</b>
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	<b>X</b>	

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

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

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	28		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	52		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>			X
<b>b</b> If "Yes," enter the name of the foreign country: <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>			

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 27		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 26		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

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

**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.  
☒ Own website    ☐ Another's website    ☒ 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**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. CHARLES A. SANDERS CHAIRMAN	1.50	X		X				0.	0.	0.
(2) STEVEN C. MAYER TREASURER	2.00	X		X				0.	0.	0.
(3) THE HON. JOHN EDWARD PORTER VICE-CHAIRMAN FOR POLICY	1.00	X		X				0.	0.	0.
(4) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(5) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR	40.00	X		X				385,293.	0.	26,500.
(6) DR. SOLOMON H. SNYDER VICE-CHAIRMAN FOR SCIENCE	0.50	X		X				0.	0.	0.
(7) DR. PAUL M. MONTRONE BOARD MEMBER	1.00	X						0.	0.	0.
(8) DAME JILLIAN SACKLER BOARD MEMBER	0.50	X						0.	0.	0.
(9) LILY SAFRA BOARD MEMBER	0.50	X						0.	0.	0.
(10) DR. ELLEN V. SIGAL BOARD MEMBER	0.50	X						0.	0.	0.
(11) DR. STEVEN M. PAUL BOARD MEMBER	0.50	X						0.	0.	0.
(12) MRS. WILLIAM (BUFFY) N. CAFRITZ BOARD MEMBER	0.50	X						0.	0.	0.
(13) DR. SAMUEL O. THIER BOARD MEMBER	0.50	X						0.	0.	0.
(14) DR. MARTIN J. MURPHY, JR. BOARD MEMBER	0.50	X						0.	0.	0.
(15) DR. KATHY BLOOMGARDEN BOARD MEMBER	0.50	X						0.	0.	0.
(16) DR. JOSEPH M. FECZKO BOARD MEMBER	0.50	X						0.	0.	0.
(17) ANN LURIE BOARD MEMBER	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DR. FRED A. C. LEWIS-HALL BOARD MEMBER	0.50	X						0.	0.	0.
(19) ANNE WOJCICKI BOARD MEMBER	0.50	X						0.	0.	0.
(20) NINA K. SOLARZ BOARD MEMBER	0.50	X						0.	0.	0.
(21) JAMES H. DONOVAN BOARD MEMBER	0.50	X						0.	0.	0.
(22) DR. PAUL L. HERRLING BOARD MEMBER	0.50	X						0.	0.	0.
(23) DR. RONALD L. KRALL BOARD MEMBER	0.50	X						0.	0.	0.
(24) DR. EDISON T. LIU BOARD MEMBER	0.50	X						0.	0.	0.
(25) DR. JUDY LANSING KOVLER BOARD MEMBER	0.50	X						0.	0.	0.
(26) JOEL S. MARCUS BOARD MEMBER	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								385,293.	0.	26,500.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,150,814.	0.	292,071.
<b>d Total (add lines 1b and 1c)</b>								2,536,107.	0.	318,571.

**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 **21**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
BUSINESS TALENT GROUP, 406 BLACKWELL STREET, SUITE 240A, DURHAM, NC 27701	CONSULTING	808,539.
ICON EARLY PHASE SERVICES LLC P.O. BOX 28939, NEW YORK, NY 10087	CLINICAL TRIAL	513,095.
CCS ASSOCIATES, INC. P.O. BOX 9125, MCLEAN, VA 22102	CONSULTING	350,345.
THE UNIVERSITY OF TEXAS/MD ANDERSON P.O. BOX 4390, HOUSTON, TX 77210	CLINICAL TRIAL	328,872.
MCKINSEY & COMPANY, INC. P.O. BOX 7247-7255, PHILADELPHIA, PA 19170	SERVICES TO CONDUCT STUDY	300,000.

**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 **22**

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

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<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	39,000.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,000,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	32,922,606.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		677,982.				
	<b>h Total.</b> Add lines 1a-1f .....		33,961,606.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES .....	<b>Business Code</b>	561000	194,500.	194,500.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			194,500.				
<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....				367,897.			367,897.
<b>4</b> Income from investment of tax-exempt bond proceeds .....							
<b>5</b> Royalties .....							
<b>Other Revenue</b>	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....			67,156,014.			
	<b>c</b> Gain or (loss) .....			67,138,460.			
	<b>d</b> Net gain or (loss) .....			17,554.			17,554.
	<b>8 a</b> Gross income from fundraising events (not including \$ 39,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		218,150.			
	<b>b</b> Less: direct expenses .....	<b>b</b>		193,598.			
	<b>c</b> Net income or (loss) from fundraising events .....			24,552.			24,552.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
<b>11 a</b> .....							
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			34,566,109.	194,500.	0.	410,003.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,562,490.	29,562,490.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	10,550.	10,550.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	13,737,578.	13,737,578.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,897,600.	742,067.	1,129,340.	26,193.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	3,290,679.	2,175,259.	1,016,337.	99,083.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	360,718.	196,197.	148,885.	15,636.
<b>9</b> Other employee benefits	630,127.	386,685.	233,318.	10,124.
<b>10</b> Payroll taxes	351,120.	171,898.	179,222.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	175,183.	170,954.	4,229.	
<b>c</b> Accounting	55,585.		55,585.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	73,418.	19,733.	53,685.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	14,756.	14,756.		
<b>13</b> Office expenses	32,578.	21,475.	10,676.	427.
<b>14</b> Information technology	165,537.	76,845.	75,310.	13,382.
<b>15</b> Royalties				
<b>16</b> Occupancy	519,802.	247,876.	271,926.	
<b>17</b> Travel	1,434,971.	1,361,729.	71,596.	1,646.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	21,850.		21,850.	
<b>23</b> Insurance	193,885.	145,139.	48,746.	
<b>24</b> 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.)				
<b>a</b> PROGRAM CONTRACTS	3,940,944.	3,940,944.		
<b>b</b> CONSULTANTS	2,226,968.	2,069,695.	157,273.	
<b>c</b> PRINTING AND PHOTOCOPYING	251,809.	238,461.	2,473.	10,875.
<b>d</b> HONORARIA	160,900.	160,900.		
<b>e</b> All other expenses	-39,441.	-113,515.	66,457.	7,617.
<b>25</b> Total functional expenses. Add lines 1 through 24e	59,069,607.	55,337,716.	3,546,908.	184,983.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	20,242,543.	<b>2</b>	21,131,272.
	<b>3</b> Pledges and grants receivable, net .....	19,827,866.	<b>3</b>	10,084,867.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	65,998.	<b>9</b>	84,024.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	680,486.		
	<b>b</b> Less: accumulated depreciation .....	630,146.		
	<b>11</b> Investments - publicly traded securities .....	58,789,274.	<b>11</b>	43,250,167.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	35,524.	<b>15</b>	44,633.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	99,015,541.	<b>16</b>	74,645,303.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,338,401.	<b>17</b>	1,460,257.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,605,461.	<b>19</b>	5,975,257.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	1,338,837.	<b>21</b>	577,271.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	163,461.	<b>25</b>	156,970.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,446,160.	<b>26</b>	8,169,755.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	11,758,572.	<b>27</b>	11,662,389.
	<b>28</b> Temporarily restricted net assets .....	76,594,675.	<b>28</b>	51,608,294.
	<b>29</b> Permanently restricted net assets .....	3,216,134.	<b>29</b>	3,204,865.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	91,569,381.	<b>33</b>	66,475,548.
	<b>34</b> Total liabilities and net assets/fund balances .....	99,015,541.	<b>34</b>	74,645,303.

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**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	34,566,109.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	59,069,607.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-24,503,498.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	91,569,381.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-590,335.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	66,475,548.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2015)



**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.

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**FOUNDATION FOR THE NATIONAL INSTITUTES**

Schedule A (Form 990 or 990-EZ) 2015 **OF HEALTH, INC.**

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	59,765,254.	58,869,026.	59,135,001.	73,905,546.	33,961,607.	285,636,434.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	59,765,254.	58,869,026.	59,135,001.	73,905,546.	33,961,607.	285,636,434.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						152,448,314.
<b>6 Public support.</b> Subtract line 5 from line 4.						133,188,120.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	59,765,254.	58,869,026.	59,135,001.	73,905,546.	33,961,607.	285,636,434.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	134,140.	140,900.	213,728.	214,303.	367,897.	1,070,968.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						286,707,402.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,635,799.

**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**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	46.45 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	48.93 %

**16a 33 1/3% support test - 2015.** 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 - 2014.** 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 - 2015.** 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 - 2014.** 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 ☐ ►

Schedule A (Form 990 or 990-EZ) 2015

**FOUNDATION FOR THE NATIONAL INSTITUTES**

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

(Complete only if you checked the box on line 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> 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.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> 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 <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> 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 or 990-EZ).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
<b>b</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.)		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/>	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	
<b>b</b> <input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.	
<b>c</b> <input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).	
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b>	Yes	No
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 <b>Part VI</b> 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.		
<b>2a</b>		
<b>b</b>	Yes	No
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Yes	No
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 <b>Part VI</b> .		
<b>3a</b>		
<b>b</b>	Yes	No
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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		



**FOUNDATION FOR THE NATIONAL INSTITUTES**

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**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>		

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

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

**Schedule A (Form 990 or 990-EZ) 2015**

**FOUNDATION FOR THE NATIONAL INSTITUTES**

Schedule A (Form 990 or 990-EZ) 2015

**OF HEALTH, INC.**

52-1986675 Page 7

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2015 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b> <b>Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

## Schedule A (Form 990 or 990-EZ) 2015

52-1986675 Page 8

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. 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" on 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](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**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" on 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) .....	1,525.	
3 Aggregate value of grants from (during year) .....	5,600.	
4 Aggregate value at end of year .....	4,134,027.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 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" on 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 on Form 990, Part VIII, line 1 ▶ \$ .....

(ii) Assets included in Form 990, Part X ▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ .....

b Assets included in Form 990, Part X ▶ \$ .....

2015.04030 FOUNDATION FOR THE NATIONAL 20676181



**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule D (Form 990) 2015

52-1986675 Page **3**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE GIFT ANNUITY	156,970.	
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	156,970.	

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 ☒

Schedule D (Form 990) 2015

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule D (Form 990) 2015

52-1986675 Page 4

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

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

1 Total revenue, gains, and other support per audited financial statements	1	34,505,611.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	-590,335.
b Donated services and use of facilities	2b	336,239.
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	-254,096.
3 Subtract line 2e from line 1	3	34,759,707.
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	-193,598.
c Add lines 4a and 4b	4c	-193,598.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	34,566,109.

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

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

1 Total expenses and losses per audited financial statements	1	59,599,444.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	336,239.
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	193,598.
e Add lines 2a through 2d	2e	529,837.
3 Subtract line 2e from line 1	3	59,069,607.
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	59,069,607.

**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 12/31/2015, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC HELD \$577,271 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, INC). NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OR DONOR-IMPOSED RESTRICTIONS.

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule D (Form 990) 2015

52-1986675 Page 5

**Part XIII** Supplemental Information (continued)

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, 2015  
AND 2014.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	-193,598.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	193,598.
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**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015****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? ..... ☒ **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		3,876,242.
EUROPE	0	0	GRANTMAKING		9,072,296.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		199,799.
SOUTH ASIA	0	0	GRANTMAKING		589,241.
<b>3 a</b> Sub-total .....	0	0			13,737,578.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			13,737,578.

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

Schedule F (Form 990) 2015

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule F (Form 990) 2015

52-1986675

Page **2**

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	MALNUTRITION & ENTERIC DISEASES NETWORK	313,097.	WIRE TRANSFER	0.		
		SOUTH ASIA	MALNUTRITION & ENTERIC DISEASES NETWORK	276,144.	WIRE TRANSFER	0.		
		EUROPE	DEVELOP A GENETIC STRATEGY TO DEplete OR INCAPACITATE INSECTS/VIMC2	7,892,944.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MODIFYING MOSQUITO POPULATION AGE STRUCTURE TO ELIMINATE DENGUE	3,866,242.	WIRE TRANSFER	0.		
		EUROPE	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	489,924.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	BIOMARKERS OSTEOARTHRITIS	10,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	199,799.	WIRE TRANSFER	0.		
		EUROPE	AMP-T2 DIABETES	104,365.	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 9

**3** Enter total number of other organizations or entities 9

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2015

## Schedule F (Form 990)

Page 2

[illegible]

Part III can be duplicated if additional space is needed.

[illegible]



FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule F (Form 990) 2015

52-1986675 Page 4

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2015

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule F (Form 990) 2015

52-1986675 Page 5

**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 GRANTEEES 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 GRANTEEES, 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 GRANTEEES 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

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on 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/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

# 2015

### 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" on 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?		(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
		Yes	No			
<b>Total</b> .....						

**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.

**FOUNDATION FOR THE NATIONAL INSTITUTES**

Schedule G (Form 990 or 990-EZ) 2015

**OF HEALTH, INC.**

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		2015 FNIH AWARD CEREMO (event type)	2016 FNIH AWARD CEREMO (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	247,150.	10,000.		257,150.
	2 Less: Contributions .....	39,000.			39,000.
	3 Gross income (line 1 minus line 2) .....	208,150.	10,000.		218,150.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	30,249.			30,249.
	8 Entertainment .....				
	9 Other direct expenses .....	155,576.	7,773.		163,349.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				193,598.
11 Net income summary. Subtract line 10 from line 3, column (d) .....				24,552.	

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....			
	3 Noncash prizes .....			
	4 Rent/facility costs .....			
	5 Other direct expenses .....			
6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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: \_\_\_\_\_

**FOUNDATION FOR THE NATIONAL INSTITUTES**

Schedule G (Form 990 or 990-EZ) 2015

**OF HEALTH, INC.**

**52-1986675** Page **3**

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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).

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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17031109 726045 2067618000 2015.04030 FOUNDATION FOR THE NATIONAL 20676181

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**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? ☒ **Yes** ☐ **No**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BETH ISRAEL DEACONESS MEDICAL CENTER - 330 BROOKLINE AVENUE - BOSTON, MA 02215	04-2103881	501(C)(3)	221,973.	0.			NON HUMAN PRIMATE NEW ASSAY
BRIGHAM AND WOMEN'S HOSPITAL 1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120	04-2312909	501(C)(3)	50,836.	0.			EVALUATION OF THE EFFECTS OF FCN MUTATIONS ON ANTIBODY HALF-LIFE, + KIDNEY
CASE WESTERN RESERVE UNIVERSITY NORD HALL, SUITE 615. 10900 EUCLID CLEVELAND, OH 44106	34-1018992	501(C)(3)	587,000.	0.			CTVIMC2-MOLECULAR IMMUNE CORRELATES CORE
DONALD DANFORTH PLANT SCIENCE CENTER - 975 NORTH WARSON ROAD - ST. LOUIS, MO 63132	31-1584621	501(C)(3)	166,572.	0.			REGULATORY DEVELOPMENT FOR HEG-MODIFIED MOSQUITOES
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	635,888.	0.			PROFICIENCY TESTING CENTRAL/CTVIMC2/BIOMARKER
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	544,993.	0.			CTVIMC2/INNATE AND MUCOSAL IMMUNITY DISCOVERY TEAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **33.**

**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) (2015)**

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule I (Form 990)

52-1986675

Page 1

**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
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	50,000.	0.			LUNG CANCER PROTOCOL
HENRY JACKSON FOUNDATION (USMHRP) 1401 ROCKVILLE PIKE, SUITE 600 ROCKVILLE, MD 20852	52-1317896	501(C)(3)	238,614.	0.			PROFICIENCY TESTING/MAL-ED
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	99,905.	0.			AMP-T2 DIABETES
JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	500,000.	0.			MAL-ED
NIA, INC. OF GREATER RICHMOND 4247 CREIGHTON ROAD RICHMOND, VA 23223	54-1736110	501(C)(3)	201,000.	0.			HEART TRUTH-WOMEN TAKE CARE CHARGE
NEW YORK BLOOD CENTER 310 EAST 67TH STREET NEW YORK, NY 10065	13-1949477	501(C)(3)	68,483.	0.			OVAF
NIH- NINR 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	8,081.	0.			RESEARCH
NIH- CLINICAL CENTER 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	564,762.	0.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	199,099.	0.			RESEARCH

Schedule I (Form 990)



**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule I (Form 990)

52-1986675

Page 1

**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/FIC 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	794,736.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858116	170(C)(1) GOVT	799,544.	0.			RESEARCH
NIH/NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858117	170(C)(1) GOVT	1,134,327.	0.			RESEARCH
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	9,024,691.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,723,221.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	3,000,000.	0.			RESEARCH
NIH/NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	408,553.	0.			RESEARCH
NIH/NIDDK 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	185,854.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,820,368.	0.			RESEARCH

Schedule I (Form 990)

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule I (Form 990)

52-1986675

Page 1

**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
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET. 1040 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	170(C)(1) GOVT	750,852.	0.			AMP-T2 DIABETES. DEPOSIT OF METSIM AND FUSION DATA INTO KNOWLEDGE PORTAL
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST, 2ND FLOOR. SHERIDAN BUILDING. - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	195,535.	0.			OVAF
THE HOPE HEART INSTITUTE 1380 112TH AVENUE NORTHEAST, SUITE BELLEVUE, WA 98004	91-1138000	501(C)(3)	152,325.	0.			HEART TRUTH GRANT
THE PENNSYLVANIA STATE UNIVERSITY 401 RIDER BLDG. #227 W. BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	170(C)(1) GOVT	247,311.	0.			MAL-ED
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	249,500.	0.			OSTEOARTHRITIS/BONE QUALITY
THE UNIVERSITY OF CALIFORNIA, (RIVERSIDE) - 200 UNIVERSITY OFFICE BUILDING. RIVERSIDE - RIVERSIDE, CA 92521-0217	95-6006142	170(C)(1) GOVT	200,000.	0.			HEART TRUTH- NAVIGATING PACIFIC HEARTS
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING. #2001 SOTO STREET - LOS ANGELES, CA 90089-9235	91-1642394	501(C)(3)	1,150,000.	0.			AMP-AD TAU PET IMAGING -ALZHEIMER'S THERAPEUTIC RESEARCH INSTITUTE (USC ATRI) A4 TRIAL
UNIVERSITY OF VIRGINIA P.O BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	170(C)(1) GOVT	1,395,263.	0.			MAL-ED
WEST VIRGINIA UNIVERSITY RESEARCH 886 CHESNUT RIDGE ROAD, ROOM 202 MORGANTOWN, WV 26506	55-0665758	501(C)(3)	193,204.	0.			HEART TRUTH - LOVE YOUR HEART MOVEMENT

Schedule I (Form 990)

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

52-1986675

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AWARDS	8	10,550.	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 GRANTEEES 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.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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**

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

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

**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? .....

**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.

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2015

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Schedule J (Form 990) 2015

52-1986675

Page **2**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR	(i)	385,293.	0.	0.	26,500.	0.	411,793.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEPHANIE JAMES DIRECTOR OF SCIENCE & DIRECTOR, GCGH	(i)	296,788.	0.	0.	26,500.	0.	323,288.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID WHOLLEY DIRECTOR OF RESEARCH PARTNERSHIPS	(i)	290,738.	5,000.	2,550.	26,500.	11,833.	336,621.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANN ASHBY DEPUTY EXECUTIVE DIRECTOR	(i)	154,648.	0.	312.	15,496.	7,928.	178,384.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREA BARUCHIN SENIOR ADVISOR TO THE PRESIDENT	(i)	173,670.	0.	0.	17,367.	4,570.	195,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JULIE TUNE CHIEF FINANCIAL OFFICER	(i)	197,256.	0.	500.	19,776.	11,833.	229,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIA WOLF-RODDA DIRECTOR OF DEVELOPMENT	(i)	191,429.	3,000.	2,000.	19,643.	11,833.	227,905.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL GOTTLIEB ASSOCIATE DIRECTOR OF SCIENCE	(i)	241,098.	0.	0.	24,110.	0.	265,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	(i)	160,218.	0.	0.	16,022.	11,833.	188,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEVE HOFFMANN SCIENTIFIC PROGRAM MANAGER	(i)	138,862.	8,000.	0.	14,686.	11,833.	173,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MELISSA CATHER DIRECTOR OF ADVANCEMENT	(i)	143,480.	0.	0.	14,348.	0.	157,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ROSA CANET AVILES SCIENTIFIC PROGRAM MANAGER	(i)	138,973.	0.	2,292.	14,127.	11,833.	167,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

<b>Part III</b>	<b>Supplemental Information</b>
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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**

OMB No. 1545-0047

**2015**Open To Public  
Inspection

- ▶ **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](http://www.irs.gov/form990).**

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 .....	X	3	28,893.	STOCK PRICE
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	645,974.	MARKET PRICE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>DONATED GOODS</u> ) .....	X	1	3,115.	MARKET PRICE
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**

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? .....

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? .....

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

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) (2015)



## Schedule M (Form 990) (2015)

52-1986675

Page 2

### Supplemental Information.

[illegible]

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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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 - SINCE ITS ESTABLISHMENT NEARLY  
TWO DECADES AGO, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH  
(FNIH) HAS BECOME A LEADER IN FORGING POWERFUL PUBLIC-PRIVATE  
PARTNERSHIPS THAT ADVANCE BIOMEDICAL SCIENCE. WITH THE CAREFUL CRAFTING  
AND EXECUTION OF CUTTING-EDGE INITIATIVES, THE FNIH HELPS THE NATIONAL  
INSTITUTES OF HEALTH (NIH) TURN DISCOVERY INTO IMPROVED HEALTH.  
HIGHLIGHTS FROM FNIH'S 2015 PROGRAMMATIC PORTFOLIO ARE REFERENCED  
BELOW.

FINDING BETTER MARKERS OF OSTEOARTHRITIS ONSET AND PROGRESSION  
OSTEOARTHRITIS DEVELOPS OVER TIME AS A JOINT'S "CUSHION" OF CARTILAGE  
BREAKS DOWN AND BONE ENDS RUB TOGETHER, CAUSING PAIN AND LOSS OF

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FUNCTION. KNEE OSTEOARTHRITIS (OA) IS THE LEADING CAUSE OF DISABILITY IN OLDER ADULTS AND AFFECTS ABOUT 250 MILLION PEOPLE WORLDWIDE. RIGHT NOW, OA IS DIAGNOSED ONLY AFTER PEOPLE HAVE DISCOMFORT, AND THE STANDARD TOOL IS AN X-RAY SHOWING JOINT SPACE NARROWING. BUT THE DISEASE PROCESS BEGINS LONG BEFORE SYMPTOMS APPEAR; IDENTIFYING THOSE AT RISK AND INTERVENING EARLIER COULD HELP AVOID COSTLY JOINT REPLACEMENTS.

EARLIER DIAGNOSIS MAY SOON BE POSSIBLE THANKS TO THE OSTEOARTHRITIS BIOMARKERS PROJECT, A \$3.4 MILLION STUDY LED BY THE FNIH BIOMARKERS CONSORTIUM IN PARTNERSHIP WITH THE NATIONAL INSTITUTE OF MUSCULOSKELETAL AND SKIN DISEASES, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA), UNIVERSITIES AND PHARMACEUTICAL COMPANIES TO IDENTIFY BIOMARKERS (BIOLOGICAL MARKERS) OF KNEE OA ONSET AND PROGRESSION. USING DATA FROM 5,000 HIGH-RISK PATIENTS GATHERED THROUGH THE NATIONAL INSTITUTES OF HEALTH OSTEOARTHRITIS INITIATIVE, ANOTHER PUBLIC-PRIVATE PARTNERSHIP THAT CREATED AN OPEN-ACCESS REPOSITORY OF MEDICAL IMAGES AND BLOOD AND URINE SAMPLES, THE FNIH-LED TEAM HAS NARROWED THOUSANDS OF POTENTIAL BIOMARKERS DOWN TO A SUBSET THAT CORRELATES WITH KNEE OA PROGRESSION. THESE INCLUDE BONE AND CARTILAGE CHANGES VISIBLE ON MRI AND PROTEINS DETECTABLE IN BLOOD AND URINE. THE BIOMARKERS CAN PAVE THE WAY TOWARD IDENTIFYING PEOPLE AT RISK AND DEVELOPING TREATMENTS THAT TARGET THE DISEASE PROCESS.

IDENTIFYING NEW TARGETS TO DRIVE DRUG DEVELOPMENT LAUNCHED IN 2014, THE ACCELERATING MEDICINES PARTNERSHIP (AMP) IS A FIVE-YEAR, \$230 MILLION EFFORT JOINING THE RESOURCES OF THE FNIH, THE NATIONAL INSTITUTES OF HEALTH (NIH) AND THE FDA WITH THOSE OF SEVERAL

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NONPROFIT ORGANIZATIONS AND BIOPHARMACEUTICAL COMPANIES TO DEVISE A MORE PRECISE APPROACH TO EARLY-STAGE DRUG DEVELOPMENT. THESE ORGANIZATIONS ARE SHARING EXPERTISE AND DATA TO IDENTIFY THE BIOLOGICAL PATHWAYS UNDERLYING FOUR DEVASTATING DISEASES-TYPE 2 DIABETES (T2D), RHEUMATOID ARTHRITIS/SYSTEMIC LUPUS ERYTHMATOSUS (RA/SLE) AND ALZHEIMER'S DISEASE (AD)-AND THEN VALIDATE THE BEST CANDIDATES FOR TARGETING NEW MEDICINES. AMP'S VISION IS TO EMPOWER RESEARCHERS TO PURSUE NEW TREATMENTS WITH BETTER ODDS OF MOVING THROUGH THE CLINICAL TRIALS PIPELINE SUCCESSFULLY. CURRENT THERAPIES FOR THESE CONDITIONS CANNOT REVERSE THE DISEASE PROCESS NOR STOP ITS PROGRESSION.

IN 2015, THE AMP-T2D PROJECT PUBLICLY LAUNCHED A KNOWLEDGE PORTAL THAT HAS AMASSED LARGE AMOUNTS OF GENETIC AND CLINICAL DATA FROM AN ARRAY OF STUDIES ON PEOPLE WITH TYPE 2 DIABETES. THE PORTAL'S DATA COVER A WIDE VARIETY OF ETHNICITIES, INCLUDING AFRICAN-AMERICAN, EAST ASIAN, SOUTH ASIAN, EUROPEAN AND HISPANIC, AS WELL AS DIABETES-RELATED CARDIOVASCULAR AND KIDNEY COMPLICATIONS. RESEARCHERS WILL BE ABLE TO SEARCH AND ANALYZE THE DATA TO IDENTIFY GENETIC VARIANTS ASSOCIATED WITH INCREASED RISK FOR, OR PROTECTION AGAINST, THE DEVELOPMENT OF DIABETES AND ITS COMPLICATIONS. IN TURN, THESE CAN BECOME POTENTIAL TARGETS FOR NEW TREATMENTS.

THE AMP-RA/SLE PROJECT HAS DEVELOPED NEW METHODS FOR ACQUIRING AND PROCESSING TISSUE FROM THE KIDNEYS AND SYNOVIAL MEMBRANES (LININGS OF JOINTS) AND TRAINED RESEARCHERS TO USE THESE METHODS, MAKING MULTI-SITE CLINICAL STUDIES POSSIBLE. THIS TISSUE, ALONG WITH BLOOD AND URINE SAMPLES, IS BEING UTILIZED TO GENERATE A NEW PUBLIC DATA REPOSITORY TO BE LAUNCHED IN 2016. FOR THE FIRST TIME, PARTNER ORGANIZATIONS WILL BE

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ABLE TO COLLABORATE ON GENOME-WIDE ANALYSIS OF THESE SAMPLES TO BETTER UNDERSTAND THE MECHANISMS BEHIND THE DESTRUCTION CAUSED BY RHEUMATOID ARTHRITIS AND SYSTEMIC LUPUS ERYTHMATOSUS, BOTH DISEASES IN WHICH THE BODY'S IMMUNE SYSTEM DESTROYS HEALTHY TISSUE.

AMP-AD INCLUDES TWO DIFFERENT PROJECTS. PROJECT A SEEKS TO VALIDATE EXISTING BIOMARKERS AS POSSIBLE INDICATORS OF RESPONSE TO TREATMENT IN PEOPLE WITH ALZHEIMER'S DISEASE. JUST ONE EXAMPLE IS PET IMAGING OF TAU PROTEINS IN THE BRAIN, WHICH HAS BEEN ADDED TO TWO MAJOR NIH-FUNDED PHASE II/III DRUG TRIALS. PROJECT B IS WORKING TO ACCELERATE THE DISCOVERY OF NEW THERAPEUTIC TARGETS, MOVING BEYOND THE TRADITIONAL FOCUS ON THE BUILDUP OF PROTEINS SUCH AS AMYLOID AND TAU IN BRAIN TISSUE.

RESEARCHERS BUILD A DEEPER UNDERSTANDING OF THE NETWORKS IN WHICH THESE NOVEL TARGETS OPERATE AND VALIDATE THEM IN DIFFERENT MODELS. THE PROJECT INTEGRATES ANALYSIS OF LARGE-SCALE MOLECULAR DATA FROM MORE THAN 2,000 HUMAN BRAINS AT ALL STAGES OF THE DISEASE WITH NETWORK MODELING APPROACHES AND EXPERIMENTAL VALIDATION. THIS PROJECT HAS CREATED A KNOWLEDGE PORTAL THAT ENABLES RAPID, BROAD SHARING OF DATA AND ANALYTICAL TOOLS, AND PERIODICALLY RELEASES PUBLIC WAVES OF LARGE-SCALE MOLECULAR DATA FROM HUMAN BRAIN SAMPLES. THE ULTIMATE GOAL IS TO SHORTEN THE TIME BETWEEN DISCOVERY OF POTENTIAL DRUG TARGETS TO DEVELOPMENT OF NEW DRUGS FOR ALZHEIMER'S TREATMENT AND PREVENTION.

IDENTIFYING BIOMARKERS IN CHILDREN TO HELP ADVANCE AUTISM RESEARCH AN AVERAGE OF ONE IN EVERY 68 EIGHT-YEAR-OLD CHILDREN IN THE UNITED STATES IS DIAGNOSED WITH AUTISM SPECTRUM DISORDER (ASD), TYPICALLY BASED ON BEHAVIORAL OBSERVATIONS BY PARENTS AND CAREGIVERS-BUT THESE

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BEHAVIORS CAN RANGE WIDELY. DEVELOPING EFFECTIVE INTERVENTIONS AND TREATMENTS THROUGH CLINICAL TRIALS DEPENDS ON DEVELOPING MORE SENSITIVE AND OBJECTIVE STANDARDS FOR DIAGNOSING ASD IN CHILDREN AND EVALUATING CHANGE OVER TIME.

IN 2015, THE FNIH PARTNERED WITH THE NATIONAL INSTITUTE OF MENTAL HEALTH, SIMONS FOUNDATION AUTISM RESEARCH INITIATIVE (SFARI), FDA, JANSSEN RESEARCH & DEVELOPMENT, LLC AND EUROPEAN AUTISM INTERVENTIONS - A MULTICENTRE STUDY FOR DEVELOPING NEW MEDICATIONS (EU-AIMS) TO SUPPORT A STUDY OF PRESCHOOL AND SCHOOL-AGED CHILDREN WITH ASD TO VALIDATE BIOMARKERS THAT COULD HELP ASSESS SOCIAL FUNCTION, TRACK CHANGES IN BEHAVIOR AND NEUROLOGIC FUNCTION, AND POTENTIALLY EVALUATE THE EFFECTIVENESS OF PHARMACOLOGIC TREATMENTS. THE FNIH IS MANAGING A \$2 MILLION CONTRIBUTION FROM SFARI TO FUND THE YALE UNIVERSITY STUDY LED BY JAMES MCPARTLAND, PH.D., PRINCIPAL INVESTIGATOR, WHICH IS COLLECTING DATA FROM CHILDREN AT FIVE SITES NATIONWIDE USING ASSESSMENTS OF SOCIAL IMPAIRMENT, SUCH AS CLINICIAN, CAREGIVER AND LAB-BASED TOOLS; NEUROPHYSIOLOGICAL MEASURES, SUCH AS EYE TRACKING AND STUDIES OF BRAIN ACTIVITY (EEG, OR ELECTROENCEPHALOGRAM); AND BLOOD SAMPLES FROM PARTICIPANTS AND THEIR PARENTS FOR GENETIC ANALYSIS. THIS \$28 MILLION LARGE-SCALE U.S. PARTNERSHIP TO IDENTIFY BIOMARKERS ASSOCIATED WITH ASD IS PART OF THE FNIH BIOMARKERS CONSORTIUM.

BUILDING RESEARCH INFRASTRUCTURE IN AFRICA TO DEVELOP THE NEW VACCINES AND TREATMENTS THAT IMPROVE PUBLIC HEALTH, RESEARCHERS REQUIRE ACCESS TO HIGH-PERFORMANCE COMPUTING RESOURCES FOR COLLECTING AND ANALYZING COMPLEX BIOLOGICAL DATA. MANY LOW-INCOME COUNTRIES LACK THE INFRASTRUCTURE NEEDED FOR BIOINFORMATICS RESEARCH,

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EVEN AS THEY FACE SOME OF THE WORLD'S MOST CHALLENGING AND  
OFTEN-NEGLECTED DISEASES.

LAST YEAR, THE FNIH PLAYED A PIVOTAL ROLE IN HELPING THE NATIONAL  
INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) LAUNCH THE FIRST  
AFRICAN CENTER OF EXCELLENCE IN BIOINFORMATICS (ACE) IN MALI, WEST  
AFRICA. BUILDING ON NIAID'S ONGOING SUPPORT FOR RESEARCHERS IN MALI,  
THE FNIH INVITED CORPORATE PARTNERS SUCH AS THE BIOTEAM INC., INTEL  
CORPORATION HEALTH AND LIFE SCIENCES GROUP, THE EMC CORPORATION AND  
HEWLETT PACKARD ENTERPRISE TO DONATE EQUIPMENT FOR COMPUTING AND DATA  
ANALYSIS, HIGH-SPEED CONNECTIVITY, AND RESEARCH AND CLASSROOM SPACES.  
MALI ACE OPENED IN APRIL 2015 AT THE UNIVERSITY OF SCIENCES, TECHNIQUES  
AND TECHNOLOGY OF BAMAKO (USTTB). LOCAL RESEARCHERS ARE NOW ABLE TO  
CONDUCT ADVANCED BIOINFORMATICS RESEARCH WHILE RECEIVING LONG-DISTANCE  
TRAINING AND MENTORSHIP BY NIAID RESEARCHERS. MALI ACE WILL SERVE AS A  
MODEL FOR FUTURE BIOINFORMATICS RESEARCH CENTERS IN OTHER REGIONS OF  
AFRICA.

CONTINUING IN THE SEARCH FOR AN HIV VACCINE  
SINCE THE MID-1990S, THE SUCCESSFUL DEVELOPMENT OF MEDICATIONS FOR  
PEOPLE WITH HUMAN IMMUNODEFICIENCY VIRUS, OR HIV, HAS DEFLECTED SOME  
ATTENTION FROM THE SEARCH FOR A PREVENTIVE VACCINE. BUT NO MEDICINE HAS  
CURED HIV, AND ONLY ABOUT HALF OF THE MORE THAN 33 MILLION HIV-POSITIVE  
PEOPLE WORLDWIDE CAN ACCESS TREATMENT. A SUCCESSFUL VACCINE IS STILL  
CONSIDERED FUNDAMENTAL FOR CONQUERING HIV/AIDS.

FOR NEARLY 10 YEARS, THE FNIH HAS SERVED AS COORDINATOR FOR THE  
COMPREHENSIVE T CELL VACCINE IMMUNE MONITORING CONSORTIUM (CTVIMC), A

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CENTRAL SERVICE FACILITY WITHIN THE COLLABORATION FOR AIDS VACCINE DISCOVERY SUPPORTED BY THE BILL & MELINDA GATES FOUNDATION. WITH MORE THAN \$50 MILLION IN FUNDING AND RESEARCHERS AT MULTIPLE UNIVERSITIES, AS WELL AS THE VACCINE RESEARCH CENTER AT THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, THE CTVIMC IS LOOKING AT HOW CANDIDATE HIV VACCINES TRIGGER A RESPONSE FROM THE BODY'S IMMUNE SYSTEM "DEFENDERS," INCLUDING T CELLS AND B CELLS AND THE ANTIBODIES THEY ACTIVATE. THE FNIH'S ROLE IS TO ENSURE THAT ALL OF THE RESEARCHERS HAVE ACCESS TO A STANDARDIZED SET OF T CELL AND B CELL ASSAYS-INCLUDING MATERIALS, TECHNIQUES, MEASUREMENTS AND REPORTING-SO THAT RESULTS CAN BE SHARED MEANINGFULLY ACROSS ALL SITES. CTVIMC REPRESENTS JUST ONE SLICE OF THE WORK GOING ON WITHIN THE COLLABORATION FOR AIDS VACCINE DISCOVERY, WHICH INVOLVES MORE THAN 600 INVESTIGATORS ACROSS 87 INSTITUTIONS IN 12 COUNTRIES.

INVESTIGATING THE GENETICS OF AGE-RELATED EYE DISEASE IN 2001, RESEARCHERS WITH THE NATIONAL EYE INSTITUTE'S AGE-RELATED EYE DISEASE STUDY (AREDS) REPORTED THAT A NUTRITIONAL SUPPLEMENT CALLED THE "AREDS FORMULATION"-INCLUDING HIGH DOSES OF VITAMIN C, VITAMIN E, BETA-CAROTENE, ZINC AND COPPER-CAN REDUCE THE RISK OF DEVELOPING ADVANCED AGE-RELATED MACULAR DEGENERATION (AMD), THE LEADING CAUSE OF VISION LOSS AND BLINDNESS FOR AMERICANS OVER 65. A FOLLOW-UP STUDY CALLED AREDS2 ENROLLED MORE THAN 4,200 PEOPLE WITH AMD AND FOUND THAT REPLACING BETA-CAROTENE IN THE AREDS FORMULATION WITH LUTEIN AND ZEAXANTHIN PROVIDED AN INCREMENTAL BENEFICIAL EFFECT AND REDUCED THE RISK OF LUNG CANCER, ESPECIALLY IN FORMER AND CURRENT SMOKERS. THOSE RESULTS WERE PUBLISHED IN 2013. PREVENTING THE PROGRESSION OF AMD IS CRITICAL SINCE THERE ARE NO EFFECTIVE TREATMENT OPTIONS FOR ADVANCED



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AMD.

THANKS IN PART TO SUPPORT FROM THE FNIH, THE IMPACT OF THE AREDS2 STUDY WILL NOT END THERE. THE FNIH PROVIDED FUNDING TO CREATE THE AREDS2 GENETIC REPOSITORY, A COLLECTION OF BLOOD AND SALIVA SAMPLES FROM AREDS2 PARTICIPANTS. GENOMIC ANALYSIS IS NOW UNDER WAY, WITH THE GOAL OF UNDERSTANDING HOW A PERSON'S GENES PLAY A ROLE IN THE PROGRESSION OF VISION-THREATENING AMD. SEVERAL GENETIC VARIANTS WERE ALREADY IDENTIFIED IN A DECEMBER 2015 NATURE GENETICS ARTICLE. THE REPOSITORY IS AN IMPORTANT NEW TOOL FOR ALL RESEARCHERS STUDYING THE GENETICS OF AMD.

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

PROGRAM TWO - FELLOWSHIPS AND TRAINING PROGRAMS -

RECOGNIZING GROUNDBREAKING WORK BY EARLY-CAREER SCIENTISTS

DUE TO STEADY DECLINES IN FINANCIAL SUPPORT FOR BASIC SCIENCE RESEARCH, TODAY'S YOUNG SCIENTISTS FACE A CHALLENGING ENVIRONMENT IN WHICH TENURE-TRACK UNIVERSITY POSITIONS ARE SCARCE AND ABOUT 85 PERCENT OF RESEARCH GRANT PROPOSALS ARE UNFUNDED. IT IS NOT UNUSUAL FOR BIOMEDICAL RESEARCHERS TO REACH THEIR LATE 30S OR 40S BEFORE RECEIVING A MAJOR RESEARCH GRANT-AND THIS AFFECTS THEIR ABILITY TO MAKE SIGNIFICANT, CAREER-CHANGING DISCOVERIES.

THREE YEARS AGO, THE FNIH ESTABLISHED THE LURIE PRIZE IN BIOMEDICAL SCIENCES, NAMED FOR PHILANTHROPIST AND BOARD MEMBER ANN LURIE, TO HELP PROPEL THE WORK OF ONE TRULY STELLAR, EARLY-CAREER RESEARCHER EACH YEAR. THE PRESTIGIOUS PRIZE, WHICH INCLUDES A MEDAL AND SIGNIFICANT RESEARCH HONORARIUM, IS AWARDED AT A WASHINGTON, DC CEREMONY EVERY

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SPRING. THE 2015 LURIE PRIZE WINNER WAS HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR AND STANFORD UNIVERSITY NEUROSCIENTIST AND PSYCHIATRIST KARL DEISSEROTH, M.D., PH.D., WHO ALONG WITH HIS TEAM HAS PIONEERED TWO GAME-CHANGING TECHNIQUES: OPTOGENETICS, WHICH USES LIGHT TO MAP THE NEURAL CIRCUITS IN OUR BRAINS, AND A TECHNOLOGY CALLED CLARITY THAT ALLOWS SCIENTISTS TO MAKE ORGANS TRANSPARENT AND THEREFORE EASIER TO STUDY UNDER A MICROSCOPE. IN HIS HANDS, BOTH PROMISE TO REVOLUTIONIZE OUR APPROACH TO NEUROLOGICAL DISEASES SUCH AS MAJOR DEPRESSION, ALZHEIMER'S AND PARKINSON'S.

#### PREVENTING COGNITIVE DECLINE

AGE-RELATED DECLINE IN COGNITIVE FUNCTION IS REAL AND VARIES WIDELY AMONG INDIVIDUALS, INFLUENCING QUALITY OF LIFE, CHARACTER OF PERSONAL RELATIONSHIPS AND CAPACITY FOR MAKING INFORMED DECISIONS ABOUT HEALTH CARE, RETIREMENT AND OTHER ISSUES FACED DAILY BY MILLIONS OF OLDER ADULTS.

IN 2007, THE MCKNIGHT BRAIN RESEARCH FOUNDATION (MBRF) PARTNERED WITH THE FNIH AND THE NATIONAL INSTITUTE ON AGING (NIA) TO FUND THE FIRST COGNITIVE AGING SUMMIT, WHERE DOZENS OF RESEARCHERS SHARED IDEAS ABOUT HOW BEST TO UNDERSTAND AND REMEDIATE AGE-RELATED COGNITIVE DECLINE. THE SUMMIT LED TO THE RESEARCH PARTNERSHIP IN COGNITIVE AGING IN 2008, A PUBLIC-PRIVATE EFFORT BETWEEN THE NIA AND THE MBRF. BEGINNING IN 2009, THE PARTNERSHIP FUNDED TWO RESEARCH INITIATIVES, 17 GRANTS TOTALING \$28 MILLION OVER FIVE YEARS. THE PARTNERSHIP SUPPORTED A SECOND SUMMIT IN 2010, WITH RECOMMENDATIONS LEADING TO A THIRD JOINT INITIATIVE FOCUSED ON INTERVENTIONS.

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IN 2014, THE PARTNERSHIP, ALONG WITH THE NATIONAL CENTER FOR  
COMPLEMENTARY & INTEGRATIVE HEALTH AND THE NIH OFFICE OF BEHAVIORAL AND  
SOCIAL SCIENCES RESEARCH, FUNDED THE \$15 MILLION MEDEX (MINDFULNESS,  
HEALTH EDUCATION, & EXERCISE) TRIAL. NOW UNDERWAY, THE TRIAL IS  
COMPARING THE EFFECTIVENESS OF MINDFULNESS-BASED STRESS REDUCTION,  
BRAIN HEALTH EDUCATION AND AEROBIC EXERCISE AS STRATEGIES FOR IMPROVING  
COGNITIVE FUNCTION.

EDMOND J. SAFRA FAMILY LODGE: 10 YEARS OF CARING  
ON NOVEMBER 5, 2015, THE FNHI WELCOMED BOARD MEMBER AND GUEST OF HONOR  
MRS. LILY SAFRA TO CELEBRATE THE 10TH ANNIVERSARY OF THE EDMOND J.  
SAFRA FAMILY LODGE, WHICH SINCE 2005 HAS HOSTED MORE THAN 100,000 ROOM  
NIGHTS FOR PATIENTS OF THE NIH CLINICAL CENTER AND THEIR FAMILIES. THE  
FAMILY LODGE PROVIDES A HOME-LIKE SETTING FREE OF CHARGE FOR GUESTS  
FROM ACROSS THE NATION AND AROUND THE WORLD. THIS SERVICE EXISTS THANKS  
TO THE GENEROSITY OF THE EDMOND J. SAFRA PHILANTHROPIC FOUNDATION AND  
MANY OTHER INDIVIDUAL DONORS, CORPORATIONS AND FOUNDATIONS. MRS. LILY  
SAFRA DONATED PROCEEDS FROM HER JEWELS FOR HOPE AUCTION TO SUPPORT THE  
PRESERVATION OF THE FAMILY LODGE ACCORDING TO HER VISION.

MEDICATION DONATIONS HELP REDIRECT FUNDS TO RESEARCH  
SINCE 2009, SANOFI FOUNDATION FOR NORTH AMERICA AND NOVARTIS  
PHARMACEUTICALS CORPORATION HAVE DONATED MORE THAN \$6.4 MILLION IN  
MEDICATIONS TO THE NIH CLINICAL CENTER THROUGH THE FNHI'S IN-KIND DRUG  
DONATION PROGRAM, FREEING UP CRITICAL DOLLARS FOR RESEARCH. THE CENTER  
IS THE NATION'S LARGEST HOSPITAL ENTIRELY DEVOTED TO CLINICAL RESEARCH,  
AND PATIENTS RECEIVE ALL CARE FREE OF CHARGE.

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**MORE FELLOWSHIPS FOR KIDNEY CANCER RESEARCH**

OCTOBER 4, 2015, MARKED THE 10TH ANNIVERSARY OF THE BOO! RUN FOR LIFE EVENT IN WASHINGTON, DC TO BENEFIT THE DEAN R. O'NEILL RENAL CELL CANCER FUND. THIS FUND, TOGETHER WITH THE DR. EDWARD T. RANCIC MEMORIAL CANCER RESEARCH FUND, SUPPORTS A ROTATION OF FULL-TIME FELLOWS IN THE LABORATORY OF DR. RICHARD CHILDS OF THE NATIONAL HEART, LUNG AND BLOOD INSTITUTE, WHERE THEY FOCUS ON DEVELOPING NOVEL THERAPIES FOR ADVANCED KIDNEY CANCER.

**SUPPORT FOR A NEW GENERATION OF RESEARCH SCIENTISTS**

IN FALL 2015, TWO YOUNG SCHOLARS AT THE NIH WERE AWARDED FULL FUNDING FOR THEIR FIRST YEAR OF EDUCATION AND TRAINING, THANKS TO A GENEROUS GIFT TO THE FNIH BY THE JAYNE KOSKINAS TED GIOVANIS (JKTG) FOUNDATION FOR HEALTH AND POLICY.

JOSE DELGADO-JIMENEZ RECEIVED AN NIH POSTBACCALAUREATE INTRAMURAL RESEARCH TRAINING AWARD/CANCER RESEARCH TRAINING AWARD (POSTBAC IRTA/CRTA), WHICH OFFERS RECENT COLLEGE GRADUATES WHO PLAN TO APPLY TO GRADUATE OR HEALTH PROFESSIONAL SCHOOL THE OPPORTUNITY TO SPEND ONE OR TWO YEARS PERFORMING FULL-TIME RESEARCH AT THE NIH. JOSE HAS A SPECIAL INTEREST IN NANOTECHNOLOGY AND CANCER THERAPEUTICS. THE JKTG FOUNDATION GIFT ALSO SUPPORTED A SCHOLARSHIP TO NIH'S GRADUATE PARTNERSHIP PROGRAM (GPP), WHICH BRINGS PH.D. STUDENTS TO THE NIH INTRAMURAL RESEARCH PROGRAM FOR DISSERTATION RESEARCH. AWARDEE RYAN PHILLIPS' RESEARCH INTERESTS INCLUDE MATHEMATICAL/ MOLECULAR MODELING AND BRAIN CIRCUITRY.

BOTH STUDENTS ARE WORKING SIDE-BY-SIDE WITH SOME OF THE LEADING SCIENTISTS IN THE WORLD AND EXPERIENCING THE COLLABORATIVE,

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INTERDISCIPLINARY RESEARCH ENVIRONMENT THAT NIH HAS TO OFFER.

NEW FUNDING, NEW CAREER PATHWAYS

TWO MAJOR GRANTS THROUGH THE FNIH ARE HELPING THE NIH CREATE NEW CAREER-BUILDING OPPORTUNITIES FOR ASPIRING RESEARCHERS. THANKS TO AN \$850,000 GRANT FROM THE AMGEN FOUNDATION, THE NIH IS NOW ONE OF A SELECT GROUP OF HIGHER LEARNING INSTITUTIONS TAKING PART IN THE AMGEN SCHOLARS PROGRAM, WHICH PROVIDES HUNDREDS OF SUMMER RESEARCH OPPORTUNITIES TO UNDERGRADUATE STUDENTS. A \$200,000 GIFT FROM THE CONGRESS OF NEUROLOGICAL SURGEONS (CNS) HAS CREATED THE NINDS/CNS GETCH SCHOLAR AWARD IN COLLABORATION WITH THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS). THIS COMPETITIVE AWARD WILL PROVIDE TWO YEARS OF FUNDING TO HELP AN EARLY-CAREER NEUROSURGEON LAUNCH A CLINICAL AND RESEARCH CAREER

LAUNCHING WOMEN INTO RESEARCH CAREERS

IN 2015, THE SALLIE ROSEN KAPLAN POSTDOCTORAL FELLOWSHIP FOR WOMEN SCIENTISTS IN CANCER RESEARCH (SRK) PROGRAM WELCOMED 10 OUTSTANDING POST-DOCTORAL NATIONAL CANCER INSTITUTE RESEARCHERS-ALL FEMALE AND SOME FROM UNDERREPRESENTED MINORITY GROUPS-TO PARTICIPATE IN LEADERSHIP WORKSHOPS AND SEMINARS, RECEIVE MENTORING AND COACHING AND DEVELOP A PEER NETWORK. THE PROGRAM IS DESIGNED TO HELP WITH THEIR TRANSITION TO INDEPENDENT RESEARCH CAREERS.

HUMAN GENOME EXHIBIT ON TOUR

THREE MILLION SMITHSONIAN VISITORS TOURED GENOME: UNLOCKING LIFE'S CODE FROM JUNE 2013 TO AUGUST 2014 AT THE NATIONAL MUSEUM OF NATURAL HISTORY, AN EXHIBITION MADE POSSIBLE THROUGH FUNDS RAISED, IN PART, BY

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THE FNIH. THE RESULT OF A COLLABORATION BETWEEN THE MUSEUM AND THE NATIONAL HUMAN GENOME RESEARCH INSTITUTE, GENOME SHOWCASED THE COMPLEXITY AND POWER OF THE HUMAN GENOME USING 3-D MODELS, INTERACTIVE DISPLAYS, CUSTOM ANIMATIONS AND REAL-LIFE STORIES. THE EXHIBIT IS NOW ON A FIVE-YEAR TOUR TO MUSEUMS AND SCIENCE CENTERS ACROSS NORTH AMERICA.

- 2015 HOST CITIES: PORTLAND, SAINT LOUIS, SAN DIEGO AND SAN JOSE

- 2016 HOST CITIES: MILWAUKEE (JAN. 23-APRIL 25), SALT LAKE CITY (MAY 21-SEPT. 5) AND WICHITA (SEPT. 30 - JAN. 1, 2017)

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

PROGRAM THREE - 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 50 EVENTS IN 2015 - SPANNING THE GLOBE AND DOZENS OF FIELDS OF RESEARCH.

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

PROGRAM FOUR - 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

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FAR, THE LODGE HAS HOSTED MORE THAN 40,000 FAMILY MEMBERS AND

CAREGIVERS OF ADULT PATIENTS FROM ALL OVER THE WORLD.

EXPENSES \$ 313,270. INCLUDING GRANTS OF \$ 10,484. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DR. FREIRE, PRESIDENT OF THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. (FNIH), IS A NON-EXECUTIVE MEMBER OF THE BOARD OF DIRECTORS OF ALEXANDRIA REAL ESTATE EQUITIES (ARE). MR. JOEL MARCUS, CEO AND CHAIRMAN OF ARE IS A NON-EXECUTIVE MEMBER OF THE FNIH BOARD OF DIRECTORS.

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 APPROVED 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

Name of the organization **FOUNDATION FOR THE NATIONAL INSTITUTES  
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**52-1986675**

**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:

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,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.



2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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.	608,296.		18,279.	626,575.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						662,633.				662,633.	608,296.		18,279.	626,575.
	MANAGEMENT AND GENERAL														
2	FURNITURE & EQUIPMENT	12/31/15	SL	5.00		16	17,853.				17,853.			3,571.	3,571.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						17,853.				17,853.	0.		3,571.	3,571.
	* GRAND TOTAL 990 PAGE 10 DEPR						680,486.				680,486.	608,296.		21,850.	630,146.
	CURRENT ACTIVITY														
	BEGINNING BALANCE						662,633.			0.	662,633.	608,296.			
	ACQUISITIONS						17,853.			0.	17,853.	0.			
	DISPOSITIONS						0.			0.	0.	0.			
	ENDING BALANCE						680,486.			0.	680,486.	608,296.			
	ENDING ACCUM DEPR											630,146.			
	ENDING BOOK VALUE											50,340.			

528111  
04-01-15

(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

OMB No. 1545-0172

**2015**Attachment  
Sequence No. **179**

Name(s) shown on return

▶ **Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).**

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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 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 2016. 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	21,850.

**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 2015	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 2015 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 2015 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	21,850.
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	

516251  
12-28-15 LHA For Paperwork Reduction Act Notice, see separate instructions.Form **4562** (2015)

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**

Form 4562 (2015)

52-1986675 Page 2

**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.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	<b>(c)</b> Business/ investment use percentage	<b>(d)</b> Cost or other basis	<b>(e)</b> Basis for depreciation (business/investment use only)	<b>(f)</b> Recovery period	<b>(g)</b> Method/ Convention	<b>(h)</b> Depreciation deduction	<b>(i)</b> Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use .....							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
<b>27</b> Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .....							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .....								<b>29</b>

**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.

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....	<b>Yes</b>	<b>No</b>
<b>38</b> 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 .....		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .....		
<b>40</b> 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? .....		
<b>41</b> 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**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2015 tax year:					
	:	:			
	:	:			
<b>43</b> Amortization of costs that began before your 2015 tax year .....					<b>43</b>
<b>44</b> <b>Total.</b> Add amounts in column (f). See the instructions for where to report .....					<b>44</b>