

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

A For the 2018 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11400 ROCKVILLE PIKE 600 City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852 F Name and address of principal officer: MARIA C. FREIRE, PH.D. SAME AS C ABOVE	D Employer identification number 52-1986675 E Telephone number (301) 402-5311 G Gross receipts \$ 153,516,193. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ HTTP://WWW.FNIH.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1996 M State of legal domicile: MD		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CREATES AND LEADS ALLIANCES AND 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 25 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 24 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 65 6 Total number of volunteers (estimate if necessary) 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 42,795.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 61,322,159. 60,444,618. 9 Program service revenue (Part VIII, line 2g) 111,660. 64,723. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,398,198. 2,926,669. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46,023. 21,286. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 62,878,040. 63,457,296.	<div style="display: flex; justify-content: space-between;">Prior Year Current Year</div>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 34,963,149. 19,403,180. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,128,157. 8,639,303. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 78,000. b Total fundraising expenses (Part IX, column (D), line 25) 221,918. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 14,572,507. 14,072,429. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,663,813. 42,192,912. 19 Revenue less expenses. Subtract line 18 from line 12 6,214,227. 21,264,384.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 120,432,415. 142,893,974. 21 Total liabilities (Part X, line 26) 9,944,796. 12,991,167. 22 Net assets or fund balances. Subtract line 21 from line 20 110,487,619. 129,902,807.	<div style="display: flex; justify-content: space-between;">Beginning of Current Year End of Year</div>

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 Paid Preparer Use Only	Signature of officer MARIA C. FREIRE, PH.D., PRESIDENT Type or print name and title Print/Type preparer's name LAKRISHA J. WATSON Preparer's signature LAKRISHA J. WATSON Date 11/15/19 Check <input type="checkbox"/> if self-employed PTIN P01677333 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	Date 11-15-19
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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 ☒ **X**

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ **X** No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **34,161,888.** including grants of \$ **18,522,487.**) (Revenue \$ **64,723.**)
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS

4b (Code:) (Expenses \$ **1,074,653.** including grants of \$ **792,028.**) (Revenue \$)
SEE SCHEDULE O, PROGRAM TWO, EDUCATION, TRAINING AND PATIENT SUPPORT PROGRAMS

4c (Code:) (Expenses \$ **852,380.** including grants of \$ **10,000.**) (Revenue \$)
SEE SCHEDULE O, PROGRAM THREE, PATIENT SUPPORT PROGRAM/CAPITAL PROJECT

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

(Expenses \$ **486,093.** including grants of \$ **78,665.**) (Revenue \$)

4e Total program service expenses **36,575,014.**

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Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 26	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 65		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	25		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	24		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain 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 **►**
DONALD M. HILL - (301) 435-6246
11400 ROCKVILLE PIKE, SUITE 600, NORTH BETHESDA, MD 20852

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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. STEVEN M. PAUL CHAIRMAN	1.50	X		X				0.	0.	0.
(2) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
(3) MR. STEVEN C. MAYER TREASURER	2.00	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				472,786.	0.	27,500.
(6) DR. KATHY BLOOMGARDEN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(7) MRS. WILLIAM N. CAFRITZ BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(8) DR. MARIJN DEKKERS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(9) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(10) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(11) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(12) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(13) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(14) DR. FREDA C. LEWIS-HALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(15) DR. EDISON T. LIU BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(16) MR. JOEL S. MARCUS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(17) DR. PAUL M. MONTRONE BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.

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

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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) DAME JILLIAN SACKLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(19) MRS. LILY SAFRA BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(20) DR. CHARLES A. SANDERS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(21) MR. FRED SEIGEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(22) DR. ELLEN V. SIGAL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(23) MR. RUSSELL W. STEENBERG BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(24) DR. PAUL STOFFELS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(25) DR. SAMUEL O. THIER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(26) MS. NINA SOLARZ DIRECTOR THROUGH DECEMBER 2018	0.50	X						0.	0.	0.
1b Sub-total								472,786.	0.	27,500.
c Total from continuation sheets to Part VII, Section A								2,379,637.	0.	360,422.
d Total (add lines 1b and 1c)								2,852,423.	0.	387,922.

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

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- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SWOG CTI, 24 FRANK LLOYD WRIGHT DRIVE, PO BOX 483, ANN ARBOR, MI 48105	CONDUCTS CLINICAL TRIAL FOR LUNGMAP	7,054,078.
THE BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE, MA 02142	PROFESSIONAL SERVICES FOR THE AMP	601,496.
THE BOSTON CONSULTING GROUP, INC. PO BOX 75200, CHICAGO, IL 60675	PROFESSIONAL SERVICES FOR BUSINES	505,000.
SUSAN A VALLON LTD 4237 LENORE LANE NW, WASHINGTON, DC 20008	DESIGNING SERVICES FOR SAFRA LODGE	431,200.
AVID RADIOPHARMACEUTICALS, INC, 3711 MARKET STREET, 7TH FLOOR, PHILADELPHIA, PA	CONDUCTS CLINICAL TRIAL FOR AMP AD	372,500.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MR. DAVID WHOLLEY SENIOR VP OF RESEARCH PARTNERSHIPS	40.00				X			335,826.	0.	43,220.
(28) DR. STEPHANIE JAMES SENIOR VP OF SCIENCE	40.00				X			329,574.	0.	27,500.
(29) MR. DONALD HILL CHIEF FINANCIAL OFFICER	40.00				X			229,912.	0.	38,899.
(30) MR. KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	40.00				X			209,068.	0.	37,699.
(31) MR. ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	40.00				X			156,672.	0.	21,666.
(32) MS. JULIA WOLF-RODDA SENIOR VP OF DEVELOPMENT	40.00				X			216,062.	0.	36,799.
(33) DR. JOSEPH MENETSKI ASSOCIATE VP OF RESEARCH PARTNERSHIP	40.00					X		215,262.	0.	34,519.
(34) DR. DAVID O'BROCHTA SCIENTIFIC PROGRAM MANAGER	40.00					X		179,788.	0.	32,047.
(35) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	40.00					X		178,232.	0.	33,327.
(36) DR. STACEY ADAM DIRECTOR OF CANCER	40.00					X		165,609.	0.	22,576.
(37) DR. ROSA CANET AVILES DIRECTOR OF NEUROSCIENCE	40.00					X		163,632.	0.	32,170.
Total to Part VII, Section A, line 1c								2,379,637.		360,422.

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

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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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	60,606.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	2,000,000.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	58,384,012.					
	g Noncash contributions included in lines 1a-1f: \$		116,790.					
	h Total. Add lines 1a-1f							60,444,618.
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	561000	64,723.	64,723.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			64,723.				
	3 Investment income (including dividends, interest, and other similar amounts)			2,057,158.			2,057,158.	
4 Income from investment of tax-exempt bond proceeds								
5 Royalties								
Other Revenue	6 a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		90,642,144.						
	b Less: cost or other basis and sales expenses	89,772,633.						
	c Gain or (loss)	869,511.						
	d Net gain or (loss)			869,511.			869,511.	
	8 a Gross income from fundraising events (not including \$ 60,606. of contributions reported on line 1c). See Part IV, line 18	a	307,550.					
	b Less: direct expenses	b	286,264.					
	c Net income or (loss) from fundraising events		21,286.					21,286.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a							
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions			63,457,296.	64,723.	0.	2,947,955.		

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

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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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,579,023.	15,579,023.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,597.	25,597.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,798,560.	3,798,560.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,183,183.	828,884.	1,304,205.	50,094.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,672,402.	2,854,419.	1,805,853.	12,130.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	497,210.	263,157.	222,677.	11,376.
9 Other employee benefits	837,584.	482,972.	336,500.	18,112.
10 Payroll taxes	448,924.	196,636.	252,288.	
11 Fees for services (non-employees):				
a Management				
b Legal	168,750.	132,198.	36,552.	
c Accounting	56,500.		56,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	78,000.			78,000.
f Investment management fees	159,775.		159,775.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	7,490.	1,438.	6,052.	
13 Office expenses	21,425.	2,852.	18,497.	76.
14 Information technology	115,225.	52,803.	49,196.	13,226.
15 Royalties				
16 Occupancy	538,714.	141,058.	397,656.	
17 Travel	1,567,655.	1,491,938.	68,194.	7,523.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	173,807.		173,807.	
23 Insurance	174,493.	104,525.	69,968.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM CONTRACTS	11,748,431.	11,748,431.		
b CONSULTANTS	2,023,825.	1,783,975.	233,850.	6,000.
c HONORARIA	111,150.	111,150.		
d POSTAGE AND DELIVERY	109,230.	100,598.	3,805.	4,827.
e All other expenses	-2,904,041.	-3,125,200.	200,605.	20,554.
25 Total functional expenses. Add lines 1 through 24e	42,192,912.	36,575,014.	5,395,980.	221,918.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2018)

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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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	25,197,544.	2	23,800,394.
	3 Pledges and grants receivable, net	23,480,012.	3	17,270,547.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	154,153.	9	229,753.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,428,720.		
	b Less: accumulated depreciation	10b 875,296.	10c	1,553,424.
	11 Investments - publicly traded securities	69,726,056.	11	99,554,021.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	221,373.	15	485,835.
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,432,415.	16	142,893,974.	
Liabilities	17 Accounts payable and accrued expenses	3,704,459.	17	3,884,772.
	18 Grants payable		18	
	19 Deferred revenue	3,382,073.	19	6,070,167.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,240,626.	21	1,235,000.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,617,638.	25	1,801,228.
	26 Total liabilities. Add lines 17 through 25	9,944,796.	26	12,991,167.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,970,742.	27	18,067,390.
	28 Temporarily restricted net assets	91,433,211.	28	108,642,245.
	29 Permanently restricted net assets	3,083,666.	29	3,193,172.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	110,487,619.	33	129,902,807.
	34 Total liabilities and net assets/fund balances	120,432,415.	34	142,893,974.

Form **990** (2018)

**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 ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,457,296.
2	Total expenses (must equal Part IX, column (A), line 25)	2	42,192,912.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,264,384.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,487,619.
5	Net unrealized gains (losses) on investments	5	-1,849,196.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	129,902,807.

Part XII Financial Statements and Reporting

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

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

Form **990** (2018)

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Employer identification number
52-1986675

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

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

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

f Enter the number of supported organizations

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule A (Form 990 or 990-EZ) 2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	73905546.	33961607.	82860385.	61322159.	60444618.	312494315
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	73905546.	33961607.	82860385.	61322159.	60444618.	312494315
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						136924351
6 Public support. Subtract line 5 from line 4.						175569964

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	73905546.	33961607.	82860385.	61322159.	60444618.	312494315
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214,303.	367,897.	574,125.	1066052.	2057158.	4279535.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						316773850
12 Gross receipts from related activities, etc. (see instructions)					12	690,452.
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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	55.42	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	53.93	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule A (Form 990 or 990-EZ) 2018

OF HEALTH, INC.

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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 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2018

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule A (Form 990 or 990-EZ) 2018 **OF HEALTH, INC.**

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

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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 B

(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

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

Employer identification number

52-1986675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number

52-1986675

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>15,390,315.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>2,610,899.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>5,037,746.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>5,988,648.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,964,465.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,569,567.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number

52-1986675

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,878,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,840,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 1,503,215.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 2,800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,045,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 2,224,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number

52-1986675

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 2,550,989.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 3,487,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION FOR THE NATIONAL INSTITUTES
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Employer identification number

52-1986675

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number

52-1986675

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-08-18

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule C (Form 990 or 990-EZ) 2018 **OF HEALTH, INC.**

52-1986675 Page 2

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule C (Form 990 or 990-EZ) 2018 **OF HEALTH, INC.**

52-1986675 Page 3

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

FNIH CONSULTED ITS COMMITTEES OF JURISDICTION ON PUBLIC HEALTH

LEGISLATION

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018Open to Public
InspectionName 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)	2,500.	
3 Aggregate value of grants from (during year)	3,100.	
4 Aggregate value at end of year	3,197,869.	
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 7/25/06, 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?

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)?

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 ▶ \$

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

Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,920,726.	9,704,030.	9,501,571.	9,616,660.	3,381,374.
b Contributions	1,032,217.	1,721,204.	11,412.	10,356.	6,271,975.
c Net investment earnings, gains, and losses	-267,231.	552,828.	243,278.	-100,829.	11,641.
d Grants or scholarships					
e Other expenditures for facilities and programs	103,397.				
f Administrative expenses	67,504.	57,336.	52,231.	24,616.	48,330.
g End of year balance	12,514,811.	11,920,726.	9,704,030.	9,501,571.	9,616,660.

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

- a** Board designated or quasi-endowment **▶** 71.01 %
b Permanent endowment **▶** 28.99 %
c Temporarily restricted endowment **▶** _____ %

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

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

- (i) unrelated organizations _____
(ii) related organizations _____

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,387,425.	107,911.	1,279,514.
d Equipment				
e Other		1,041,295.	767,385.	273,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,553,424.

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

Schedule D (Form 990) 2018

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)		
Total. (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)		
Total. (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)	
Total. (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	137,937.	
(3) DEFERRED LEASE INCENTIVE	1,279,514.	
(4) DEFERRED RENT LIABILITY	383,777.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,801,228.	

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) 2018

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

Schedule D (Form 990) 2018

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	62,045,497.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-1,849,196.
b	Donated services and use of facilities	2b	310,908.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-1,538,288.
3	Subtract line 2e from line 1	3	63,583,785.
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	159,775.
b	Other (Describe in Part XIII.)	4b	-286,264.
c	Add lines 4a and 4b	4c	-126,489.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	63,457,296.

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	42,630,309.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	310,908.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	286,264.
e	Add lines 2a through 2d	2e	597,172.
3	Subtract line 2e from line 1	3	42,033,137.
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	159,775.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	159,775.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	42,192,912.

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 12/31/2018, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC HELD \$1,235,000 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 HAS ONE ENDOWMENT THAT IS FUNDED BY MULTIPLE DONORS TO SEED NEW DISCOVERIES AND/OR BE AVAILABLE TO RESPOND TO EPIDEMICS AND FOUNDATION'S UNANTICIPATED NEEDS.

Part XIII Supplemental Information (continued)

THE FOUNDATION'S OTHER ENDOWMENTS CONSIST OF INDIVIDUAL DONOR-RESTRICTED
ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSE. (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.

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, 2018
AND 2017.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	-286,264.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE	286,264.
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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.

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

OMB No. 1545-0047

2018Open 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 the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		2,269,532.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	GRANTMAKING		263,376.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		1,265,652.
3 a Subtotal	0	0			3,798,560.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			3,798,560.

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

Schedule F (Form 990) 2018

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

Schedule F (Form 990) 2018

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	799,316.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	176,803.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	74,493.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	257,131.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	123,050.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	192,556.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	85,340.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	807,224.	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 3

3 Enter total number of other organizations or entities 10

Schedule F (Form 990) 2018

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

Schedule F (Form 990)

52-1986675

Page **2**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	201,297.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	670,149.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	45,833.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	20,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	345,368.	WIRE TRANSFER	0.		

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

Schedule F (Form 990) 2018

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; don't file with Form 990)* ☐ Yes ☒ No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2018

Part V

Supplemental Information

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

PART I, LINE 2:

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

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule G (Form 990 or 990-EZ) 2018 **OF HEALTH, INC.**

52-1986675 Page **2**

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 2018 FNIH AWARD CEREMO (event type)	(b) Event #2 2019 FNIH AWARD CEREMO (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	308,156.	60,000.		368,156.
	2 Less: Contributions	60,606.			60,606.
	3 Gross income (line 1 minus line 2)	247,550.	60,000.		307,550.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	21,971.			21,971.
	8 Entertainment				
	9 Other direct expenses	215,570.	48,723.		264,293.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				286,264.
	11 Net income summary. Subtract line 10 from line 3, column (d)				21,286.

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))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	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) 2018 **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:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

- 16** Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: CHRISTINE K. OWENS

(I) ADDRESS OF FUNDRAISER: 1851 N. SCOTT STREET, #460, ARLINGTON, VA 22209

(II) ACTIVITY: ADVISEMENT ON RELATIONSHIP MANAGEMENT AND ADVISEMENT POLICY

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL 1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120	04-2312909	501(C)(3)	369,870.	0.			RESEARCH
BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	224,848.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY NORD HALL, SUITE 615. 10900 EUCLID CLEVELAND, OH 44106	34-1018992	501(C)(3)	357,653.	0.			RESEARCH
CATALYSIS FOUNDATION FOR HEALTH, INC - 1900 POWELL STREET, SUITE 600 - EMERYVILLE, CA 94608	20-8602047	501(C)(3)	198,596.	0.			RESEARCH
DUKE UNIVERSITY/HUMAN VACCINE INSTITUTE - 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	227,762.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	23-7156071	501(C)(3)	350,856.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **27.**
- 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) (2018)

**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)	100,000.	0.			RESEARCH
JOHN HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	212,697.	0.			RESEARCH
NIH/CC 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	334,272.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858116	170(C)(1) GOVT	911,414.	0.			RESEARCH
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858117	170(C)(1) GOVT	883,053.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	3,750,789.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,967,764.	0.			RESEARCH
NIH/NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	722,028.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	846,807.	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/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	216,871.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET. 1040 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	170(C)(1) GOVT	772,508.	0.			AMP-T2 DIABETES. DEPOSIT OF METSIM AND FUSION DATA INTO KNOWLEDGE PORTAL
SUTTER BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER - 475 BRANNAN STREET, SUITE 220 - SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	44,850.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	287,500.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING. #2001 SOTO STREET - LOS ANGELES, CA 90089-9235	91-1642394	501(C)(3)	803,151.	0.			RESEARCH
WESTERN MICHIGAN UNIVERSITY 1903 W. MICHIGAN AVENUE KALAMAZOO, MI 49008	38-6007327	501(C)(3)	1,044,969.	0.			RESEARCH
UNIVERSITY OF LOUISIANA AT LAFAYETTE - 104 UNIVERSITY CIRCLE - LAFAYETTE, LA 70503	72-6000820	501(C)(3)	592,374.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE PO BOX 1498 - NEW YORK, NY 10029	13-6171197	501(C)(3)	165,587.	0.			RESEARCH
WEST VIRGINIA UNIVERSITY FOUNDATION - 1 WATERFRONT PLACE 7TH FLOOR PO BOX 1650 - MORGANTOWN, WV 26507	55-6017181	501(C)(3)	61,320.	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 MINNESOTA - NW 5957 PO BOX 1450 - MINNEAPOLIS, MN 55485	41-6007513	501(C)(3)	47,358.	0.			RESEARCH
REGENTS OF THE U OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	42,064.	0.			RESEARCH
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - PO BOX 415649 - BOSTON, MA 02241	04-2103580	501(C)(3)	42,062.	0.			RESEARCH

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 noncash assistance
AWARDS	10	10,597.	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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
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 checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

Schedule J (Form 990) 2018

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	452,786.	20,000.	0.	27,500.	0.	500,286.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. DAVID WHOLLEY SENIOR VP OF RESEARCH PARTNERSHIPS	(i)	325,826.	10,000.	0.	27,500.	15,720.	379,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. STEPHANIE JAMES SENIOR VP OF SCIENCE	(i)	329,574.	0.	0.	27,500.	0.	357,074.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. DONALD HILL CHIEF FINANCIAL OFFICER	(i)	229,912.	0.	0.	23,179.	15,720.	268,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	(i)	209,068.	0.	0.	21,229.	16,470.	246,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	(i)	156,672.	0.	0.	15,638.	6,028.	178,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. JULIA WOLF-RODDA SENIOR VP OF DEVELOPMENT	(i)	216,062.	0.	0.	21,729.	15,070.	252,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. JOSEPH MENETSKI ASSOCIATE VP OF RESEARCH PARTNERSHIP	(i)	215,262.	0.	0.	21,449.	13,070.	249,781.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. DAVID O'BROCHTA SCIENTIFIC PROGRAM MANAGER	(i)	179,788.	0.	0.	17,977.	14,070.	211,835.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	(i)	175,732.	2,500.	0.	17,757.	15,570.	211,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DR. STACEY ADAM DIRECTOR OF CANCER	(i)	165,609.	0.	0.	16,548.	6,028.	188,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DR. ROSA CANET AVILES DIRECTOR OF NEUROSCIENCE	(i)	163,632.	0.	0.	16,600.	15,570.	195,802.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III	Supplemental Information
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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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	2	110,839.	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				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GOODS)	X	1	5,950.	
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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2018

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

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Employer identification number
52-1986675

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

PUBLIC-PRIVATE PARTNERSHIPS THAT ADVANCE BREAKTHROUGH BIOMEDICAL
DISCOVERIES AND IMPROVE THE QUALITY OF PEOPLE'S LIVES.

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. THE BOARD HAS AN EXECUTIVE
COMMITTEE WHICH CAN MAKE DECISIONS ON BEHALF OF THE BOARD (WITH SOME
EXCEPTIONS) IN BETWEEN BOARD MEETINGS.

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

PROGRAM ONE - RESEARCH PARTNERSHIPS -

INVESTIGATING NEW TREATMENTS FOR LUNG CANCER PATIENTS

SHORTNESS OF BREATH. EXHAUSTION. LOSS OF APPETITE. THESE ARE JUST SOME
OF THE SYMPTOMS EXPERIENCED BY PATIENTS WITH LUNG AND BRONCHIAL CANCER,
WHICH REMAINS THE SECOND MOST COMMON CANCER DIAGNOSIS IN THE UNITED
STATES ACCORDING TO THE NATIONAL CANCER INSTITUTE (NCI). ABOUT 85
PERCENT OF THOSE DIAGNOSED HAVE NON-SMALL CELL LUNG CANCER, A DISEASE
IN WHICH CANCER CELLS FORM IN THE TISSUES OF THE LUNG.

IN 2018, THE FNIH, NCI AND PARTNERS PREPARED FOR A MAJOR EXPANSION OF

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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THE LUNG CANCER MASTER PROTOCOL (LUNG-MAP) CLINICAL TRIAL. THE TRIAL PREVIOUSLY TESTED TREATMENTS FOR PEOPLE WITH ADVANCED STAGE SQUAMOUS CELL LUNG CANCER. IT IS NOW OPEN TO PATIENTS WITH ALL TYPES OF ADVANCED STAGE NON-SMALL CELL LUNG CANCER. THIS DEVELOPMENT WILL ENABLE THOUSANDS OF NEW PATIENTS TO ENROLL IN LUNG-MAP, JOINING THE MORE THAN 1,800 PATIENTS, LIKE ANNIE BURKE, ALREADY PARTICIPATING AT 640 U.S. MEDICAL CENTERS AND COMMUNITY HOSPITALS ACROSS THE COUNTRY.

LAUNCHED IN 2014, LUNG-MAP IS THE FIRST MAJOR NCI CANCER TRIAL TO TEST MULTIPLE CANCER TREATMENTS SIMULTANEOUSLY UNDER ONE "UMBRELLA" DESIGN. THIS PIONEERING RESEARCH MODEL IS MORE FLEXIBLE AND FASTER THAN TRADITIONAL CLINICAL TRIALS AS IT ENABLES RESEARCHERS TO SHARE ONE TRIAL STRUCTURE AND RECRUITMENT PROCESS. PATIENTS ARE TESTED ONCE FOR MORE THAN 200 CANCER-RELATED GENETIC ALTERATIONS BEFORE THEY ARE ASSIGNED TO INVESTIGATIONAL TREATMENT STUDIES BASED ON THEIR UNIQUE TUMOR PROFILE. PATIENTS WITHOUT A MATCHING GENETIC ALTERATION FOR A CORRESPONDING THERAPY WITHIN LUNG-MAP ARE PLACED ON AN IMMUNOTHERAPY REGIME.

"A GREAT THING ABOUT THE LUNG-MAP DESIGN IS THAT THE PATIENTS CAN MOVE FROM ONE STUDY TO THE NEXT TO THE NEXT," SAID JESSICA JORDAN, RESEARCH COORDINATOR, VA CONNECTICUT HEALTHCARE SYSTEMS. "EVERY SINGLE STUDY THESE DAYS REQUIRES TISSUE. WE ONLY HAVE TO SUBMIT ONE BLOCK OF TISSUE AND A PATIENT IS POTENTIALLY ABLE TO RECEIVE MORE THAN ONE LINE OF TREATMENT ON THE TRIAL IF THEIR GENERAL HEALTH ALLOWS. THAT'S THE MAJOR BENEFIT."

THE TRIAL HAS ALREADY COMPLETED SEVEN OUT OF 10 LAUNCHED STUDIES, WITH

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TWO MORE SUB-STUDIES SCHEDULED TO OPEN IN 2019, OFFERING PATIENTS A
PERSONALIZED APPROACH TO FINDING THE INVESTIGATIONAL DRUGS THAT WILL
FIGHT THEIR CANCER.

IMPROVE DIAGNOSIS OF KIDNEY INJURY

IN 2018, THE FNIH BIOMARKERS CONSORTIUM ACHIEVED AN UNPRECEDENTED
MILESTONE BY RECEIVING THE FIRST EVER QUALIFICATION OF A CLINICAL
SAFETY BIOLOGICAL MARKER (BIOMARKER) AWARDED BY THE U.S. FOOD AND DRUG
ADMINISTRATION (FDA). THE QUALIFICATION APPLIES TO A COMPOSITE MEASURE
OF SIX URINE BIOMARKERS THAT RELIABLY CHANGE IN RESPONSE TO
DRUG-INDUCED KIDNEY INJURY PRIOR TO IRREVERSIBLE DAMAGE AND EARLIER
THAN TRADITIONAL BIOMARKERS. THIS SET OF BIOMARKERS CAN NOW BE USED TO
AID IN THE DETECTION OF ACUTE KIDNEY INJURY IN HEALTHY VOLUNTEERS
DURING EARLY PHASE CLINICAL TRIALS. IT WILL HELP IMPROVE THE
DEVELOPMENT OF SAFE AND EFFECTIVE MEDICINES FOR PATIENTS WHERE CONCERN
HAS BEEN RAISED THAT AN INVESTIGATIONAL DRUG MAY CAUSE KIDNEY INJURY.

THIS MAJOR MILESTONE WAS MADE POSSIBLE BY THE RELENTLESS EFFORTS OF
GOVERNMENT, NOT-FOR-PROFIT AND INDUSTRY PARTNERS SHARING INTELLECTUAL
AND FINANCIAL RESOURCES TO FAST-TRACK THE DEVELOPMENT OF THESE CRITICAL
BIOMARKERS. THE PATHWAY SET FORTH BY THE TEAM MAY HELP OTHERS
SUBMITTING BIOMARKERS FOR QUALIFICATION BY THE FDA, EXPLAINED STEFAN
SULTANA, M.D.,: "THE CUTTING-EDGE IS A LONELY PLACE TO BE BECAUSE NO
ONE HAS BEEN DOWN THIS PATH BEFORE, SO WE'RE DEVELOPING NEW SCIENCE AND
NEW WAYS OF DOING THINGS WITH THE REGULATORY AGENCIES. HOPEFULLY THE
LESSONS WE LEARNED MAKE IT A LOT EASIER FOR OTHER GROUPS TO PURSUE
QUALIFICATION OF SAFETY BIOMARKERS."

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TRACKING KNEE OSTEOARTHRITIS

MILLIONS OF PEOPLE WORLDWIDE WILL EXPERIENCE OSTEOARTHRITIS AS THEY AGE, AS IT IS THE MOST COMMON DISORDER OF THE JOINTS AND A MAJOR CAUSE OF DISABILITY IN OLDER ADULTS. DESPITE ITS PREVALENCE, THERE REMAINS A LACK OF TOOLS TO ACCURATELY EVALUATE PATIENTS, WHICH MAKES IT DIFFICULT TO DEVELOP NEW TREATMENTS.

IN 2018, THE FNIH BIOMARKERS CONSORTIUM LAUNCHED A NEW PROJECT THAT WILL HELP PHYSICIANS AND PATIENTS, LIKE CINDY COPENHAVER, BETTER UNDERSTAND KNEE OSTEOARTHRITIS. RESEARCHERS WILL SEEK REGULATORY QUALIFICATION OF A NEW SET OF IMAGING (I.E., MRI) AND BIOCHEMICAL (I.E., URINE, SERUM) BIOMARKERS THAT PREDICT STRUCTURAL CHANGES IN THE JOINT CAUSED BY KNEE OSTEOARTHRITIS OVER TIME. THE FNIH IDENTIFIED THESE BIOMARKERS THROUGH A PREVIOUS PROJECT AND SHOWED THAT THEY MORE PRECISELY PREDICT AND MONITOR CHANGES IN THE KNEE COMPARED TO THE CURRENT STANDARD THAT USES X-RAY IMAGES. THE ACCEPTANCE OF THESE BIOMARKERS FOR THE DEVELOPMENT OF NEW DRUGS WILL PAVE THE WAY FOR IMPROVED TREATMENT OPTIONS FOR OSTEOARTHRITIS PATIENTS.

SHAPING PERSONALIZED CANCER THERAPIES

NEARLY EVERYONE HAS A FAMILY MEMBER OR FRIEND AFFECTED BY CANCER. FORTUNATELY, RECENT ADVANCES IN IMMUNOTHERAPIES HAVE SHOWN PROMISING RESPONSES IN CERTAIN CANCER TYPES. WHAT RESEARCHERS STILL NEED TO UNCOVER IS HOW AND WHEN TO BEST PAIR AN IMMUNOTHERAPY TO A SPECIFIC PATIENT.

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IN 2018, THE FNIH, NIH, FDA AND 12 PHARMACEUTICAL COMPANIES CONTINUED THEIR WORK TO BETTER UNDERSTAND HOW IMMUNOTHERAPIES ARE EFFECTIVE IN SOME PATIENTS AND TO ACCELERATE THE DEVELOPMENT OF NEW TREATMENTS THROUGH THE PARTNERSHIP FOR ACCELERATING CANCER THERAPIES (PACT). LEVERAGING THEIR COLLECTIVE EXPERTISE, CAPABILITIES AND RESOURCES, THE PARTNERS SET OUT TO IDENTIFY AND DEVELOP ROBUST, STANDARDIZED BIOMARKERS AND TESTS THAT WILL SUPPORT THE SELECTION AND CLINICAL TESTING OF IMMUNE-ONCOLOGY AND COMBINATION THERAPIES FOR PATIENTS. THESE BIOMARKERS AND TESTS WILL BE SHARED WITH THE BROADER RESEARCH COMMUNITY SO THAT THEY CAN BE USED EFFECTIVELY IN CLINICAL TRIALS CONDUCTED ANYWHERE IN THE CANCER FIELD.

"THE PACT TEAM HAS WORKED ACROSS BARRIERS TO BRING DIFFERENT PEOPLE TOGETHER TO DO SOMETHING THAT WOULD BE DIFFICULT TO DO ALONE," EXPLAINED JEFFREY ABRAMS, M.D., DIRECTOR, CLINICAL RESEARCH, DIVISION OF CANCER TREATMENT AND DIAGNOSIS, AND ASSOCIATE DIRECTOR OF THE CANCER THERAPY EVALUATION PROGRAM, NATIONAL CANCER INSTITUTE (NCI), RETIRED.

"THE CHALLENGE OF OUR TIME WILL BE TO MAKE IMMUNOTHERAPIES WORK EVEN BETTER FOR INDIVIDUAL PATIENTS TO GENERATE THE RAPID PROGRESS THAT WE'D ALL LIKE TO SEE."

EXPANDING THE ACCELERATING MEDICINES PARTNERSHIP

THE ACCELERATING MEDICINES PARTNERSHIP (AMP) HAS SERVED AS AN EFFECTIVE VEHICLE FOR PUBLIC-PRIVATE PARTNERSHIPS IN BIOMEDICAL RESEARCH SINCE 2014. AMP INITIALLY BROUGHT TOGETHER THE FNIH, NIH AND FDA WITH NOT-FOR-PROFIT ORGANIZATIONS AND INDUSTRY TO ACCELERATE EARLY-STAGE

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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DRUG DEVELOPMENT IN ALZHEIMER'S DISEASE, TYPE 2 DIABETES AND THE AUTOIMMUNE DISORDERS RHEUMATOID ARTHRITIS (RA) AND SYSTEMIC LUPUS ERYTHEMATOSUS. BY ENABLING JOINT PLANNING OF RESEARCH IN THE HIGHEST AREAS OF NEED AND SHARING RESOURCES, EXPERTISE AND DATA, AMP HAS MADE SIGNIFICANT PROGRESS IN UNDERSTANDING DISEASE PATHWAYS AT THE MOLECULAR LEVEL AND IN IDENTIFYING NEW TARGETS FOR TREATMENTS. ALL OF THE DATA GENERATED FROM AMP ARE MADE BROADLY AVAILABLE TO THE RESEARCH COMMUNITY THROUGH ONLINE KNOWLEDGE PORTALS FOR USE IN DRUG DISCOVERY AND DEVELOPMENT.

IN 2018, THE AMP TEAM EXPANDED WORK IN TWO KEY AREAS:

1. LAUNCH OF AMP PARKINSON'S DISEASE (AMP PD): THE NUMBER OF PEOPLE LIVING WITH PARKINSON'S DISEASE IS EXPECTED TO NEARLY DOUBLE BY 2040, ACCORDING TO THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE, AND THERE ARE STILL NO DISEASE-MODIFYING DRUGS (NINDS) APPROVED FOR TREATMENT. THROUGH THE NEW AMP PD PROGRAM, RESEARCHERS WILL TRANSFORM THE CURRENT MODEL FOR DEVELOPING DIAGNOSTICS AND TREATMENTS FOR PATIENTS BY IDENTIFYING AND VALIDATING BIOMARKERS THAT TRACK DISEASE PROGRESSION AND SERVE AS NEW DRUG TARGETS.

2. EXTENSION OF AMP RA/LUPUS TO A 6TH YEAR: THIS PROGRAM EXTENSION WILL ENABLE RESEARCHERS TO DEPLOY EMERGING TECHNOLOGIES THAT CAN FURTHER ANALYZE TISSUE, BLOOD AND URINE SAMPLES FROM PATIENTS LIVING WITH RA OR LUPUS. THE PROGRAM WILL CREATE A MORE DETAILED UNDERSTANDING OF THE MOLECULAR NATURE OF THESE DISEASES. BY EXAMINING SAMPLES AT THE SINGLE-CELL LEVEL RESEARCHERS ARE IDENTIFYING THE GENES, PROTEINS AND CHEMICAL PATHWAYS THAT PLAY IMPORTANT ROLES IN THESE DISEASES AND UNCOVERING NEW TARGETS FOR DRUG DEVELOPMENT.

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

PROGRAM TWO - EDUCATION, TRAINING AND PATIENT SUPPORT PROGRAMS -

THE CRITICAL ROLE OF CLINICIAN-SCIENTISTS

CLINICIAN-SCIENTISTS FULFILL AN ESSENTIAL AND UNIQUE ROLE IN MEDICINE.

THEY CONDUCT RESEARCH THAT APPLIES BASIC SCIENTIFIC KNOWLEDGE TO

CLINICAL PROBLEMS ULTIMATELY HARNESSING DISCOVERY FROM THE LABORATORY

AND APPLYING IT DIRECTLY TO PATIENT CARE. YET, THE NUMBER OF THOSE

EMBARKING ON CAREERS IN THIS VITALLY IMPORTANT FIELD IS DECLINING.

IN 2018, THE FNIH LAUNCHED THE TRAILBLAZER PRIZE FOR

CLINICIAN-SCIENTISTS, MADE POSSIBLE WITH GENEROUS SUPPORT FROM JOHN I.

GALLIN, M.D., AND ELAINE K. GALLIN, PH.D., TO RECOGNIZE THE OUTSTANDING

CONTRIBUTIONS OF EARLY CAREER CLINICIAN-SCIENTISTS WHOSE WORK HAS THE

POTENTIAL TO OR HAS LED TO INNOVATIONS IN PATIENT CARE. THE TRAILBLAZER

PRIZE IS AN OPPORTUNITY TO SHINE A LIGHT ON THE ESSENTIAL MEDICAL

CONTRIBUTIONS OF CLINICIAN-SCIENTISTS AND INSPIRE THE NEXT-GENERATION

TO JOIN THE FIELD.

AFTER RECEIVING MORE THAN 100 NOMINATIONS, THE JURY SELECTED THREE

FINALISTS: DANIEL BAUER, M.D., PH.D., HARVARD MEDICAL SCHOOL, JAEHYUK

CHOI, M.D., PH.D., FEINBERG SCHOOL OF MEDICINE, NORTHWESTERN UNIVERSITY

AND MICHAEL FOX, M.D., PH.D., BETH ISRAEL DEACONESS MEDICAL CENTER,

HARVARD MEDICAL SCHOOL. IN OCTOBER, THE FINALISTS JOINED THE FNIH FOR

AN EVENT ON CAPITOL HILL TO EXPLAIN THEIR RESEARCH AND OFFER INSIGHTS

ABOUT THEIR PROFESSION TO CONGRESSIONAL STAFFERS. THE FNIH ANNUAL FALL

BOARD DINNER FOLLOWED THAT EVENING, WHERE THE FNIH ANNOUNCED DR. FOX AS

Name of the organization **FOUNDATION FOR THE NATIONAL INSTITUTES
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THE PRIZE WINNER FOR PIONEERING INNOVATIVE TECHNIQUES TO MAP HUMAN
BRAIN CONNECTIVITY THAT CAN BE TRANSLATED INTO NEW TREATMENTS FOR
NEUROLOGICAL DISEASES.

"THE PURPOSE OF OUR LAB IS TO TRANSLATE HUMAN BRAIN CONNECTIONS INTO
NEW PATIENT CARE," EXPLAINED DR. FOX. "AS WE LEARN THAT DIFFERENT
SYMPTOMS MAP TO DIFFERENT BRAIN CIRCUITS, WE TAILOR OUR TREATMENTS TO
THOSE SYMPTOMS, RATHER THAN TREATING ALL PATIENTS THE SAME WAY. ONE OF
MY PATIENTS HAD PARKINSON'S DISEASE AND A MEDICATION REFRACTORY TREMOR.
THROUGH DEEP BRAIN STIMULATION THERAPY, HE EXPERIENCED NOT HAVING THE
TREMOR FOR THE FIRST TIME IN 12 YEARS."

DR. FOX'S WORK EXEMPLIFIES HOW CLINICIAN-SCIENTISTS DRIVE INNOVATIONS
FOR PATIENT CARE. THROUGH THE TRAILBLAZER PRIZE, THE FNIH WILL CONTINUE
TO SHOWCASE THEIR SIGNIFICANT CONTRIBUTIONS THAT CAN BE LIFE-CHANGING
FOR PATIENTS NOW AND IN THE FUTURE.

A NEW TOOL WITH POTENTIAL TO ELIMINATE MALARIA

FOLLOWING YEARS OF SUCCESS IN REDUCING MALARIA ACROSS THE GLOBE,
PROGRESS HAS STALLED. ACCORDING TO THE WORLD HEALTH ORGANIZATION, THERE
WERE AN ESTIMATED 219 MILLION CASES OF MALARIA IN 2017, AN INCREASE
FROM 217 MILLION IN 2016. REDUCTIONS IN MORTALITY RATES HAVE SIMILARLY
PLATEAUED AND SCIENTISTS, COUNTRIES AND COMMUNITIES FIND THEMSELVES AT
A CRITICAL JUNCTURE.

"THERE HAS BEEN LITTLE INNOVATION IN MALARIA CONTROL AND SO FOR THE
FIRST TIME WITH THE COMING OF TECHNOLOGY LIKE GENE DRIVE, PARTICULARLY

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AFTER THE DISCOVERY OF THE GENE EDITING TECHNIQUE CRISPR, MANY OF US STARTED TO BELIEVE THAT WE HAVE A TOOL NOW THAT COULD POTENTIALLY BE REVOLUTIONARY. NONETHELESS, MORE RESEARCH IS NEEDED TO ASSESS BENEFITS AND RISKS. AND THAT'S WHAT WE ARE ASKING OUR SCIENTISTS TO DO," EXPLAINED FREDROS OKUMU, PH.D.

GENE DRIVE IS A MECHANISM THAT PROMOTES THE PREFERENTIAL INHERITANCE OF A GENETIC TRAIT TO INCREASE ITS PREVALENCE IN A POPULATION. RECENT ADVANCES IN GENE EDITING ALLOW THIS NATURAL MECHANISM TO BE MIMICKED IN THE LABORATORY. MANY APPLICATIONS OF THIS EMERGING TECHNOLOGY ARE BEING CONSIDERED, INCLUDING ITS USE ON MOSQUITOES TO REDUCE THE TRANSMISSION OF MOSQUITO-BORNE DISEASES, SUCH AS MALARIA. AS THE TECHNOLOGY IS STILL IN ITS EARLY STAGES, IT REQUIRES CAREFUL CONSIDERATION AND ASSESSMENT BEFORE GENE DRIVE PRODUCTS CAN BE FIELD-TESTED AND DEPLOYED.

THE FNIH IS WORKING WITH PARTNERS LIKE DR. OKUMU TO FACILITATE IMPORTANT DISCUSSIONS ON GENE DRIVE TECHNOLOGY AMONG VARIOUS STAKEHOLDERS TO DEVELOP AND SHARE BEST PRACTICES, TECHNICAL ADVICE AND TRAINING TO ADVANCE RESPONSIBLE RESEARCH. IN 2018, DR. OKUMU WAS PART OF AN FNIH-LED WORKING GROUP THAT PRESENTED THEIR PAPER AT THE AMERICAN SOCIETY OF TROPICAL MEDICINE AND HYGIENE (ASTMH) ANNUAL MEETING, WHICH OUTLINES RECOMMENDATIONS FOR THE SAFE AND ETHICAL TESTING OF GENE DRIVE TECHNOLOGY ON MOSQUITOES TO REDUCE THE BURDEN OF MALARIA TRANSMISSION IN AFRICA. PREVIOUSLY PUBLISHED IN ASTMH'S SCIENTIFIC JOURNAL, THE PAPER PROPOSES A PATHWAY FOR THE RESPONSIBLE DEVELOPMENT AND TESTING OF GENE DRIVE PRODUCTS.

"OUR INTEREST NOW IS TO ENCOURAGE SCIENTISTS TO INVESTIGATE THE POTENTIAL OF THE TECHNOLOGY," SAID DR. OKUMU. "IF WE DON'T DO SCIENTIFIC RESEARCH ON THIS TECHNOLOGY THEN WE WON'T BE ABLE TO

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UNDERSTAND IT. GIVEN THE COMPLEXITY ASSOCIATED WITH THIS TOOL, IT IS ONLY RIGHT TO BRING EVERYONE TOGETHER TO TRY TO MAKE SURE PEOPLE ARE SPEAKING THE SAME LANGUAGE. MAYBE FOR THE FIRST TIME, IF WE DO THINGS RIGHT, WE COULD HAVE A TOOL THAT DRAMATICALLY SHIFTS THE NEEDLE TOWARDS THE DREAM OF MALARIA ELIMINATION WHICH HAS BEEN ELUSIVE FOR A LONG TIME."

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

PROGRAM THREE - PATIENT SUPPORT PROGRAM/CAPITAL PROJECT -

RENOVATING A SAFE HAVEN FOR NIH PATIENTS AND FAMILIES

PARTICIPATING IN MEDICAL RESEARCH IS OFTEN THE LAST CHANCE FOR PATIENTS TO FIND A NEW, POTENTIALLY LIFE-SAVING THERAPY TO FIGHT THEIR DISEASE. PATIENTS AND THEIR FAMILIES TRAVEL FAR FROM HOME TO ACCESS CLINICAL TRIALS, LEAVING WORK BEHIND TO LIVE IN HOTELS FOR MONTHS A REALITY THAT CAN BE DRAINING, STRESSFUL AND COSTLY.

DURING THIS DIFFICULT TIME, THE EDMOND J. SAFRA FAMILY LODGE PROVIDES A HAVEN FOR THESE BRAVE FAMILIES ON THE NIH CAMPUS. ADULT PATIENTS PARTICIPATING IN MEDICAL RESEARCH AT THE NIH CLINICAL CENTER AND THEIR FAMILIES CAN STAY AT THE FAMILY LODGE AT NO COST TO THEM. IN 2018, THE FNIH AND NIH, WITH SUPPORT FROM FNIH BOARD MEMBER LILY SAFRA AND THE EDMOND J. SAFRA FOUNDATION, PARTNERED TO RENOVATE THE FAMILY LODGE, WHICH WAS SHOWING SIGNS OF WEAR AFTER 12 YEARS OF CONTINUOUS USE. THE TEAM DELICATELY BALANCED MINIMIZING DISRUPTION TO THE DAILY OPERATIONS WHILE MAKING ENHANCEMENTS, SUCH AS NEW LIGHTING, PAINT, CARPET AND DRAPERY, FOR THE 34 GUEST ROOMS AND COMMON AREAS.

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"THEY DID A GREAT JOB WITH RENOVATING THE FAMILY LODGE," SAID DAVID HAAS. "IT HAS BEEN AN IMPORTANT PART OF MY FAMILY'S JOURNEY AT THE NIH. FROM TALKING WITH OTHER GUESTS, I HEAR DIFFERENT STORIES ABOUT HOW NIH'S CUTTING-EDGE RESEARCH IS HELPING PEOPLE FROM ALL OVER THE WORLD. IT'S VITALLY IMPORTANT THAT THEY CONTINUE THAT WORK, AND THAT FAMILIES HAVE A PLACE TO STAY NEARBY."

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

PROGRAM FOUR - MEMORIALS, AWARDS, AND EVENTS

EXPENSES \$ 486,093. INCLUDING GRANTS OF \$ 78,665. 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 11B:

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 DRAFT FORM 990 AS APPROVED BY THE CHIEF FINANCIAL OFFICER.

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

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

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AFTER A CONFLICT OR AN APPARENT CONFLICT OF INTEREST HAS BEEN DISCLOSED,
THE BOARD OF DIRECTORS OR THE BOARD COMMITTEE, OR THEIR DESIGNEE, 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:

THE 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,NV

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

ALL SUCH DOCUMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, THE GOVERNING
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE FNIH WEBSITE.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 11400 ROCKVILLE PIKE, NO. 600 City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852	D Employer identification number (Employees' trust, see instructions.) 52-1986675 E Unrelated business activity code (See instructions.)
C Book value of all assets at end of year		F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses. ▶ _____ Describe the only (or first) unrelated trade or business here ▶ _____. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **DONALD M. HILL** Telephone number ▶ **(301) 435-6246**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	3,848.
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	3,848.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-3,848.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	-3,848.

**FOUNDATION FOR THE NATIONAL INSTITUTES
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Page 2

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	- 3,848.
34	Amounts paid for disallowed fringes	34	47,643.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	43,795.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	42,795.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	8,987.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	8,987.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	8,987.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	8,987.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 1	53	8,987.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ **PRESIDENT**
Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
LAKRISHA J. WATSON	LAKRISHA J. WATSON	11/15/19		P01677333
Firm's name	Firm's EIN			
DIXON HUGHES GOODMAN LLP	56-0747981			
Firm's address	Phone no.			
901 EAST CARY STREET, SUITE 1000	(804) 282-7636			
RICHMOND, VA 23219				