

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning

and ending

**B** Check if applicable:

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

**C** Name of 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 \$ **144,276,654.**

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: **HTTP://WWW.FNIH.ORG**

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: **2001**

**M** State of legal domicile: **MD**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CREATES AND LEADS ALLIANCES AND</b>		
	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	27
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	0
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,961,606.	82,860,385.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194,500.	122,392.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	385,451.	479,385.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,552.	64,980.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	34,566,109.	83,527,142.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	43,310,618.	23,228,128.
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.
16a Professional fundraising fees (Part IX, column (A), line 11e)		6,530,244.	6,221,610.
b Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		186,542.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,228,745.	17,947,728.
19 Revenue less expenses. Subtract line 18 from line 12		59,069,607.	47,397,466.
20 Total assets (Part X, line 16)		-24,503,498.	36,129,676.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	74,645,303.	116,383,923.
		8,169,755.	13,155,593.
		66,475,548.	103,228,330.

**Part II Signature Block**

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

**Sign Here** ▶ Signature of officer *Maria C. Freire* Date **11-13-17**  
▶ **MARIA C. FREIRE, PH.D., PRESIDENT**  
Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name **LORI K. COCHRAN** Preparer's signature *Lori K. Cochran* Date **11/15/17** Check ☐ PTIN **P00853221**  
Firm's name ▶ **DIXON HUGHES GOODMAN LLP** Firm's EIN ▶ **56-0747981**  
Firm's address ▶ **901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219** Phone no. **804.282.7636**

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

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**Part III** Statement of Program Service AccomplishmentsCheck 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 ☒ No  
If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 41,864,088. including grants of \$ 22,181,298. ) (Revenue \$ 122,392. )  
**SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS**

4b (Code: ) (Expenses \$ 1,257,933. including grants of \$ 987,480. ) (Revenue \$ )  
**SEE SCHEDULE O, PROGRAM TWO, FELLOWSHIPS AND TRAINING PROGRAMS**

4c (Code: ) (Expenses \$ 390,128. including grants of \$ 59,350. ) (Revenue \$ )  
**SEE SCHEDULE O, PROGRAM THREE, MEMORIALS, AWARDS AND EVENTS**

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

(Expenses \$ 51,627. including grants of \$ ) (Revenue \$ )

4e Total program service expenses **43,563,776.**

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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>	<b>1</b> X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> 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>	<b>3</b>	X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	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>	<b>5</b>	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>	<b>6</b> 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>	<b>7</b>	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>	<b>8</b>	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>	<b>9</b> 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>	<b>10</b> 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>	<b>11a</b> 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>	<b>11b</b>	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>	<b>11c</b>	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>	<b>11d</b>	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>	<b>11e</b> 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>	<b>11f</b> 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>	<b>12a</b> 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>	<b>12b</b>	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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>	<b>14b</b> 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>	<b>15</b> 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>	<b>16</b>	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>	<b>17</b>	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>	<b>18</b> 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>	<b>19</b>	X

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	28		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	48		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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 ☒

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►  
 DONALD M. HILL - (301)402-5311  
 11400 ROCKVILLE PIKE, NORTH BETHESDA, MD 20852

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

Form 990 (2016)

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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) MR. STEVEN C. MAYER TREASURER	2.00	X		X				0.	0.	0.
(3) THE HON. JOHN EDWARD PORTER VICE-CHAIRMAN FOR POLICY	1.00	X		X				0.	0.	0.
(4) DR. SOLOMON H. SNYDER VICE-CHAIRMAN FOR SCIENCE	0.50	X		X				0.	0.	0.
(5) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(6) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR	40.00	X		X				406,597.	0.	26,500.
(7) DR. PAUL M. MONTRONE BOARD OF DIRECTORS MEMBER	1.00	X						0.	0.	0.
(8) DAME JILLIAN SACKLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(9) MRS. LILY SAFRA BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(10) DR. ELLEN V. SIGAL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(11) DR. CHARLES A. SANDERS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(12) MRS. WILLIAM N. CAFRITZ BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(13) DR. SAMUEL O. THIER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(14) DR. MARTIN J. MURPHY, JR. BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(15) DR. KATHY BLOOMGARDEN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(16) MS. ANN LURIE BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(17) DR. FREDA C. LEWIS-HALL 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) MS. NINA SOLARZ BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(19) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(20) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(21) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(22) DR. EDISON T. LIU BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(23) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(24) MR. JOEL S. MARCUS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(25) MR. RUSSELL W. STEENBERG BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(26) DR. PAUL STOFFELS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								406,597.	0.	26,500.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,040,357.	0.	288,462.
<b>d Total (add lines 1b and 1c)</b>								2,446,954.	0.	314,962.

**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
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		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	4,129,601.
AVID RADIOPHARMACEUTICALS, INC, 3711 MARKET STREET, 7TH FLOOR, PHILADELPHIA, PA	CONDUCTS CLINICAL TRIAL FOR AMP AD	481,500.
BUSINESS TALENT GROUP LLC, 406 BLACKWELL ST, SUITE 240A, DURHAM, NC 27701	CONSULTING SERVICES FOR SUPPORT FUNCTION	467,064.
MARRIOTT BUSINESS SERVICES PO BOX 402642, ATLANTA, GA 30384	MEETING SERVICES FOR VARIOUS PROJECTS	360,908.
ICON EARLY PHASE SERVICES LLC PO BOX 28939, NEW YORK, NY 10087	CONDUCTS CLINICAL TRIAL FOR ABSSI CARP	325,674.

**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**

Form 990 (2016)



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

Form 990

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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) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(28) DR. JOSEPH M. PECZKO BOARD OF DIRECTORS MEMBER 1/16-5/16	0.25	X						0.	0.	0.
(29) MS. ANNE WOJCICKI BOARD OF DIRECTORS MEMBER 1/16-5/16	0.25	X						0.	0.	0.
(30) DR. STEPHANIE JAMES DIRECTOR OF SCIENCE	40.00				X			305,588.	0.	26,500.
(31) MR. DAVID WHOLLEY DIRECTOR OF RESEARCH PARTNERSHIPS	40.00				X			301,988.	0.	38,035.
(32) MS. JULIE TUNE CHIEF FINANCIAL OFFICER	40.00				X			201,681.	0.	31,703.
(33) MS. JULIA WOLF-RODDA DIRECTOR OF DEVELOPMENT	40.00				X			199,264.	0.	31,461.
(34) MR. KEVIN A. KLOCK DIR. OF OPERATIONS & PRESIDENT ADVIS	40.00				X			199,267.	0.	31,462.
(35) DR. JOSEPH MENETSKI DEPUTY DIRECTOR OF RESEARCH PARTNERS	40.00					X		200,877.	0.	31,527.
(36) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	40.00					X		169,024.	0.	28,437.
(37) DR. MICHAEL GOTTLIEB ASSOCIATE DIRECTOR OF SCIENCE	40.00					X		160,295.	0.	16,030.
(38) DR. ROSA CANET AVILES SCIENTIFIC PROGRAM MANAGER	40.00					X		157,635.	0.	27,298.
(39) MR. STEVE HOPPMANN SCIENTIFIC PROGRAM MANAGER	40.00					X		144,738.	0.	26,009.
Total to Part VII, Section A, line 1c								2,040,357.		288,462.

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

Form 990 (2016)

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	15,500.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,150,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	81,694,885.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		754,570.				
	<b>h Total.</b> Add lines 1a-1f			82,860,385.			
<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES	<b>Business Code</b>	561000	122,392.	122,392.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			122,392.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			574,125.			574,125.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses			60,455,452.			
	<b>c</b> Gain or (loss)			60,550,192.			
	<b>d</b> Net gain or (loss)			-94,740.			-94,740.
	<b>8 a</b> Gross income from fundraising events (not including \$ 15,500. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		264,300.			
	<b>b</b> Less: direct expenses	<b>b</b>		199,320.			
	<b>c</b> Net income or (loss) from fundraising events			64,980.			64,980.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions.				83,527,142.	122,392.	0.	544,365.

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

Form 990 (2016)

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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	22,000,760.	22,000,760.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,100.	8,100.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,219,268.	1,219,268.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,792,412.	747,407.	1,026,634.	18,371.
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	3,169,479.	1,984,475.	1,098,349.	86,655.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	346,472.	186,729.	145,025.	14,718.
9 Other employee benefits	585,472.	352,135.	223,935.	9,402.
10 Payroll taxes	327,775.	158,591.	169,184.	
11 Fees for services (non-employees):				
a Management				
b Legal	120,295.	111,052.	9,243.	
c Accounting	52,935.		52,935.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	101,900.	31,083.	70,817.	
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	7,000.	7,000.		
13 Office expenses	25,288.	12,293.	12,985.	10.
14 Information technology	148,799.	66,153.	64,991.	17,655.
15 Royalties				
16 Occupancy	473,081.	189,410.	283,671.	
17 Travel	1,474,382.	1,391,423.	78,349.	4,610.
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	20,094.		20,094.	
23 Insurance	190,673.	141,179.	49,494.	
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 <b>PROGRAM CONTRACTS</b>	13,538,016.	13,538,016.		
b <b>CONSULTANTS</b>	1,615,064.	1,456,645.	152,669.	5,750.
c <b>HONORARIA</b>	121,600.	121,600.		
d <b>TEMPORARY SERVICES</b>	96,946.	74,011.	22,088.	847.
e All other expenses	-38,345.	-233,554.	166,685.	28,524.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	47,397,466.	43,563,776.	3,647,148.	186,542.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

Form 990 (2016)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	21,131,272.	2	46,693,317.
	3 Pledges and grants receivable, net	10,084,867.	3	26,338,796.
	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	84,024.	9	90,770.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 692,845.		
	b Less: accumulated depreciation	10b 650,240.	10c 50,340.	42,605.
	11 Investments - publicly traded securities	43,250,167.	11	43,080,177.
	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	44,633.	15	138,258.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	74,645,303.	16	116,383,923.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,460,257.	17	8,076,645.
	18 Grants payable		18	
	19 Deferred revenue	5,975,257.	19	4,474,530.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	577,271.	21	453,876.
	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	156,970.	25	150,542.
	26 <b>Total liabilities.</b> Add lines 17 through 25	8,169,755.	26	13,155,593.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,662,389.	27	13,322,940.
	28 Temporarily restricted net assets	51,608,294.	28	86,811,639.
	29 Permanently restricted net assets	3,204,865.	29	3,093,751.
	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 <b>Total net assets or fund balances</b>	66,475,548.	33	103,228,330.
	34 <b>Total liabilities and net assets/fund balances</b>	74,645,303.	34	116,383,923.

Form 990 (2016)

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

Form 990 (2016)

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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	83,527,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,397,466.
3	Revenue less expenses. Subtract line 2 from line 1	3	36,129,676.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,475,548.
5	Net unrealized gains (losses) on investments	5	623,106.
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	103,228,330.

**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** (2016)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

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		
<b>Total</b>						

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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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	58,869,026.	59,135,001.	73,905,546.	33,961,607.	82,860,385.	308,731,565.
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 <b>Total.</b> Add lines 1 through 3 .....	58,869,026.	59,135,001.	73,905,546.	33,961,607.	82,860,385.	308,731,565.
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) .....						154,311,898.
6 <b>Public support.</b> Subtract line 5 from line 4.						154,419,667.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 .....	58,869,026.	59,135,001.	73,905,546.	33,961,607.	82,860,385.	308,731,565.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	140,900.	213,728.	214,303.	367,897.	574,125.	1,510,953.
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 <b>Total support.</b> Add lines 7 through 10 .....						310,242,518.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,208,504.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	14	49.77 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 .....	15	46.45 %
16a <b>33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 ☐



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

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**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?		
b A family member of a person described in (a) above?		
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.		

**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.		
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.		

**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).		

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

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

**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.
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.
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.
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.

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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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

<b>Section D - Distributions</b>			<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in Part VI). See instructions		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
<b>9</b>	Distributable amount for 2016 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7</b> Excess distributions carryover to 2017. Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

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## Part VI

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

OMB No. 1545-0047

**2016**

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, 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).

**LHA** For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. **Schedule B (Form 990, 990-EZ, or 990-PF) (2016)**

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
9		\$ 4,408,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1		\$ 4,345,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 19,086,607.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 3,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,266,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 6,310,000.	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
4		\$ 3,320,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,990,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,333,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7		\$ 2,678,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,897,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 3,140,000.	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 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

Employer identification number

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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 D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number  
**52-1986675**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	2	
2 Aggregate value of contributions to (during year)	2,525.	
3 Aggregate value of grants from (during year)	3,100.	
4 Aggregate value at end of year	3,732,287.	

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? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

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

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

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

Schedule D (Form 990) 2016

632051 08-29-16

<b>Part III</b>	<b>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets</b> <i>(continued)</i>
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**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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
<b>1a</b> Beginning of year balance .....	9,501,571.	9,616,660.	3,381,374.	3,491,739.	3,498,900.
<b>b</b> Contributions .....	11,412.	10,356.	6,271,975.	14,559.	15,153.
<b>c</b> Net investment earnings, gains, and losses .....	243,278.	-100,829.	11,641.	-83,704.	25,879.
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	52,231.	24,616.	48,330.	41,220.	48,193.
<b>g</b> End of year balance .....	9,704,030.	9,501,571.	9,616,660.	3,381,374.	3,491,739.

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

a Board designated or quasi-endowment	64.50	%
---------------------------------------	-------	---

b Permanent endowment	31.88	%
-----------------------	-------	---

c	Temporarily restricted endowment	3.62	%
---	----------------------------------	------	---

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

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

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

<b>Part VI</b>	<b>Land, Buildings, and Equipment.</b>
----------------	--

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 .....				
d Equipment .....				
e Other .....		692,845.	650,240.	42,605.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				42,605.

Schedule D (Form 990) 2016

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

Schedule D (Form 990) 2016

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	150,542.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	150,542.

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) 2016

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

Schedule D (Form 990) 2016

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	84,602,588.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	623,106.
b	Donated services and use of facilities	2b	253,020.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	876,126.
3	Subtract line 2e from line 1	3	83,726,462.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-199,320.
c	Add lines 4a and 4b	4c	-199,320.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	83,527,142.

**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	47,849,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	253,020.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	199,320.
e	Add lines 2a through 2d	2e	452,340.
3	Subtract line 2e from line 1	3	47,397,466.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	47,397,466.

**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 12/31/2016, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC HELD \$453,876 IN AGENCY FUNDS FOR FUTURE DISTRIBUTIONS TO THE NATIONAL INSTITUTES OF HEALTH (NIH). THESE FUNDS ARE DESIGNATED BY THE FUNDER(S) FOR SPECIFIC PROJECTS AT THE NIH, AND WILL BE DISBURSED AS NEEDED.

**PART V, LINE 4:**

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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.**Part XIII** Supplemental Information (continued)

## PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL  
STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE  
INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY  
MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2016  
AND 2015.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE -199,320.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE 199,320.

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number

**52-1986675**

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	0	0	GRANTMAKING		933,111.
SOUTH ASIA	0	0	GRANTMAKING		286,157.
3 a Sub-total .....	0	0			1,219,268.
b Total from continuation sheets to Part I .....	0	0			0.
c Totals (add lines 3a and 3b) .....	0	0			1,219,268.

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

Schedule F (Form 990) 2016



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

52-1986675

Schedule F (Form 990) 2016

**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)
		SOUTH ASIA	MALNUTRITION & ENTERIC DISEASES NETWORK	144,394.	WIRE TRANSFER	0.		
		SOUTH ASIA	MALNUTRITION & ENTERIC DISEASES NETWORK	101,856.	WIRE TRANSFER	0.		
		EUROPE	AMP-T2 DIABETES	732,435.	WIRE TRANSFER	0.		
		EUROPE	AMP-T2 DIABETES	85,341.	WIRE TRANSFER	0.		
		SOUTH ASIA	EPIDEMIOLOGY OF VISCERAL LEISHMANIASIS PROJECT	39,907.	WIRE TRANSFER	0.		
		EUROPE	IDENTIFICATION OF HIGH-QUALITY HITS FOR TUBERCULOSIS	115,335.	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 5

3 Enter total number of other organizations or entities 1

## Schedule F (Form 990) 2016

Page 3

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

[illegible]

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule F (Form 990) 2016

OF HEALTH, INC.

52-1986675

Page 4

**Part IV Foreign Forms**

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

Schedule F (Form 990) 2016

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule F (Form 990) 2016

52-1986675 Page 5

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. 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 GRANTEEES AS WELL AS THROUGH  
DIRECT CONTACT WITH INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS,  
AND FOLLOW UP TO PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC  
QUESTIONS OR ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT  
SUBMISSIONS COVER A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES  
AND OVERALL PROGRESS REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE,  
AND ANY OTHER SIGNIFICANT CHANGES. FINANCIAL REPORTING IS REQUIRED  
ANNUALLY FOR ALL OF THE GRANTEEES, AND SEMI-ANNUALLY FOR INSTITUTIONS THAT  
REQUIRE ADDITIONAL OVERSIGHT, SUCH AS SOME DEVELOPING COUNTRY  
INSTITUTIONS. DUE DILIGENCE PROCEDURES, SUCH AS FNIH COMPLIANCE WITH THE  
USA PATRIOT ACT AND IRS REQUIREMENTS ON EXPENDITURE RESPONSIBILITIES,  
HAVE BEEN INCORPORATED INTO THE REPORTING PROCESS TO ENSURE THAT THE  
GRANTEEES ARE COMPLYING WITH GRANT, LEGAL, FINANCIAL, AND REGULATORY  
REQUIREMENTS.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public Inspection**

Employer identification number  
52-1986675

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

**FOUNDATION FOR THE NATIONAL INSTITUTES**

Schedule G (Form 990 or 990-EZ) 2016 **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 2016 FNIH AWARD CEREMO	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
	(event type)	(event type)	(total number)	
<b>Revenue</b>				
<b>1</b> Gross receipts .....	279,800.			279,800.
<b>2</b> Less: Contributions .....	15,500.			15,500.
<b>3</b> Gross income (line 1 minus line 2) .....	264,300.			264,300.
<b>Direct Expenses</b>				
<b>4</b> Cash prizes .....				
<b>5</b> Noncash prizes .....				
<b>6</b> Rent/facility costs .....				
<b>7</b> Food and beverages .....	13,000.			13,000.
<b>8</b> Entertainment .....				
<b>9</b> Other direct expenses .....	186,320.			186,320.
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				199,320.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				64,980.

**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))
<b>Revenue</b>				
<b>1</b> Gross revenue .....				
<b>Direct Expenses</b>				
<b>2</b> Cash prizes .....				
<b>3</b> Noncash prizes .....				
<b>4</b> Rent/facility costs .....				
<b>5</b> Other direct expenses .....				
<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
<b>8</b> 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  
OF HEALTH, INC.**

Schedule G (Form 990 or 990-EZ) 2016

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

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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**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.

OMB No. 1545-0047  
**2016**  
Open to Public  
Inspection

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

Name of the organization

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

Employer identification number  
**52-1986675**

**Part I** 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 non-cash assistance	(h) Purpose of grant or assistance
CASE WESTERN RESERVE UNIVERSITY NORD HALL, SUITE 615. 10900 EUCLID CLEVELAND, OH 44106	34-1018992	501(C)(3)	338,537.	0.			CTVIMC2-MOLECULAR IMMUNE CORRELATES CORE
CATALYSIS FOUNDATION FOR HEALTH, INC - 1900 POWELL STREET, SUITE 600 - EMERYVILLE, CA 94608	20-8602047	501(C)(3)	81,141.	0.			PREDICT TB
SUTTER BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER - 475 BRANNAN STREET, SUITE 220 - SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	63,480.	0.			SARCOPENIA
DONALD DANFORTH PLANT SCIENCE CENTER - 975 NORTH WARSON ROAD - ST. LOUIS, MO 63132	31-1584621	501(C)(3)	494,937.	0.			REGULATORY DEVELOPMENT FOR HEG-MODIFIED MOSQUITOES
DUKE UNIVERSITY 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	560532129	501(C)(3)	166,655.	0.			PROFICIENCY TESTING CENTRAL/CTVIMC2
FRED HUTCHINSON CANCER RESEARCH CENTER - 1100 FAIRVIEW AVE. N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	276,523.	0.			CTVIMC2/INNATE AND MUCOSAL IMMUNITY DISCOVERY TEAM

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **25.**

**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) (2016)

**FOUNDATION FOR THE NATIONAL INSTITUTES**

52-1986675 Page 1

Schedule I (Form 990) OF HEALTH, INC.

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 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	150,000.	0.			LUNG CANCER PROTOCOL
HENRY JACKSON FOUNDATION (USMRP) 1401 ROCKVILLE PIKE, SUITE 600 ROCKVILLE, MD 20852	521317896	501(C)(3)	108,516.	0.			PROFICIENCY TESTING/MAL-ED
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)(3)	138,240.	0.			AMP-T2 DIABETES-AMP AD
JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	519,047.	0.			MAL-ED/ CARDIAC TROPONIN
NIH- CLINICAL CENTER 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	409,690.	0.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	198,200.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,017,902.	0.			RESEARCH
NIH/NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	395,919.	0.			RESEARCH
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	917,915.	0.			RESEARCH

Schedule I (Form 990)

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

52-1986675

Page 1

Schedule I (Form 990)

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/NIAAA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858116	170(C)(1) GOVT	4,831,999.	0.			RESEARCH		
NIH/NIAMD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	3,525,621.	0.			RESEARCH		
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,860,000.	0.			RESEARCH		
NIH/NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	973,456.	0.			RESEARCH		
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,780,620.	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	1,792,113.	0.			AMP-T2 DIABETES. DEPOSIT OF METSIM AND FUSION DATA INTO KNOWLEDGE PORTAL		
THE PENNSYLVANIA STATE UNIVERSITY 401 RIDER BLDG. #227 W. BEAVER AVE STATE COLLEGE, PA 16801	24-6000376	170(C)(1) GOVT	37,925.	0.			MAL-ED		
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	140,010.	0.			BONE QUALITY		
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING, #2001 SOTO STREET - LOS ANGELES, CA 90089-9235	91-1642394	501(C)(3)	436,394.	0.			HD-SCA		

Schedule I (Form 990)





**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)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.

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

Name of the organization

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

Employer identification number  
**52-1986675**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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>b</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		
<b>2</b> 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?		
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/> Compensation committee		
<input 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		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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		X
<b>8</b> 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		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2016

**FOUNDATION FOR THE NATIONAL INSTITUTES**

**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) 406,597.	0.	0.	26,500.	0.	433,097.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DR. STEPHANIE JAMES DIRECTOR OF SCIENCE	(i) 305,588.	0.	0.	26,500.	0.	332,088.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MR. DAVID WHOLLEY DIRECTOR OF RESEARCH PARTNERSHIPS	(i) 299,438.	0.	2,550.	26,500.	11,535.	340,023.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MS. JULIE TUNE CHIEF FINANCIAL OFFICER	(i) 201,181.	0.	500.	20,168.	11,535.	233,384.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MS. JULIA WOLF-RODDA DIRECTOR OF DEVELOPMENT	(i) 197,264.	0.	2,000.	19,926.	11,535.	230,725.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. KEVIN A. KLOCK DIR. OF OPERATIONS & PRESIDENT ADVIS	(i) 196,684.	0.	2,583.	19,927.	11,535.	230,729.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DR. JOSEPH MENETSKI DEPUTY DIRECTOR OF RESEARCH PARTNERS	(i) 200,877.	0.	0.	20,088.	11,439.	232,404.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	(i) 165,024.	4,000.	0.	16,902.	11,535.	197,461.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. MICHAEL GOTTLIEB ASSOCIATE DIRECTOR OF SCIENCE	(i) 160,295.	0.	0.	16,030.	0.	176,325.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DR. ROSA CANET AVILES SCIENTIFIC PROGRAM MANAGER	(i) 155,135.	0.	2,500.	15,763.	11,535.	184,933.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MR. STEVE HOFFMANN SCIENTIFIC PROGRAM MANAGER	(i) 144,738.	0.	0.	14,474.	11,535.	170,747.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
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(i)							
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(i)							
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(i)							
(ii)							
(i)							
(ii)							



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

**2016**Open To Public  
Inspection

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	2	16,902.	STOCK PRICE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X	2	737,668.	MARKET PRICE
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ) .....				
26 Other ▶ ( ) .....				
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

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

29

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) (2016)

Schedule M (Form 990) (2016) **OF HEALTH, INC.**

Page 2

## Part II

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

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
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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.

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

PROGRAM ONE - RESEARCH PARTNERSHIPS -

BUILDING DIALOGUE, CONSENSUS AND SOLUTIONS FOR HEALTH THREATS AROUND  
THE WORLD

IN THE EARLY 21ST CENTURY, THE 10/90 GAP WAS AT THE FOREFRONT OF  
CONVERSATION WITHIN THE GLOBAL HEALTH COMMUNITY. THE GLOBAL FORUM ON  
HEALTH RESEARCH ASSERTED THAT JUST 10 PERCENT OF MEDICAL RESEARCH WAS  
DEVOTED TO THE DISEASES THAT CAUSE 90 PERCENT OF THE WORLD'S HEALTH  
BURDEN. TO FILL THIS GAP, THERE WAS A CRITICAL NEED TO INCREASE  
RESEARCH ON DISEASES THAT CAUSE MILLIONS OF DEATHS IN THE DEVELOPING  
WORLD.

THE FNIH JOINED THE EFFORT TO REDUCE THE 10/90 GAP IN 2003 AS A  
FOUNDING MEMBER OF A PROGRAM THAT ADVANCED GLOBAL DISEASE RESEARCH ON A  
COLOSSAL SCALE. WITH AN INVESTMENT OF \$200 MILLION FROM THE BILL &

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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MELINDA GATES FOUNDATION, THE FNIH FORMED ITS LARGEST PARTNERSHIP CALLED THE GRAND CHALLENGES IN GLOBAL HEALTH INITIATIVE (GRAND CHALLENGES). THE GOAL OF THE INITIATIVE WAS TO ENCOURAGE APPLICATION OF THE LATEST SCIENTIFIC INNOVATIONS TO COMBAT THE MOST INTRACTABLE HEALTH PROBLEMS OF THE WORLD'S POOREST COUNTRIES. UNDER GRAND CHALLENGES, THE FNIH MANAGED 20 PROJECTS IN MORE THAN 25 COUNTRIES FOCUSED ON IMPROVING EXISTING AND DEVELOPING NEW VACCINES; CREATING STRATEGIES TO CONTROL THE TRANSMISSION OF DISEASES; DEVELOPING PHARMACEUTICALS AND DELIVERY SYSTEMS THAT MINIMIZE LIKELIHOOD OF RESISTANCE; AND GENERATING METHODS TO CURE CHRONIC INFECTIONS.

BY 2016, THE FNIH'S CONTINUED PARTNERSHIP WITH THE BILL & MELINDA GATES FOUNDATION THAT FURTHERED THE WORK OF GRAND CHALLENGES HAD ADVANCED TWO HIGHLY NOVEL TECHNOLOGIES FOR PREVENTING THE SPREAD OF MOSQUITO-BORNE DISEASES TO FIELD TESTING, AND STIMULATED CONSENSUS BUILDING AROUND THE DEVELOPMENT PATHWAY FOR NEW MOSQUITO MODIFICATION TECHNOLOGIES. ELIMINATE DENGUE WAS ONE PROJECT THE FNIH INITIATED UNDER GRAND CHALLENGES. SCOTT O'NEILL, PH.D., THEN AT UNIVERSITY OF QUEENSLAND AND LATER AT MONASH UNIVERSITY, AUSTRALIA, RECEIVED A GRANT FOR RESEARCH IN 2005. SOON AFTER, HE HAD A BREAKTHROUGH MOMENT UPON DISCOVERY THAT THE COMMON WOLBACHIA BACTERIUM COULD BLOCK THE REPLICATION OF THE DENGUE VIRUS WITHIN AEDES AEGYPTI MOSQUITOES, WHICH ARE RESPONSIBLE FOR TRANSMITTING THE DISEASE. BY 2008, HE HAD PRODUCED MOSQUITOES THAT COULD CONSISTENTLY PASS WOLBACHIA TO THEIR OFFSPRING AND BLOCK VIRUS REPLICATION, THEREFORE INTERRUPTING TRANSMISSION OF THE DENGUE VIRUS TO HUMANS. ELIMINATE DENGUE WAS READY FOR SMALL SCALE OUTDOOR RELEASE OF THE MOSQUITOES IN AUSTRALIA BY 2011, VIETNAM BY 2013 AND INDONESIA BY 2014 IN COLLABORATION WITH LOCAL GOVERNMENTS.

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BY 2016, THE ZIKA VIRUS BECAME A PRIORITY HEALTH CONCERN WORLDWIDE AND ELIMINATE DENGUE RESEARCHERS HAD ANOTHER BREAKTHROUGH. THEY CONFIRMED THAT WOLBACHIA OBSTRUCTS THE SPREAD OF THE ZIKA VIRUS BY MOSQUITOES. SINCE THEN, THE WORLD HEALTH ORGANIZATION CALLED ON ELIMINATE DENGUE TO PROCEED WITH PILOT DEPLOYMENT OF THE TECHNOLOGY AND PROJECT TEAMS ARE SCALING-UP ACTIVITIES IN ANTIOQUIA, COLOMBIA AND RIO DE JANEIRO, BRAZIL.

ANOTHER GRAND CHALLENGES GRANT SUPPORTED BY THE FNIH WAS AWARDED IN 2005 TO A PROJECT NOW CALLED TARGET MALARIA. THE PROJECT USES GENETIC MODIFICATION TECHNOLOGY (GENE DRIVE) TO REDUCE MOSQUITOES' ABILITY TO TRANSMIT PARASITES THAT CAUSE DISEASES SUCH AS MALARIA. THE ADVANCEMENT OF THIS TECHNOLOGY IS AT THE FOREFRONT OF GLOBAL DISCUSSIONS AS THE EMERGENCE OF SYSTEMS LIKE CRISPR/CAS9 ARE MAKING GENE DRIVE CONSTRUCTS EASIER TO BUILD.

A GRANT WAS AWARDED TO AUSTIN BURT, PH.D., IMPERIAL COLLEGE LONDON, UK, AND HIS TEAM TO SUPPORT WAYS TO PROTECT PEOPLE FROM MALARIA-CARRYING MOSQUITOES. OVER THE NEXT DECADE AND WITH ADDITIONAL FUNDING THROUGH THE FNIH, PROF. BURT DEMONSTRATED THAT GENE DRIVES COULD BE USED TO REDUCE THE REPRODUCTION OF MALARIA MOSQUITOES. BY 2011, THE PROJECT ESTABLISHED FIELD SITES IN AFRICA, NOW COLLABORATING WITH SCIENTISTS IN BURKINA FASO, MALI AND UGANDA. TODAY, TARGET MALARIA CONTINUES TO REFINE ITS GENE DRIVE STRATEGY WITH THE GOAL OF CONTRIBUTING TO THE GLOBAL ERADICATION OF MALARIA.

IN ONGOING PARTNERSHIP WITH THE BILL & MELINDA GATES FOUNDATION, PART

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OF THE FNIH'S ROLE HAS BEEN TO ENSURE THAT THE SCIENTIFIC COMMUNITY  
EXPLORED THE COMPLEX REGULATORY AND ETHICAL ISSUES SURROUNDING MOSQUITO  
MODIFICATION TECHNOLOGY. THE FNIH HELPED FUND A NATIONAL ACADEMIES OF  
SCIENCES, ENGINEERING, AND MEDICINE STUDY THAT SUPPORTED FURTHER  
TESTING OF GENE DRIVE APPROACHES, WHILE RECOMMENDING A COLLABORATIVE  
AND CAUTIONARY APPROACH TO THE RESEARCH AND GOVERNANCE OF THESE  
TECHNOLOGIES. ADDITIONALLY, THE FNIH HOSTED THE "PROBLEM FORMULATION  
FOR USE OF GENE DRIVE TECHNOLOGY IN MOSQUITOES" WORKSHOP IN 2016. IT  
BROUGHT TOGETHER A DIVERSE GROUP OF INTERNATIONAL EXPERTS TO CONDUCT A  
SYSTEMATIC EVALUATION OF POTENTIAL RISKS ASSOCIATED WITH THE USE OF  
GENE DRIVE TECHNOLOGY TO REDUCE THE BURDEN OF MALARIA IN AFRICA AND TO  
CONSIDER THE POTENTIAL FOR UNINTENDED CONSEQUENCES. THIS WORKSHOP  
DEVELOPED CONSENSUS THAT WILL HELP INFORM THE DESIGN OF FURTHER  
RESEARCH, GUIDELINES AND REGULATIONS.

GRAND CHALLENGES PROPELLED THE FNIH ONTO THE WORLD STAGE, SPURRING ITS  
RAPID GROWTH. THROUGH THE INITIATIVE, THE FNIH EXPANDED ITS  
INFRASTRUCTURE BY BRINGING GLOBALLY-RECOGNIZED SCIENTISTS TO THE TEAM  
AND ESTABLISHING ITS CAPACITY FOR GRANT MAKING. DUE LARGELY TO GRAND  
CHALLENGES, THE FNIH HAS BECOME INTERNATIONALLY RECOGNIZED FOR ITS  
INITIATIVES FOCUSED ON OPENING DIALOGUE, DEVELOPING CONSENSUS AND  
IMPLEMENTING SOLUTIONS FOR HEALTH THREATS THAT AFFECT PEOPLE AROUND THE  
GLOBE.

THE BIOMARKERS CONSORTIUM: SHAPING THE FUTURE OF BIOMEDICAL RESEARCH  
THE FNIH BIOMARKERS CONSORTIUM (BC) CELEBRATED 10 YEARS OF  
COLLABORATION, RESEARCH AND IMPACT ON REGULATORY SCIENCE IN 2016. THIS  
PUBLIC-PRIVATE PARTNERSHIP MANAGED BY THE FNIH IS HELPING TO CREATE A

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NEW ERA OF PRECISION MEDICINE AND TO ENABLE THERAPIES THAT ARE BETTER  
TAILORED FOR PATIENTS. IN 2016, THE BC LAUNCHED FIVE COLLABORATIVE  
PROJECTS, WHICH ARE DESIGNED TO GENERATE TOOLS THAT WILL ADVANCE THE  
DEVELOPMENT OF THERAPIES IN CANCER, RHEUMATOID ARTHRITIS, FRAILTY AND  
HEART DISEASE. CONSORTIUM MEMBERS ALSO CONTINUE TO DEVELOP NEW AND  
INNOVATIVE PROGRAMS IN THESE AND OTHER DISEASE AREAS ENSURING THE BC  
WILL PROVIDE DECISION-MAKING TOOLS FOR ADVANCING THERAPIES INTO THE  
FUTURE.

IN ADDITION TO ITS WORK ON DISEASE-SPECIFIC PROJECTS, THE BC RECOGNIZED  
THAT THE USE OF BIOLOGICAL MARKERS (BIOMARKERS) IN DRUG DEVELOPMENT HAS  
BEEN PARTICULARLY HAMPERED BY A LACK OF CLEAR, PREDICTABLE AND SPECIFIC  
REGULATORY CRITERIA FOR THE EVIDENCE REQUIRED TO QUALIFY NEW MARKERS.  
TO RESOLVE THIS, A GROUP LED BY THE BC DEVELOPED AND RELEASED A  
"FRAMEWORK FOR DEFINING EVIDENTIARY CRITERIA FOR BIOMARKER  
QUALIFICATION" IN OCTOBER 2016 AS A TOOL TO HELP ASSESS THE LEVEL OF  
EVIDENCE NEEDED TO SUPPORT FORMAL REGULATORY QUALIFICATION OF  
BIOMARKERS AT THE U.S. FOOD AND DRUG ADMINISTRATION (FDA). THE DOCUMENT  
WAS A RESULT OF A MULTI-STAKEHOLDER EFFORT THAT INCORPORATED INPUT FROM  
NEARLY 200 SCIENTIFIC LEADERS FROM THE FDA, THE NATIONAL INSTITUTES OF  
HEALTH (NIH), THE FNIH, THE CRITICAL PATH INSTITUTE (C-PATH),  
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA) AND  
MULTIPLE PHARMACEUTICAL COMPANIES. THE FRAMEWORK WILL PROVE USEFUL IN  
ENABLING MORE PRODUCTIVE DISCUSSIONS BETWEEN BIOMARKER DEVELOPERS AND  
THE FDA, IMPROVING THE QUALITY OF BIOMARKER QUALIFICATION SUBMISSIONS  
AND INFORMING FUTURE EFFORTS TO DEVELOP RELEVANT FDA GUIDANCES FOR  
EVIDENTIARY CRITERIA IN BIOMARKER QUALIFICATION.



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OVER THE PAST DECADE, THE BC HAS RAISED MORE THAN \$70 MILLION FOR PRECOMPETITIVE, COLLABORATIVE PROJECTS THAT INCLUDE PARTICIPANTS FROM THE NIH, THE FDA, NOT-FOR-PROFIT ORGANIZATIONS, ACADEMIC RESEARCH ORGANIZATIONS, AND PHARMACEUTICAL AND BIOTECHNOLOGY COMPANIES. MORE THAN 20 PROJECTS HAVE BEEN LAUNCHED IN 13 DIFFERENT DISEASE AREAS, RESULTING IN 46 PUBLICATIONS WRITTEN ON BEHALF OF OR SPONSORED BY THE BC. ITS WORK ALSO HAS BEEN INSTRUMENTAL IN TESTING NEW MODELS FOR CLINICAL TRIALS. THE BC SPONSORED ONE OF THE FIRST TRIALS TO USE GENETIC MARKERS TO GUIDE THE SELECTION OF TREATMENTS FROM AMONG MULTIPLE DRUGS IN A SINGLE TRIAL, HELPING ESTABLISH AN ACCELERATED APPROVAL PATHWAY FOR NEW BREAST CANCER MEDICINES. TO DATE, THE WORK OF THE BC HAS SUPPORTED THE ADVANCEMENT OF SIX THERAPEUTICS IN THE DRUG DEVELOPMENT PROCESS AND HELPED GENERATE FOUR SEPARATE FDA GUIDANCE DOCUMENTS.

THE BC CAN SOLVE THESE AND OTHER CHALLENGES HEAD-ON BECAUSE IT OFFERS A UNIQUE ENVIRONMENT IN WHICH THE RESOURCES AND SCIENTIFIC EXPERTISE OF ITS PARTNERS CAN BE FREELY SHARED. OVER THE PAST 10 YEARS, BIOMARKERS HAVE BECOME RECOGNIZED AS INDISPENSABLE TOOLS FOR EFFECTIVE DRUG DEVELOPMENT, AND THE BC HAS EQUALLY ESTABLISHED ITSELF AS THE PROVEN MODEL FOR ADVANCING THE SCIENTIFIC VALIDITY AND PRACTICAL UTILITY OF BIOMARKERS IN TREATING PATIENTS. ITS MISSION IS AS RELEVANT AS EVER.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

CONTINUED:

CHANGING THE PROGNOSIS OF ALZHEIMER'S DISEASE

FIRST DISCOVERED 110 YEARS AGO, ALZHEIMER'S DISEASE STILL HAS NO CURE

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OR EFFECTIVE TREATMENT. MORE THAN FIVE MILLION AMERICANS SUFFER FROM THIS PROGRESSIVE BRAIN DISORDER, WITH ESTIMATES BY THE NATIONAL INSTITUTE ON AGING (NIA) SUGGESTING IT IS THE THIRD LEADING CAUSE OF DEATH FOR OLDER ADULTS. FOR YEARS, SCIENTISTS HAVE LABORED WITH LIMITED SUCCESS TO FIND BREAKTHROUGHS THAT WOULD AID IN THE DIAGNOSIS AND TREATMENT OF THIS DEVASTATING DISEASE. BUT IN 2004 AN UNPRECEDENTED STUDY CALLED THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI)-WHICH ENTERED ITS THIRD PHASE IN 2016-UNITED SCIENTISTS ACROSS MULTIPLE SECTORS TO CHANGE THE PROGNOSIS FOR DEVELOPING NEW TREATMENTS.

"THE PROBLEM IN THE FIELD WAS THAT YOU HAD MANY DIFFERENT SCIENTISTS, IN MANY DIFFERENT UNIVERSITIES, DOING THEIR OWN RESEARCH WITH THEIR OWN PATIENTS AND WITH THEIR OWN METHODS," MICHAEL W. WEINER, M.D., ADNI PRINCIPAL INVESTIGATOR, SAN FRANCISCO DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER AND THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO, TOLD THE NEW YORK TIMES IN 2010. "WHAT WAS NEEDED WAS TO GET EVERYONE TOGETHER AND TO GET A COMMON DATA SET."

ADNI FULFILLED THIS NEED BY BRINGING THE PUBLIC AND PRIVATE SECTORS TOGETHER TO UNCOVER THE BIOLOGICAL MARKERS (BIOMARKERS) THAT TRACK ALZHEIMER'S DISEASE PROGRESSION. THE LONGITUDINAL STUDY USES IMAGING, BIOCHEMICAL AND GENETIC DATA TO IDENTIFY CHANGES TAKING PLACE IN THE BRAINS OF 800 INDIVIDUALS WITH NORMAL COGNITION AND DIFFERENT STAGES OF THE DISEASE. MOST SIGNIFICANTLY, THE DATA ARE MADE IMMEDIATELY AVAILABLE TO RESEARCHERS AT ANY ORGANIZATION.

FULFILLING ITS UNIQUE AND INSTRUMENTAL ROLE, THE FNIH BROUGHT ALL OF THE NECESSARY PARTIES TOGETHER. BY THE LAUNCH OF THE FIRST PHASE OF

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ADNI, NIA CONTRIBUTED \$41 MILLION, OTHER NATIONAL INSTITUTES OF HEALTH  
INSTITUTES PROVIDED \$2.4 MILLION AND 20 COMPANIES AND TWO  
NOT-FOR-PROFIT ORGANIZATIONS DONATED \$27 MILLION THROUGH THE FNIH.

MORE THAN 30 ORGANIZATIONS HAVE SUPPORTED ADNI SINCE LAUNCH AND  
RESEARCHERS ARE TRACKING VOLUNTEERS AT 58 CLINICAL SITES IN NORTH  
AMERICA. THE THIRD PHASE OF ADNI (ADNI3) LAUNCHED IN SEPTEMBER 2016.  
NIA SUPPORT IS EXPECTED TO TOTAL \$40 MILLION OVER THE COURSE OF ADNI3  
AND AN ADDITIONAL \$20 MILLION IS SOUGHT BY THE FNIH FROM THE PRIVATE  
SECTOR. ADDITIONS TO ADNI3 INCLUDE RECRUITING MORE PATIENT VOLUNTEERS,  
USING STATE-OF-THE-ART IMAGING TO MONITOR BRAIN LEVELS OF TAU (A  
PROTEIN THAT IS OFTEN ABNORMAL IN ALZHEIMER'S PATIENTS) AND PERFORMING  
CUTTING-EDGE ANALYSES TO ASSESS COMPLEX INTERACTIONS BETWEEN THE BRAIN  
AND BODY. ADNI3 ALSO WILL ASSESS COGNITIVE FUNCTION THROUGH COMPUTER  
TESTS AT HOME AND IN THE DOCTOR'S OFFICE.

AFTER 12 YEARS, ADNI CONTINUES TO ADVANCE THE FIELD OF ALZHEIMER'S  
DISEASE, WHILE SERVING AS A MODEL FOR HOW PUBLIC-PRIVATE PARTNERSHIPS  
CAN LEAD TO OTHERWISE UNATTAINABLE RESEARCH PROGRESS. BY STANDARDIZING  
TECHNOLOGIES AND PROTOCOLS, ADNI HAS IMPROVED CLINICAL TRIAL DESIGN AND  
INFLUENCED THE DEVELOPMENT OF OTHER PARTNERSHIPS IN AREAS SUCH AS  
PARKINSON'S DISEASE AND MULTIPLE SCLEROSIS, AND ITS OPEN-ACCESS DATA  
POLICY SERVES AS A MODEL OF SUCCESSFUL PRECOMPETITIVE DATA SHARING.  
ADNI DATA HAVE BEEN DOWNLOADED FOR RESEARCH PURPOSES MORE THAN 14  
MILLION TIMES AND SCIENTISTS WORLDWIDE HAVE USED THEM TO PUBLISH MORE  
THAN 1,200 SCIENTIFIC PAPERS, LEADING TO A BETTER UNDERSTANDING OF THE  
RELATIONSHIP BETWEEN BIOMARKERS AND ALZHEIMER'S DISEASE PROGRESSION-AND  
HOPEFULLY, ONE DAY SOON, NEW AND EFFECTIVE TREATMENTS.

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CELEBRATING 20 YEARS OF PARTNERSHIP AND DISCOVERY (TIMELINE)

FOR TWO DECADES, THE FNIH HAS BUILT AND NURTURED SCIENTIFIC PARTNERSHIPS, RAISING NEARLY \$1 BILLION TO MAKE IMPORTANT HEALTH DISCOVERIES POSSIBLE. THESE ALLIANCES WITH GOVERNMENT, ACADEMIA, INDUSTRY, PHILANTHROPISTS AND INDIVIDUAL DONORS, ENABLE THE FNIH TO SUPPORT RESEARCHER TRAINING, AWARDS, SYMPOSIA AND PATIENT CARE ACTIVITIES AT THE NATIONAL INSTITUTES OF HEALTH (NIH), IN ADDITION TO FOSTERING INNOVATIVE RESEARCH MODELS THAT PROPEL CUTTING-EDGE SCIENCE. THE FNIH'S SUCCESS IS A TESTAMENT TO THE POWER OF COLLABORATION AMONG DIVERSE STAKEHOLDERS WORKING TO SOLVE PRESSING HEALTH CHALLENGES TOGETHER. AS A TRUSTED RESOURCE FOR THE NIH AND THE SCIENTIFIC COMMUNITY, THE FNIH WILL CONTINUE TO LEAD EFFORTS TO SHAPE THE COURSE OF BIOMEDICAL SCIENCE AND HUMAN HEALTH FOR DECADES TO COME.

#### 1998

- NORMAN P. SALZMAN MEMORIAL SYMPOSIUM AND AWARD IN VIROLOGY: FIRST ANNUAL AWARD IN FNIH HISTORY IS ESTABLISHED; 20 OUTSTANDING FELLOWS HONORED TO DATE.
- CLINICAL RESEARCH TRAINING PROGRAM: MAJOR PROGRAM TO TRAIN CLINICIAN SCIENTISTS AT THE NIH IS LAUNCHED.

#### 1999

- OSTEOARTHRITIS INITIATIVE: THE FNIH'S FIRST LARGE RESEARCH PROJECT THAT CREATED A PUBLIC-ACCESS DATABASE THAT ENABLED SCIENTISTS WORLDWIDE TO HELP PREDICT THE PROGRESSION OF OSTEOARTHRITIS AND DEVELOP TREATMENTS, LEADING TO A NEW MODEL FOR COLLABORATION.

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2003

- ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI): WITH NEW MODELS FOR COLLABORATIVE RESEARCH AND OPEN DATA ACCESS, THIS STUDY ADVANCES THE UNDERSTANDING OF ALZHEIMER'S DISEASE OVER THE NEXT 12 YEARS.
- GRAND CHALLENGES IN GLOBAL HEALTH: A \$200 MILLION PARTNERSHIP WITH THE BILL & MELINDA GATES FOUNDATION TO FIGHT DISEASES IN THE WORLD'S POOREST COUNTRIES.

2005

- THE EDMOND J. SAFRA FAMILY LODGE: THIS HOME-AWAY-FROM-HOME FOR PATIENTS OF THE NIH CLINICAL CENTER AND THEIR FAMILIES OPENS. MORE THAN 110,000 ROOM NIGHTS HOSTED TO DATE.
- GENETIC ASSOCIATION INFORMATION NETWORK (GAIN): SAMPLES FROM THOUSANDS OF PATIENTS IN SIX COMMON DISEASES ARE SEQUENCED AND COMPILED IN THE FIRST LARGE-SCALE INDIVIDUAL GENOTYPE-PHENOTYPE DATABASE (DBGAP) AT THE NATIONAL LIBRARY OF MEDICINE.
- COMPREHENSIVE T-CELL VACCINE IMMUNE MONITORING CONSORTIUM (CTC-VIMC): A NETWORK ACROSS THREE CONTINENTS THAT PROVIDES RESEARCHERS WITH TOOLS TO EVALUATE PATIENTS FOR HIV/ AIDS VACCINES.

2006

- THE BIOMARKERS CONSORTIUM: THIS LANDMARK PUBLIC-PRIVATE PARTNERSHIP LAUNCHES TO ADVANCE THE QUALIFICATION OF NEW BIOMARKERS USED IN DRUG DEVELOPMENT AND APPROVALS.

2007

- OBSERVATIONAL MEDICAL OUTCOMES PARTNERSHIP (OMOP): A PARTNERSHIP THAT STUDIES ADVERSE DRUG REACTIONS TO HELP IMPROVE THE SAFETY OF MEDICAL

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## PRODUCTS.

2008

- MAL-ED: A LONGITUDINAL STUDY THAT EXAMINES THE RELATIONSHIPS BETWEEN MALNUTRITION AND INTESTINAL DISEASES AND THEIR EFFECT ON THE HEALTH AND DEVELOPMENT OF YOUNG CHILDREN.

- VECTOR-BASED CONTROL OF TRANSMISSION: DISCOVERY RESEARCH (VCTR): A PROGRAM THAT DEVELOPS NOVEL TECHNOLOGIES TO STOP THE SPREAD OF MOSQUITO-BORNE DISEASES.

2012

- SPORTS AND HEALTH RESEARCH PROGRAM (SHRP): A PARTNERSHIP THAT ACCELERATES RESEARCH ON MEDICAL CONDITIONS PROMINENT IN ATHLETES, SUCH AS TRAUMATIC BRAIN INJURY.

- MEDICAL RESEARCH SCHOLARS PROGRAM (MRSP): THIS INTENSIVE RESIDENTIAL TRAINING PROGRAM BEGINS AT THE NIH FOR MEDICAL, DENTAL AND VETERINARY STUDENTS.

2013

- LURIE PRIZE IN BIOMEDICAL SCIENCES: ESTABLISHMENT OF THIS ANNUAL AWARD THAT RECOGNIZES OUTSTANDING ACHIEVEMENTS BY A YOUNG BIOMEDICAL RESEARCHER.

- ACCELERATING MEDICINES PARTNERSHIP (AMP): A \$190 MILLION PARTNERSHIP THAT SEEKS TO IDENTIFY AND VALIDATE NEW DRUG TARGETS IN ALZHEIMER'S DISEASE, TYPE 2 DIABETES AND IMMUNE-MEDIATED DISORDERS.

- GENOME: UNLOCKING LIFE'S CODE: THE FNIH FUNDS THIS HUMAN GENOMICS EXHIBIT, WHICH IS NOW ON A FOUR-YEAR NORTH AMERICAN TOUR.

- ELIMINATE DENGUE: A PROJECT THAT USES A COMMON BACTERIUM TO HELP STOP

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THE SPREAD OF VIRAL DISEASES BY MOSQUITOES.

2014

- LUNGMAP: A PRECISION MEDICINE TRIAL THAT TESTS MULTIPLE  
GENETICALLY-TARGETED DRUGS AND IMMUNOTHERAPIES.

2016

- EVIDENTIARY CRITERIA FRAMEWORK: THE FNIH BIOMARKERS CONSORTIUM WORKS  
WITH THE NIH AND FDA TO DEVELOP STANDARDS FOR THE LEVELS OF EVIDENCE  
REQUIRED TO QUALIFY BIOMARKERS FOR USE IN DRUG DEVELOPMENT.

- CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD: AN ANNUAL AWARD THAT  
RECOGNIZES PERSONS AND/ OR ORGANIZATIONS THAT MAKE SIGNIFICANT  
CONTRIBUTIONS IN SUPPORT OF THE FNIH'S MISSION.

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

PROGRAM TWO - FELLOWSHIPS AND TRAINING PROGRAMS -

BUILDING A CRITICAL PIPELINE OF CLINICIAN SCIENTISTS

ACCORDING TO THE AMERICAN MEDICAL ASSOCIATION, THE PERCENTAGE OF  
PHYSICIANS ENGAGED IN RESEARCH AND TEACHING HAS DECREASED IN PAST  
DECADES. THIS CONCERNING STATISTIC MEANS THAT THERE ARE FEWER CLINICIAN  
SCIENTISTS THAT PLAY THE VITAL ROLE OF UNDERSTANDING BASIC BIOLOGY AND  
SCIENTIFIC DISCOVERY WHILE CONSIDERING THE POTENTIAL BENEFITS TO  
PATIENTS.

SINCE 1998, THE FNIH HAS HELPED BUILD A PIPELINE OF CLINICIAN  
SCIENTISTS BY SUPPORTING TRAINING PROGRAMS AND FELLOWSHIPS AT THE  
NATIONAL INSTITUTES OF HEALTH (NIH). THIS WORK BEGAN BY RAISING PRIVATE  
FUNDS FOR THE NIH CLINICAL RESEARCH TRAINING PROGRAM (CRTP). FOR MORE

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THAN A DECADE, THE PROGRAM ATTRACTED RESEARCH-ORIENTED MEDICAL, DENTAL AND VETERINARY STUDENTS TO RECEIVE TRAINING AT THE NIH. AN ANALYSIS OF THE PROGRAM FOUND THAT CRTP FOSTERED STUDENT CAREERS, AS NEARLY TWO-THIRDS OF PARTICIPANTS ARE STILL CONDUCTING CLINICAL RESEARCH. TRAINING AT THE NIH CONTINUES THROUGH FNIH-SUPPORTED INITIATIVES, SUCH AS THE AMGEN SCHOLARS PROGRAM, SCHOLAR EDUCATION FUNDED BY THE JAYNE KOSKINAS TED GIOVANIS FOUNDATION FOR HEALTH POLICY, THE SALLIE ROSEN KAPLAN POSTDOCTORAL FELLOWSHIP FOR WOMEN SCIENTISTS IN CANCER RESEARCH AND THE MEDICAL RESEARCH SCHOLARS PROGRAM (MRSP), WHICH HAS FURTHERED THE LEGACY OF CRTP SINCE 2012. IN 2016, 52 STUDENTS PARTICIPATING IN MRSP BEGAN ONE-YEAR TRAINING AT THE NIH, CONDUCTING RESEARCH PROJECTS WITH CLOSE MENTORSHIP FROM INVESTIGATORS IN AREAS INCLUDING CANCER, CARDIOLOGY AND NEUROLOGY. STUDENTS ALSO PARTICIPATED IN WORKSHOPS ON LEADERSHIP, ENTREPRENEURSHIP AND DRUG DEVELOPMENT, IN ADDITION TO CLINICAL TEACHING ROUNDS AT THE NIH CLINICAL CENTER. THE NIH AND THE PRIVATE SECTOR-WITH FUNDS RAISED THROUGH THE FNIH-HAVE SUPPORTED NEARLY 240 FELLOWS THROUGH THE MRSP TO DATE.

BEYOND TRAINING PROGRAMS, THE FNIH FUNDS INDIVIDUAL FELLOWS IN THE LABORATORIES OF NIH RESEARCHERS ADVANCING THERAPIES FOR DISEASES SUCH AS CANCER. THE STEPHEN J. SOLARZ MEMORIAL FUND, ESTABLISHED IN 2010, HONORS FNIH BOARD MEMBER NINA SOLARZ'S LATE HUSBAND AND U.S. CONGRESSMAN WHO RECEIVED TREATMENT FOR ESOPHAGEAL CANCER AT THE NATIONAL CANCER INSTITUTE (NCI). THE FUND SUPPORTS FELLOWSHIPS IN THE LABORATORY OF DAVID SCHRUMP, M.D., CHIEF OF THE THORACIC AND GASTROINTESTINAL ONCOLOGY BRANCH IN THE CENTER FOR CANCER RESEARCH OF THE NCI, WHOSE RESEARCH STIMULATES A PATIENT'S IMMUNE SYSTEM INTO FIGHTING AND PREVENTING DIFFERENT TYPES OF NEW CANCER GROWTH. THE TWO-YEAR, FULLY FUNDED FELLOWSHIPS TRAIN POST-DOCTORATE SCIENTISTS AND



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RESEARCHERS FROM ABROAD SO THEY CAN RETURN TO THEIR HOME COUNTRIES WITH KNOWLEDGE THAT WILL BENEFIT THEIR LOCAL COMMUNITIES.

ANOTHER FELLOWSHIP MANAGED BY THE FNIH FOCUSES ON RENAL CELL CANCER RESEARCH-THE MOST COMMON TYPE OF KIDNEY CANCER. THE DEAN R. O'NEILL RENAL CELL CANCER RESEARCH FUND AND THE DR. EDWARD T. RANCIC MEMORIAL FUND FOR CANCER RESEARCH HAVE SPONSORED THE FULL-TIME FELLOW FOR THE LAST 10 YEARS IN THE LABORATORY OF RICHARD W. CHILDS, M.D., SENIOR INVESTIGATOR, LABORATORY OF TRANSPLANTATION IMMUNOTHERAPY, AT THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE. SINCE 2007, LAB FELLOWS, INCLUDING CURRENT FELLOW EMILY LEVY, HAVE ADVANCED WORK IN RENAL CELL CANCER RESEARCH IN HOPES OF FINDING A CURE FOR KIDNEY CANCER.

THESE TRAINING PROGRAMS AND FELLOWSHIPS ARE CRITICAL FOR DEVELOPING A PIPELINE OF CLINICIAN SCIENTISTS WHO ARE READY TO MEET THE DEMANDS OF THE CHANGING POPULATION. BUT BEYOND THIS, THEY WILL HELP FURTHER INNOVATION IN BIOMEDICAL RESEARCH FOR YEARS TO COME.

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

PROGRAM THREE - MEMORIALS, AWARDS AND EVENTS - THE FNIH MANAGES AND ORGANIZES SCIENTIFIC MEETINGS, AWARDS AND EVENTS THROUGHOUT THE YEAR. FROM LECTURES AND WORKSHOPS TO COLLABORATIVE SUMMITS, THE FNIH FACILITATED MORE THAN 60 EVENTS IN 2016 THAT SPANNED DOZENS OF FIELDS OF RESEARCH. THIS INCLUDED THE 5TH ANNUAL PRESENTATION OF THE LURIE PRIZE IN BIOMEDICAL SCIENCES, A \$100,000 AWARD RECOGNIZING OUTSTANDING ACHIEVEMENT BY A PROMISING YOUNG SCIENTIST IN BIOMEDICAL RESEARCH. IN MAY 2017 THOUGHT LEADERS FROM THE NIH, PIONEERS IN BIOMEDICAL SCIENCE, THE BIOTECH AND PHARMACEUTICAL INDUSTRIES, PHILANTHROPISTS AND BUSINESS EXECUTIVES CONVENED AT THE ORGANIZATION OF AMERICAN STATES IN WASHINGTON, D.C. FOR THE PRESENTATION OF THE LURIE PRIZE AT THE FNIH

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AWARD CEREMONY. WOLF BLITZER, AWARD-WINNING JOURNALIST AND TELEVISION NEWS ANCHOR, WAS THE EVENING'S MASTER OF CEREMONIES. THE 2017 LURIE PRIZE WAS AWARDED TO DAVID M. SABATINI, M.D., PH.D., MEMBER OF THE WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH AND PROFESSOR OF BIOLOGY, MASSACHUSETTS INSTITUTE OF TECHNOLOGY. DR. SABATINI DISCOVERED THE MTOR (MECHANISTIC TARGET OF RAPAMYCIN) CELLULAR PATHWAY AS A KEY REGULATOR OF GROWTH AND METABOLISM IN RESPONSE TO NUTRIENTS.

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

PROGRAM FOUR - CAPITAL PROJECTS - THE FNIH'S CAPITAL PROJECTS ENHANCE THE RESEARCH ENVIRONMENT AT NIH, SUPPORTING AND PROMOTING THE IMPORTANT DISCOVERIES THAT RESULT FROM NIH'S LEADING-EDGE WORK. FOR EXAMPLE, THE FNIH SUPPORTS THE EDMOND J. SAFRA FAMILY LODGE, WHICH PROVIDES ACCOMMODATIONS TO ADULT PATIENTS RECEIVING CARE AT THE NIH CLINICAL CENTER AND THEIR FAMILIES AT NO COST TO THEM. IN ADDITION TO THEIR OWN PRIVATE ROOMS, GUESTS ARE FREE TO USE THE FAMILY LODGE'S MANY AMENITIES: A LIBRARY, A BUSINESS AND TELECOMMUTING CENTER, A FITNESS CENTER, A CHILDREN'S PLAY AREA, SEVERAL LOUNGE AREAS, A HEALING GARDEN, AND A NEWLY RENOVATED KITCHEN. THE FAMILY LODGE IS CONVENIENTLY LOCATED WITHIN WALKING DISTANCE OF THE NIH CLINICAL CENTER AND HAS SERVED THOUSANDS OF FAMILY MEMBERS AND CAREGIVERS.

EXPENSES \$ 51,627. INCLUDING GRANTS OF \$ 0. 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.

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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 FINAL FORM 990 AS APPROVED BY THE  
CHIEF FINANCIAL OFFICER.

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

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

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

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

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

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

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

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

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

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

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

**FORM 990, PART XII, LINE 2C:**

**PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.**

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property)

990

OMB No. 1545-0172

**2016**Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).Attachment  
Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.****FORM 990 PAGE 10****52-1986675****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	500,000.
2	Total cost of section 179 property placed in service (see instructions)	
3	Threshold cost of section 179 property before reduction in limitation	2,010,000.
4	Reduction in limitation. Subtract line 4 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	
6	(a) Description of property	(b) Cost (business use only)
		(c) Elected cost
7	Listed property. Enter the amount from line 29	7
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	20,094.

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	

**Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

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

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

**FOUNDATION FOR THE NATIONAL INSTITUTES  
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Form 4562 (2016)

52-1986675 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

**Section B - Information on Use of Vehicles**

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44