** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2017 calendar year, or tax year beginning and ending

<table>
<thead>
<tr>
<th>C Name of organization</th>
<th>D Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</td>
<td>52-1986675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>(301) 402-5311</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>G Gross receipts</th>
<th>H(a) Is this a group return for subordinates?</th>
</tr>
</thead>
<tbody>
<tr>
<td>252,508,965.00</td>
<td>Yes X No</td>
</tr>
</tbody>
</table>

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

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

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

K Form of organization:

<table>
<thead>
<tr>
<th>L Year of formation</th>
<th>M State of legal domicile</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>MD</td>
</tr>
</tbody>
</table>

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CREATES AND LEADS ALLIANCES AND NETWORKS.

2 Check this box ☑ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7 Total unrelated business revenue from Part VIII, column (C), line 12

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16 Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

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.

Signature of officer

<table>
<thead>
<tr>
<th>Signature of officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARIA C. FREIRE, PH.D., PRESIDENT</td>
</tr>
</tbody>
</table>

Type or print name and title

Signed: 11/15/18

Print/Type preparer’s name

<table>
<thead>
<tr>
<th>Paid</th>
<th>Preparer’s signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>LORI K. COCHRAN</td>
<td>LORI K. COCHRAN</td>
</tr>
</tbody>
</table>

Date: 11/14/18

Check I certified: PTIN: P00853221

Preparer’s name: DIXON HUGHES GOODMAN LLP

Firm’s EIN: 56-0747981

Phone no. (804) 282-7636

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Part III | Statement of Program Service Accomplishments

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

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 $ 49,803,065. including grants of $ 34,087,568.) (Revenue $ 111,660. )

SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS

4b (Code: __________) (Expenses $ 958,145. including grants of $ 678,997. ) (Revenue $ __________)

SEE SCHEDULE O, PROGRAM TWO, EDUCATION, TRAINING AND PATIENT SUPPORT PROGRAMS

4c (Code: __________) (Expenses $ 813,509. including grants of $ 196,584. ) (Revenue $ __________)

SEE SCHEDULE O, PROGRAM THREE, MEMORIALS, AWARDS AND EVENTS

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

(Expenses $ 66,782. including grants of $ __________ ) (Revenue $ __________ )

4e Total program service expenses ▶ 51,641,501.

SEE SCHEDULE O FOR CONTINUATION(S)

Form 990 (2017)
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If the organization’s answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O.
### Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
</tr>
<tr>
<td>b</td>
<td>Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
</tr>
<tr>
<td>2a</td>
<td>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</td>
</tr>
<tr>
<td>b</td>
<td>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O</td>
</tr>
<tr>
<td>4a</td>
<td>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)?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the name of the foreign country.</td>
</tr>
<tr>
<td>5a</td>
<td>Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
</tr>
<tr>
<td>b</td>
<td>Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
</tr>
<tr>
<td>6a</td>
<td>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?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
</tr>
<tr>
<td>7</td>
<td>Organizations that may receive deductible contributions under section 170(c).</td>
</tr>
<tr>
<td>a</td>
<td>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?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
</tr>
<tr>
<td>d</td>
<td>If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
</tr>
<tr>
<td>f</td>
<td>Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
</tr>
<tr>
<td>g</td>
<td>Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
</tr>
<tr>
<td>h</td>
<td>Did the organization receive a contribution of qualified intellectual property?</td>
</tr>
<tr>
<td>8</td>
<td>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</td>
</tr>
<tr>
<td>9</td>
<td>Sponsoring organizations maintaining donor advised funds.</td>
</tr>
<tr>
<td>a</td>
<td>Did the sponsoring organization make any taxable distributions under section 4966?</td>
</tr>
<tr>
<td>b</td>
<td>Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
</tr>
<tr>
<td>10</td>
<td>Section 501(c)(7) organizations. Enter:</td>
</tr>
<tr>
<td>a</td>
<td>Initiation fees and capital contributions included on Part VIII, line 12</td>
</tr>
<tr>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
</tr>
<tr>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Section 501(c)(12) organizations. Enter:</td>
</tr>
<tr>
<td>a</td>
<td>Gross income from members or shareholders</td>
</tr>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
</tr>
<tr>
<td>12b</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
</tr>
<tr>
<td>a</td>
<td>Is the organization licensed to issue qualified health plans in more than one state?</td>
</tr>
<tr>
<td>b</td>
<td>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</td>
</tr>
<tr>
<td>c</td>
<td>Enter the amount of reserves on hand</td>
</tr>
<tr>
<td>13a</td>
<td></td>
</tr>
<tr>
<td>13b</td>
<td></td>
</tr>
<tr>
<td>13c</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization receive any payments for indoor tanning services during the tax year?</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
</tr>
<tr>
<td>14a</td>
<td>X</td>
</tr>
<tr>
<td>14b</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2017)
### Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. Enter the number of voting members included in line 1a, above, who are independent. 

<table>
<thead>
<tr>
<th>1a</th>
<th>26</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

1b. Enter the number of voting members included in line 1a, above, who are independent.

<table>
<thead>
<tr>
<th>1b</th>
<th>25</th>
</tr>
</thead>
</table>

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 

5. Did the organization become aware during the year of a significant diversion of the organization's assets? 

6. Did the organization have members or stockholders? 

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 

<table>
<thead>
<tr>
<th>8a</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8b</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? 

### Section B. Policies

10a. Did the organization have local chapters, branches, or affiliates? 

<table>
<thead>
<tr>
<th>10a</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

10b. 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? 

<table>
<thead>
<tr>
<th>10b</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 

<table>
<thead>
<tr>
<th>11a</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

11b. Describe in Schedule O the process, if any, used by the organization to review this Form 990.

<table>
<thead>
<tr>
<th>11b</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

12a. Did the organization have a written conflict of interest policy? 

<table>
<thead>
<tr>
<th>12a</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 

<table>
<thead>
<tr>
<th>12b</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? 

<table>
<thead>
<tr>
<th>12c</th>
<th>12</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

13. Did the organization have a written whistleblower policy? 

<table>
<thead>
<tr>
<th>13</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

14. Did the organization have a written document retention and destruction policy? 

<table>
<thead>
<tr>
<th>14</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

15. Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 

<table>
<thead>
<tr>
<th>15a</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15b</th>
<th>15</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

16a. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 

<table>
<thead>
<tr>
<th>16a</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

16b. 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? 

<table>
<thead>
<tr>
<th>16b</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed. 

<table>
<thead>
<tr>
<th>MD, VA, NY, AL, AK, AR, CA, CO, CT, FL, GA, HI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own website X</td>
</tr>
<tr>
<td>Another's website X</td>
</tr>
<tr>
<td>Upon request X</td>
</tr>
<tr>
<td>Other (explain in Schedule O)</td>
</tr>
</tbody>
</table>

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

| X Own website                               |
| X Another's website                        |
| X Upon request                             |
| Other (explain in Schedule O)              |

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

20. State the name, address, and telephone number of the person who possesses the organization's books and records.

DONALD M. HILL - (301) 402-5311
11400 ROCKVILLE PIKE, NORTH BETHESDA, MD 20852

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2017)
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.
- 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DR. STEVEN M. PAUL CHAIRMAN</td>
<td>1.50</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) MR. STEVEN C. MAYER TREASURER</td>
<td>2.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(3) DR. SOLOMON H. SNYDER VICE-CHAIRMAN</td>
<td>0.50</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(4) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(5) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>X</td>
<td>430,206.</td>
<td>0.</td>
</tr>
<tr>
<td>(6) DR. KATHY BLOOMGARDEN BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(7) MRS. WILLIAM N. CAFRITZ BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(8) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(9) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(10) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(11) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(12) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(13) DR. FRED A. LEWIS-HALL BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(14) DR. EDISON T. LIU BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(15) MR. JOEL S. MARCUS BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(16) DR. PAUL M. MONTRONE BOARD OF DIRECTORS MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(17) DR. MARTIN J. MURPHY, JR. BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) DAME JILLIAN SACKLER BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) DR. CHARLES A. SANDERS BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) MRS. LILY SAFRA BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) DR. ELLEN V. SIGAL BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) MS. NINA SOLARZ BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) MR. RUSSELL W. STEENBERG BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) DR. PAUL STOFFELS BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) DR. SAMUEL O. THIER BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(26) MR. FRED SEIGEL BOARD OF DIRECTORS MEMBER</td>
<td>0.50</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Sub-total: 430,206. 0. 27,000. 0.

c Total from continuation sheets to Part VII, Section A: 2,255,483. 0. 301,467. 0.

d Total (add lines 1b and 1c): 2,685,689. 0. 328,467. 0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 21

---

### 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.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWOG CTI, 24 FRANK LLOYD WRIGHT DRIVE, PO BOX 483, ANN ARBOR, MI 48105</td>
<td>CONDUCTS CLINICAL TRIAL FOR LUNGMAP</td>
<td>10,985,114.</td>
</tr>
<tr>
<td>AVID RADIOPHARMACEUTICALS, INC, 3711 MARKET STREET, 7TH FLOOR, PHILADELPHIA, PA</td>
<td>CONDUCTS CLINICAL TRIAL FOR AMP AD</td>
<td>574,750.</td>
</tr>
<tr>
<td>MARRIOTT BUSINESS SERVICES</td>
<td>MEETING SERVICES FOR VARIOUS PROJECTS</td>
<td>562,290.</td>
</tr>
<tr>
<td>PO BOX 402642, ATLANTA, GA 30384</td>
<td>PROFESSIONAL SERVICE FOR VARIOUS RESEARCH</td>
<td>237,709.</td>
</tr>
<tr>
<td>CCS ASSOCIATES, INC, PO BOX 9125, MCLEAN, VA 22102</td>
<td>PROFESSIONAL SERVICE FOR NEW OFFICE MOVE</td>
<td>226,736.</td>
</tr>
<tr>
<td>OFFICE IMAGES INC, 7650 STANDISH PLACE #109, ROCKVILLE, MD 20855</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: 16
### Part VII  

definitions and instructions in Form 990-PF, Schedule M-2 (Do not include organizations that qualify as 501(c)(3) organizations.)

**Form 990-PF**

#### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) DR. STEPHANIE JAMES</td>
<td>40.00</td>
<td>X</td>
<td>314,688.</td>
<td>0.</td>
<td>27,000.</td>
</tr>
<tr>
<td>SENIOR VP OF SCIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) MR. DAVID WHOLLEY</td>
<td>40.00</td>
<td>X</td>
<td>310,988.</td>
<td>0.</td>
<td>38,744.</td>
</tr>
<tr>
<td>SENIOR VP OF RESEARCH PARTNERSHIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(29) MS. JULIE TUNE</td>
<td>40.00</td>
<td>X</td>
<td>184,774.</td>
<td>0.</td>
<td>22,430.</td>
</tr>
<tr>
<td>CFO THROUGH APRIL 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(30) MS. JULIA WOLF-RODDA</td>
<td>40.00</td>
<td>X</td>
<td>211,285.</td>
<td>0.</td>
<td>32,672.</td>
</tr>
<tr>
<td>SENIOR VP OF DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(31) MR. KEVIN A. KLOCK</td>
<td>40.00</td>
<td>X</td>
<td>210,285.</td>
<td>0.</td>
<td>32,502.</td>
</tr>
<tr>
<td>VP OF OPERATIONS &amp; GENERAL COUNSEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(32) MR. ROBERT BALTHASER</td>
<td>40.00</td>
<td>X</td>
<td>152,986.</td>
<td>0.</td>
<td>20,672.</td>
</tr>
<tr>
<td>VICE PRESIDENT OF ADVANCEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(33) DR. JOSEPH MENETSKI</td>
<td>40.00</td>
<td>X</td>
<td>208,288.</td>
<td>0.</td>
<td>32,573.</td>
</tr>
<tr>
<td>ASSOCIATE VP OF RESEARCH PARTNERSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(34) DR. KAREN TOUNTAS</td>
<td>40.00</td>
<td>X</td>
<td>172,975.</td>
<td>0.</td>
<td>29,041.</td>
</tr>
<tr>
<td>SCIENTIFIC PROGRAM MANAGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(35) DR. MICHAEL GOTTLIEB</td>
<td>40.00</td>
<td>X</td>
<td>171,195.</td>
<td>0.</td>
<td>17,120.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR OF SCIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(36) DR. ROSA CANET AVILES</td>
<td>40.00</td>
<td>X</td>
<td>161,141.</td>
<td>0.</td>
<td>27,608.</td>
</tr>
<tr>
<td>SCIENTIFIC PROGRAM MANAGER, NEUROSCI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(37) DR. STACEY ADAM</td>
<td>40.00</td>
<td>X</td>
<td>156,878.</td>
<td>0.</td>
<td>21,105.</td>
</tr>
<tr>
<td>DIRECTOR OF CANCER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c: 2,255,483. 301,467.
## Part VIII  Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f: $</td>
<td>1,284,335</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>61,322,159</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a ADMINISTRATIVE FEES</td>
<td>561000</td>
<td>111,660</td>
<td>111,660.</td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>189,739,894</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 b Less: cost or other basis and sales expenses</td>
<td>189,407,748</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 c Gain or (loss)</td>
<td>332,146</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 a Gross income from fundraising events (not including $ 55,500 of contributions reported on line 1c)</td>
<td>269,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 b Less: direct expenses</td>
<td>223,177</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 c Net income or (loss) from fundraising events</td>
<td>46,023</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 a Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 e Total, Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td>62,878,040</td>
<td>111,660</td>
<td>0</td>
<td>1,444,221</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>27,501,129</td>
<td>27,501,129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>21,522</td>
<td>21,522</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>7,440,498</td>
<td>7,440,498</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>2,113,219</td>
<td>1,018,284</td>
<td>1,084,065</td>
<td>10,870</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>3,568,530</td>
<td>1,980,845</td>
<td>1,504,919</td>
<td>82,766</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>361,295</td>
<td>185,356</td>
<td>163,051</td>
<td>12,888</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>704,237</td>
<td>372,854</td>
<td>321,804</td>
<td>9,579</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>380,876</td>
<td>170,614</td>
<td>210,262</td>
<td></td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td>75,937</td>
<td>62,140</td>
<td>13,797</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>54,370</td>
<td>54,370</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>121,417</td>
<td>34,246</td>
<td>87,171</td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 23, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>13,279</td>
<td>2,355</td>
<td>10,924</td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>22,141</td>
<td>8,300</td>
<td>13,758</td>
<td>83</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>97,154</td>
<td>50,680</td>
<td>32,702</td>
<td>13,772</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>491,771</td>
<td>179,199</td>
<td>312,572</td>
<td></td>
</tr>
<tr>
<td>17 Travel</td>
<td>1,969,765</td>
<td>1,856,702</td>
<td>110,580</td>
<td>2,483</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>51,250</td>
<td>51,250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Insurance</td>
<td>198,275</td>
<td>147,202</td>
<td>51,073</td>
<td></td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 23, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a PROGRAM CONTRACTS</td>
<td>10,344,497</td>
<td>10,344,497</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b CONSULTANTS</td>
<td>1,249,273</td>
<td>1,002,100</td>
<td>181,173</td>
<td>66,000</td>
</tr>
<tr>
<td>c RELOCATION</td>
<td>352,047</td>
<td>5,000</td>
<td>347,047</td>
<td></td>
</tr>
<tr>
<td>d TEMPORARY SERVICES</td>
<td>183,653</td>
<td>159,278</td>
<td>24,375</td>
<td></td>
</tr>
<tr>
<td>e All other expenses</td>
<td>652,322</td>
<td>-901,300</td>
<td>239,416</td>
<td>9,562</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>56,663,813</td>
<td>51,641,501</td>
<td>4,814,309</td>
<td>208,003</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here ▶ if following SOP 98-2 (ASC 958-720)
### Part X - Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>46,693,317.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>26,338,796.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>4.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>1.</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8.</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>90,770.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,354,766.</td>
</tr>
<tr>
<td>b</td>
<td>Less: accumulated depreciation</td>
<td>701,489.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>43,080,177.</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>12.</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>138,258.</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>116,383,923.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>8,076,645.</td>
</tr>
<tr>
<td>18</td>
<td>Deferred revenue</td>
<td>4,474,530.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20.</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>453,876.</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>150,542.</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>13,322,940.</td>
</tr>
<tr>
<td>29</td>
<td>Temporarily restricted net assets</td>
<td>86,811,639.</td>
</tr>
<tr>
<td>30</td>
<td>Permanently restricted net assets</td>
<td>3,093,751.</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>103,228,330.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>116,383,923.</td>
</tr>
</tbody>
</table>
Part XI  Reconciliation of Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>62,878,040.</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>56,663,813.</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>6,214,227.</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>103,228,330.</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>1,045,062.</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0.</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>110,487,619.</td>
</tr>
</tbody>
</table>

Part XII  Financial Statements and Reporting

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Cash □ Accrual □ Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Separate basis □ Consolidated basis □ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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):

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above see instructions)</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
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</tbody>
</table>

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017
### Section A. Public Support

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
<td>59135001.73905546.33961607.82860385.61322159.311184698</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>53.93%</td>
<td>53.93%</td>
<td>53.93%</td>
<td>53.93%</td>
<td>53.93%</td>
<td>53.93%</td>
</tr>
</tbody>
</table>

14. Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) ................................................. 14 53.93% 

15. Public support percentage from 2016 Schedule A, Part II, line 14 ................................................. 15 49.77% 

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .......................... 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .......................... 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .......................... 17b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, and 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .......................... 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..........................

Schedule A (Form 990 or 990-EZ) 2017
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>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</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>6a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>6b 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</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>6c Add lines 6a and 6b</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td><strong>8 Public support</strong>, (Subtract line 7c from line 6.)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>10c Add lines 10a and 10b</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td><strong>13 Total support</strong>, (Add lines 9, 10c, 11, and 12.)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))</td>
<td>.........................</td>
<td>15</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td>17</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

**19a 33 1/3% support tests - 2017.** 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.

**19b 33 1/3% support tests - 2016.** 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.
## Section A. All Supporting Organizations

1. Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

<p>| | |</p>
<table>
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<tr>
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<tbody>
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<td>2</td>
</tr>
</tbody>
</table>

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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<tbody>
<tr>
<td></td>
<td>3a</td>
</tr>
</tbody>
</table>

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

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<tbody>
<tr>
<td></td>
<td>3b</td>
</tr>
</tbody>
</table>

3c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>3c</td>
</tr>
</tbody>
</table>

4a. 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.

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<tbody>
<tr>
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<td>4a</td>
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</table>

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

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<tr>
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<tbody>
<tr>
<td></td>
<td>4b</td>
</tr>
</tbody>
</table>

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

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<tbody>
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<td>4c</td>
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</tbody>
</table>

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

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<tbody>
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<td>5a</td>
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</table>

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

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<th></th>
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<tbody>
<tr>
<td></td>
<td>5b</td>
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</tbody>
</table>

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

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<tbody>
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<td>5c</td>
</tr>
</tbody>
</table>

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

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<tbody>
<tr>
<td></td>
<td>6</td>
</tr>
</tbody>
</table>

7. 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).

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<tbody>
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</tr>
</tbody>
</table>

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

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<table>
<thead>
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<tbody>
<tr>
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</tbody>
</table>

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

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<table>
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<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9a</td>
</tr>
</tbody>
</table>

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 Part VI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9b</td>
</tr>
</tbody>
</table>

c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9c</td>
</tr>
</tbody>
</table>

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10a</td>
</tr>
</tbody>
</table>

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.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10b</td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

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

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

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).
   - Yes
   - No
   - a: The organization satisfied the Activities Test. Complete line 2 below.
   - b: The organization is the parent of each of its supported organizations. Complete line 3 below.
   - c: The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

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, 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.

---

Schedule A (Form 990 or 990-EZ) 2017

17341114  797738  2067618000  2017.05000  FOUNDATION FOR THE NATIONAL INSTITUTES  20676181
**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

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

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
<td></td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
<td></td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
<td></td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
<td></td>
</tr>
<tr>
<td>6. <strong>Distributable Amount.</strong> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
<td></td>
</tr>
<tr>
<td>7. Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions).</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2017
**Part V**  
Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>3</td>
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<td>4</td>
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<td>5</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through e</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7: $</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2018.</strong> Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2017</td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2017
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

** PUBLIC DISCLOSURE COPY **

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

2017

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</td>
<td>52-1986675</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organization type (check one):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filers of:</td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
</tr>
<tr>
<td>Form 990-PF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>501(c)(3) (enter number) organization</td>
</tr>
</tbody>
</table>

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) (2017)
### Part I: Contributors

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$4,035,415</td>
<td>Payroll X</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$7,256,418</td>
<td>Payroll X</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$1,570,000</td>
<td>Payroll X</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$4,764,225</td>
<td>Payroll X</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$1,330,000</td>
<td>Payroll X</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$5,026,224</td>
<td>Payroll X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
Part I

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$3,138,661</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$2,782,000</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$2,715,000</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$2,654,250</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>$1,891,744</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>$1,392,630</td>
<td>Person X Payroll Noncash</td>
</tr>
<tr>
<td>No.</td>
<td>(b) Name, address, and ZIP + 4</td>
<td>(c) Total contributions</td>
<td>(d) Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>-------------------------------</td>
<td>-------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>$2,853,000</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>$2,818,500</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>$2,803,830</td>
<td>Person X Payroll</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
### Part II

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
**Name of organization**: FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

**Employer identification number**: 52-1986675

**Part III**

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

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Transferee's name, address, and ZIP + 4**

<table>
<thead>
<tr>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

**Form 990 or 990-EZ** 2017

LHA 732041 11-09-17 29

17341114 797738 2067618000 2017.05000 FOUNDATION FOR THE NATION 20676181

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

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

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

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

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

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

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

**Employer identification number**

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

1. Provide a description of the organization’s direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures
   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
   $_______________________
3. Volunteer hours for political campaign activities
   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
   ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

LHA 732041 11-09-17

17341114 797738 2067618000 2017.05000 FOUNDATION FOR THE NATION 20676181
### Part II-A

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

**A** Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member’s name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check ▶ if the filing organization checked box A and “limited control” provisions apply.

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other exempt purpose expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**If the amount on line 1e, column (a) or (b) is:**

- **Not over $500,000**: 20% of the amount on line 1e.
- **Over $500,000 but not over $1,000,000**: $100,000 plus 15% of the excess over $500,000.
- **Over $1,000,000 but not over $1,500,000**: $175,000 plus 10% of the excess over $1,000,000.
- **Over $1,500,000 but not over $17,000,000**: $225,000 plus 5% of the excess over $1,500,000.
- **Over $17,000,000**: $1,000,000.

| g Grassroots nontaxable amount (enter 25% of line 1f) |  |  |
| h Subtract line 1g from line 1a. If zero or less, enter -0- |  |  |
| i Subtract line 1f from line 1c. If zero or less, enter -0- |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | □ Yes □ No |

### 4-Year Averaging Period Under section 501(h)

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

**Lobbying Expenditures During 4-Year Averaging Period**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2017
### Part II-B
Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td>Yes</td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td>X</td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>X</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td>X</td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td>X</td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1i</td>
<td>0</td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | X |

2b If "Yes," enter the amount of any tax incurred under section 4912 |

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 |

2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? |

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

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

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

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

### Part IV
Supplemental Information

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

FNIH CONSULTED ITS COMMITTEES OF JURISDICTION ON PUBLIC HEALTH LEGISLATION
**SCHEDULE D Supplemental Financial Statements (Form 990)**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 13d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

**Name of the organization**

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

**Employer identification number**

52-1986675

### Part I
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>3,288,329.</td>
</tr>
</tbody>
</table>

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).

   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

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

   - Held at the End of the Tax Year

<table>
<thead>
<tr>
<th></th>
<th>2a</th>
<th>2b</th>
<th>2c</th>
<th>2d</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total number of conservation easements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Total acreage restricted by conservation easements</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

1b. 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

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Schedule D (Form 990) 2017

32

17341114 797738 2067618000

2017.05000 FOUNDATION FOR THE NATION 20676181
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

a  Public exhibition
b  Scholarly research
c  Preservation for future generations

d  Loan or exchange programs
  e  Other

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

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

Part IV  Escrow and Custodial Arrangements. Complete if the organization answered “Yes” 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:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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.

1a Beginning of year balance

1b Contributions

1c Net investment earnings, gains, and losses

1d Grants or scholarships

e Other expenditures for facilities and programs

1f Administrative expenses

1g End of year balance

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

a Board designated or quasi-endowment  ▶ 66.84%  
b Permanent endowment  ▶ 25.87%  
c Temporarily restricted endowment  ▶ 7.29%  

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

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

(i) unrelated organizations  □ Yes □ No  (ii) related organizations  □ Yes □ No

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

3b

Part VI  Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>1,387,425</td>
<td>15,416</td>
<td>1,372,009</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>967,341</td>
<td>686,073</td>
<td>281,268</td>
<td>1,653,277</td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  ▶ 1,653,277.
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
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<tr>
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<td>(7)</td>
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<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) CHARITABLE GIFT ANNUITY</td>
<td>144,193.</td>
</tr>
<tr>
<td>(3) DEFERRED LEASE INCENTIVE</td>
<td>1,372,009.</td>
</tr>
<tr>
<td>(4) DEFERRED RENT LIABILITY</td>
<td>101,436.</td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 1,617,638.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]
**Part XI** | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Total revenue, gains, and other support per audited financial statements</strong></td>
<td><strong>64,419,891.</strong></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains (losses) on investments</td>
<td><strong>1,045,062.</strong></td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td><strong>273,612.</strong></td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td><strong>273,612.</strong></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>273,612.</strong></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td><strong>1,318,674.</strong></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td><strong>63,101,217.</strong></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td><strong>-223,177.</strong></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>-223,177.</strong></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td><strong>-223,177.</strong></td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c.</td>
<td><strong>62,878,040.</strong></td>
</tr>
</tbody>
</table>

**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.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Total expenses and losses per audited financial statements</strong></td>
<td><strong>57,160,602.</strong></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td><strong>273,612.</strong></td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td><strong>496,789.</strong></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td><strong>56,663,813.</strong></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>56,663,813.</strong></td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td><strong>496,789.</strong></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td><strong>56,663,813.</strong></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIII.)</td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td><strong>0.</strong></td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c.</td>
<td><strong>56,663,813.</strong></td>
</tr>
</tbody>
</table>

**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 12/31/2017, THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC HELD $1,240,626 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 PURPOSE. (E.G. VARIETY OF RESEARCH AND EDUCATIONAL INITIATIVES AT THE FOUNDATION FOR THE NIH, INC).**

**NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED**
BASED ON THE EXISTENCE OR ABSENCE OR DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:


PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE -223,177.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE 223,177.
**SCHEDULE F (Form 990)**

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.  
Attach to Form 990.  
Go to www.irs.gov/Form990 for instructions and the latest information.

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Activities Outside the United States.</th>
<th>Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 14b.</th>
</tr>
</thead>
</table>

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.)

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUROPE (INCLUDING)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICELAND &amp; GREENLAND</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>3,465,311.</td>
</tr>
<tr>
<td>SOUTH ASIA</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>1,574,091.</td>
</tr>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>0</td>
<td>0</td>
<td>GRANTMAKING</td>
<td></td>
<td>2,401,096.</td>
</tr>
</tbody>
</table>

3a. **Sub-total**  
3b. **Total from continuation sheets to Part I**  
3c. **Totals (add lines 3a and 3b)**

- 0/0  
- 0/0  
- 0/0  
- 7,440,498.

LHA  
For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
Schedule F (Form 990) 2017
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.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>1682585</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>RESEARCH</td>
<td>1081979</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>258,490</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>RESEARCH</td>
<td>223,478</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>RESEARCH</td>
<td>576,459</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUB-SAHARAN AFRICA</td>
<td>RESEARCH</td>
<td>324,262</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>EAST ASIA AND THE PACIFIC</td>
<td>RESEARCH</td>
<td>140,300</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>276,761</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ......................... 4

3 Enter total number of other organizations or entities ................................................................. 10
<table>
<thead>
<tr>
<th></th>
<th>Name of organization</th>
<th>IRS code section and EIN (if applicable)</th>
<th>Region</th>
<th>Purpose of grant</th>
<th>Amount of cash grant</th>
<th>Manner of cash disbursement</th>
<th>Amount of non-cash assistance</th>
<th>Description of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>85,341</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUB-SAHARAN AFRICA</td>
<td>RESEARCH</td>
<td>125,179</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SUB-SAHARAN AFRICA</td>
<td>RESEARCH</td>
<td>249,196</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>111,026</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EUROPE (INCLUDING ICELAND &amp; GREENLAND)</td>
<td>RESEARCH</td>
<td>51,865</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>EAST ASIA AND THE PACIFIC</td>
<td>RESEARCH</td>
<td>128,334</td>
<td>WIRE TRANSFER</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Grants and Other Assistance to Individuals Outside the United States.

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

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
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<tr>
<td></td>
<td>Question</td>
<td>Yes</td>
<td>No</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Was the organization a U.S. transferor of property to a foreign corporation during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year?</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PART I, LINE 2:

Program and Grants Management staff invest considerable effort in providing scientific, administrative, and fiscal oversight for FNIH grants. Scientific and technical progress is monitored through semi-annual and annual reports from the grantees as well as through direct contact with investigators both by teleconference and site visits, and follow up to progress reports and site visits where scientific questions or administrative issues are identified. Scientific report submissions cover a wide range of items including individual objectives and overall progress review, milestone achievement, project plan update, and any other significant changes. Financial reporting is required annually for all of the grantees, and semi-annually for institutions that require additional oversight, such as some developing country institutions. Due diligence procedures, such as FNIH compliance with the USA PATRIOT Act and IRS requirements on expenditure responsibilities, have been incorporated into the reporting process to ensure that the grantees are complying with grant, legal, financial, and regulatory requirements.
### Part I Fundraising Activities

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.

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

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Did fundraiser have custody or control of contributions?</th>
<th>Gross receipts from activity</th>
<th>Amount paid to fundraiser listed in col. (i)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Total

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

---

**Employer identification number:** 52-1986675

**Supplemental Information Regarding Fundraising or Gaming Activities**

**Foundation for the Nation 2067618000**
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(event type)</td>
<td>(event type)</td>
<td>(total number)</td>
<td></td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>319,700.</td>
<td>5,000.</td>
<td>324,700.</td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>55,500.</td>
<td></td>
<td>55,500.</td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>264,200.</td>
<td>5,000.</td>
<td>269,200.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Direct Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Cash prizes</td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td>20,998.</td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>191,766.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- If the organization is licensed to conduct gaming activities in each of these states?
- If "No," explain:

10a Were any of the organization’s gaming licenses revoked, suspended, or terminated during the tax year?
- If "Yes," explain:

---

Schedule G (Form 990 or 990-EZ) 2017
11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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

13 Indicate the percentage of gaming activity conducted in:
   a The organization's facility ................................................................. 13a %
   b An outside facility ........................................................................ 13b %

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

Name ► 

Address ► 

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

   b If "Yes," enter the amount of gaming revenue received by the organization ► $ __________ and the amount of gaming revenue retained by the third party ► $ __________

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

Name ► 

Address ► 

16 Gaming manager information:

Name ► 

Gaming manager compensation ► $ __________

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</td>
<td>52-1986675</td>
</tr>
</tbody>
</table>

**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 [X]  
   - 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.

<table>
<thead>
<tr>
<th>1 (a) Name and address of organization or government</th>
<th>1 (b) EIN</th>
<th>1 (c) IRC section (if applicable)</th>
<th>1 (d) Amount of cash grant</th>
<th>1 (e) Amount of non-cash assistance</th>
<th>1 (f) Method of valuation (book, FMV, appraisal, other)</th>
<th>1 (g) Description of noncash assistance</th>
<th>1 (h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>BRIGHAM &amp; WOMEN'S HOSPITAL</td>
<td>04-2312909</td>
<td>501(C)(3)</td>
<td>288,550.</td>
<td>1.</td>
<td>EVALUATION OF THE EFFECTS OF PCRN MUTATIONS ON ANTIBODY HALF-LIFE, + KIDNEY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BROAD INSTITUTE</td>
<td>26-3428781</td>
<td>501(C)(3)</td>
<td>74,950.</td>
<td>1.</td>
<td>RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>415 MAIN STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAMBRIDGE, MA 02142</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CASE WESTERN RESERVE UNIVERSITY</td>
<td>34-1018992</td>
<td>501(C)(3)</td>
<td>502,889.</td>
<td>1.</td>
<td>CTVIMC2-MOLEULAR IMMUNE CORRELATES CORE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORD HALL, SUITE 615, 10900 EUCLID CLEVELAND, OH 44106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATALYSIS FOUNDATION FOR HEALTH, INC - 1900 POWELL STREET, SUITE 600 - EMERYVILLE, CA 94608</td>
<td>20-8602047</td>
<td>501(C)(3)</td>
<td>164,678.</td>
<td>1.</td>
<td>PREDICT TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DONALD DANFORD PLANT SCIENCE CENTER - 975 NORTH WARSON ROAD  - ST. LOUIS, MO 63132</td>
<td>31-1584621</td>
<td>501(C)(3)</td>
<td>1,187,493.</td>
<td>1.</td>
<td>REGULATORY DEVELOPMENT FOR HBG-MODIFIED MOSQUITOES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705</td>
<td>56-0532129</td>
<td>501(C)(3)</td>
<td>260,743.</td>
<td>1.</td>
<td>PROFICIENCY TESTING CENTRAL/CTVIMC2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ........................................................................................................................................... 30.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</td>
<td>52-1986675</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Part II</strong> Continuation of Grants and Other Assistance to Governments and Organizations in the United States <strong>(Schedule I (Form 990), Part II.)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMORY UNIVERSITY</td>
<td>58-0566256</td>
<td>501(C)(3)</td>
<td>115,000.</td>
<td>1.</td>
<td></td>
<td>RESEARCH</td>
<td></td>
</tr>
<tr>
<td>PO BOX 935084</td>
<td>ATLANTA, GA 31193-5084</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRED HUTCHINSON CANCER RESEARCH</td>
<td>23-7156071</td>
<td>501(C)(3)</td>
<td>574,460.</td>
<td>1.</td>
<td></td>
<td>DISCOVERY TEAM</td>
<td></td>
</tr>
<tr>
<td>1100 FAIRVIEW AVE. N.</td>
<td>SEATTLE, WA 98109</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRIENDS OF CANCER RESEARCH</td>
<td>52-1983273</td>
<td>501(C)(3)</td>
<td>100,000.</td>
<td>1.</td>
<td></td>
<td>LUNG CANCER PROTOCOL</td>
<td></td>
</tr>
<tr>
<td>1800 M STREET NW, SUITE 1050 SUTH</td>
<td>WASHINGTON, DC 20036</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN HOPKINS UNIVERSITY</td>
<td>15-0595110</td>
<td>501(C)(3)</td>
<td>318,058.</td>
<td>1.</td>
<td></td>
<td>MAL-ED/ CARDIAC TROPONIN</td>
<td></td>
</tr>
<tr>
<td>615 N. WOLFE ST, W1100</td>
<td>BALTIMORE, MD 21205</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAYO CLINIC (JACKSONVILLE)</td>
<td>59-3337028</td>
<td>501(C)(3)</td>
<td>39,100.</td>
<td>1.</td>
<td></td>
<td>RESEARCH</td>
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<tr>
<td>PO BOX 860334</td>
<td>MINNEAPOLIS, MN 55486-0334</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIH/CC</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>447,424.</td>
<td>1.</td>
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<td>RESEARCH</td>
<td></td>
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<tr>
<td>9000 ROCKVILLE PIKE</td>
<td>BETHESDA, MD 20892</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NIH/NCI</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>742,150.</td>
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<td></td>
<td>RESEARCH</td>
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<tr>
<td>9000 ROCKVILLE PIKE</td>
<td>BETHESDA, MD 20892</td>
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</tr>
<tr>
<td>NIH/NEI</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>417,414.</td>
<td>1.</td>
<td></td>
<td>RESEARCH</td>
<td></td>
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<tr>
<td>9000 ROCKVILLE PIKE</td>
<td>BETHESDA, MD 20892</td>
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<tr>
<td>NIH/NHGRI</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>13,000.</td>
<td>1.</td>
<td></td>
<td>RESEARCH</td>
<td></td>
</tr>
<tr>
<td>9000 ROCKVILLE PIKE</td>
<td>BETHESDA, MD 20892</td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>
## Part II  Continuation of Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>NIH/NHLBI 9000 ROCKVILLE PIKE</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>70,419.</td>
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<td>RESEARCH</td>
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<tr>
<td>NIH/NIA 9000 ROCKVILLE PIKE</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>2,199,696.</td>
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<td>RESEARCH</td>
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<tr>
<td>NIH/NIAA 9000 ROCKVILLE PIKE</td>
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<td>170(C)(1) GOVT</td>
<td>5,820,190.</td>
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<td>RESEARCH</td>
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</tr>
<tr>
<td>NIH/NIAID 9000 ROCKVILLE PIKE</td>
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<td>170(C)(1) GOVT</td>
<td>4,014,645.</td>
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<td>RESEARCH</td>
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<tr>
<td>NIH/NIAMS 9000 ROCKVILLE PIKE</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>7,283,825.</td>
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<td>NIH/NIMH 9000 ROCKVILLE PIKE</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>1,152,810.</td>
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<td>RESEARCH</td>
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<td>NIH/NINDS 9000 ROCKVILLE PIKE</td>
<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
<td>260,915.</td>
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<td>52-0858115</td>
<td>170(C)(1) GOVT</td>
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<td>135,094.</td>
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<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------</td>
<td>-----------------------------</td>
<td>--------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>REGENTS OF THE UNIVERISTY OF MICHIGAN - 3003 SOUTH STATE STREET, 1040 WOLVERINE TOWER - ANN ARBOR, MI 48109</td>
<td>38-6006309</td>
<td>170(C)(1) GOVT</td>
<td>260,315.</td>
<td>1.</td>
<td>AMP-T2 DIABETES, DEPOSIT INTO KNOWLEDGE PORTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN, 273 TOB CHICAGO, IL 60612</td>
<td>36-2174823</td>
<td>501(C)(3)</td>
<td>17,250.</td>
<td>1.</td>
<td>RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SUTTER BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER - 475 BRANNAN STREET, SUITE 220 - SAN FRANCISCO, CA 94107</td>
<td>94-0562680</td>
<td>501(C)(3)</td>
<td>15,870.</td>
<td>1.</td>
<td>SARCOPENIA</td>
<td></td>
<td></td>
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<tr>
<td>UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143</td>
<td>94-6036493</td>
<td>501(C)(3)</td>
<td>262,605.</td>
<td>1.</td>
<td>BONE QUALITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEES OF COLUMBIA UNIVERSITY NY PO BOX 29789 NEW YORK, NY 10087-9789</td>
<td>13-5598093</td>
<td>501(C)(3)</td>
<td>97,750.</td>
<td>1.</td>
<td>RESEARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING. #2001 SOTO STREET - LOS ANGELES, CA 90089-9235</td>
<td>91-1642394</td>
<td>501(C)(3)</td>
<td>654,111.</td>
<td>1.</td>
<td>HD-SCA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III  Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AWARDS</td>
<td>17</td>
<td>21,522</td>
<td>0</td>
<td>FMV</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV  Supplemental Information

Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

PROGRAM AND GRANTS MANAGEMENT STAFF INVEST CONSIDERABLE EFFORT IN PROVIDING

SCIENTIFIC, ADMINISTRATIVE, AND FISCAL OVERSIGHT FOR FNIH GRANTS.

SCIENTIFIC AND TECHNICAL PROGRESS IS MONITORED THROUGH SEMI-ANNUAL AND

ANNUAL REPORTS FROM THE GRANTEES AS WELL AS THROUGH DIRECT CONTACT WITH

INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS, AND FOLLOW UP TO

PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC QUESTIONS OR

ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT SUBMISSIONS COVER

A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES AND OVERALL PROGRESS
Part IV Supplemental Information

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</td>
<td>52-1986675</td>
</tr>
</tbody>
</table>

#### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>First-class or charter travel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Travel for companions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tax indemnification and gross-up payments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Discretionary spending account</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Housing allowance or residence for personal use</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Payments for business use of personal residence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Health or social club dues or initiation fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal services (such as, maid, chauffeur, chef)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>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 &quot;No,&quot; complete Part III to explain</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation committee</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Independent compensation consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form 990 of other organizations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Written employment contract</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Compensation survey or study</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Approval by the board or compensation committee</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>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:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Receive a severance payment or change-of-control payment?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</td>
<td></td>
</tr>
</tbody>
</table>

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: |     |    |

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a</td>
<td>The organization?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Any related organization?</td>
<td></td>
</tr>
<tr>
<td>5b</td>
<td>If &quot;Yes&quot; on line 5a or 5b, describe in Part III.</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>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:</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>The organization?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Any related organization?</td>
<td>X</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes&quot; on line 6a or 6b, describe in Part III.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>If &quot;Yes&quot; on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td></td>
</tr>
</tbody>
</table>

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

Schedule J (Form 990) 2017
<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DR. MARIA C. FREIRE</td>
<td>(i) 430,206. 0. 0. 27,000. 0. 457,206. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRESIDENT AND EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) DR. STEPHANIE JAMES</td>
<td>(i) 314,688. 0. 0. 27,000. 0. 341,688. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR VP OF SCIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) MR. DAVID WHOLLEY</td>
<td>(i) 308,438. 0. 2,550. 27,000. 11,744. 349,732. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR VP OF RESEARCH PARTNERSHIPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) MS. JULIE TUNE</td>
<td>(i) 184,399. 0. 375. 18,440. 3,990. 207,204. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFO THROUGH APRIL 2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) MS. JULIA WOLF-RODDA</td>
<td>(i) 209,285. 0. 2,000. 20,928. 11,744. 243,957. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SENIOR VP OF DEVELOPMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) MR. KEVIN A. KLOCK</td>
<td>(i) 202,585. 5,000. 2,700. 20,758. 11,744. 242,787. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VP OF OPERATIONS &amp; GENERAL COUNSEL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) MR. ROBERT BALTHASER</td>
<td>(i) 152,986. 0. 0. 15,299. 5,373. 173,658. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VICE PRESIDENT OF ADVANCEMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) DR. JOSEPH MENETSKI</td>
<td>(i) 208,288. 0. 0. 20,829. 11,744. 240,861. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSOCIATE VP OF RESEARCH PARTNERSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) DR. KAREN TOUNTAS</td>
<td>(i) 169,975. 3,000. 0. 17,297. 11,744. 202,016. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIENTIFIC PROGRAM MANAGER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) DR. MICHAEL GOTTLIEB</td>
<td>(i) 171,195. 0. 0. 17,120. 0. 188,315. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR OF SCIENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) DR. ROSA CANET AVILES</td>
<td>(i) 158,641. 0. 2,500. 15,864. 11,744. 188,749. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCIENTIFIC PROGRAM MANAGER, NEUROSCI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) DR. STACEY ADAM</td>
<td>(i) 156,878. 0. 0. 15,688. 5,417. 177,983. 0.</td>
<td>(ii) 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR OF CANCER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, applicable column (D) and (E) amounts for that individual.
PART I, LINE 4A:

JULIE TUNE LEFT FNIH IN APRIL OF 2017. SHE RECEIVED A SEVERANCE PAYMENT OF $83,083.
Noncash Contributions

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

<table>
<thead>
<tr>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Publicly traded</td>
<td></td>
<td>X</td>
<td>3</td>
<td>28,129, STOCK PRICE</td>
</tr>
<tr>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food inventory</td>
<td></td>
<td>X</td>
<td>2</td>
<td>1,248,661, MARKET PRICE</td>
</tr>
<tr>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (PAINTINGS)</td>
<td></td>
<td>X</td>
<td>1</td>
<td>6,300.</td>
</tr>
<tr>
<td>Other (GOODS)</td>
<td></td>
<td>X</td>
<td>1</td>
<td>1,045.</td>
</tr>
<tr>
<td>Other (WOOD PANEL)</td>
<td></td>
<td>X</td>
<td>1</td>
<td>200.</td>
</tr>
</tbody>
</table>

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

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?
  Yes | No
  X    |     |

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
  Yes | No
  X    |     |

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  Yes | No
  X    |     |

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.

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

Schedule M (Form 990) 2017
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.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PUBLIC-PRIVATE PARTNERSHIPS THAT ADVANCE BREAKTHROUGH BIOMEDICAL
DISCOVERIES AND IMPROVE THE QUALITY OF PEOPLE'S LIVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH WAS ESTABLISHED BY
THE UNITED STATES CONGRESS TO SUPPORT THE NIH IN ITS MISSION TO IMPROVE
HEALTH, BY FORMING AND FACILITATING PUBLIC-PRIVATE PARTNERSHIPS FOR
BIOMEDICAL RESEARCH AND TRAINING. THE FOUNDATION BUILDS PARTNERSHIP FOR
DISCOVERY AND INNOVATION TO IMPROVE HEALTH. THE BOARD HAS AN EXECUTIVE
COMMITTEE WHICH CAN MAKE DECISIONS ON BEHALF OF THE BOARD (WITH SOME
EXCEPTIONS) IN BETWEEN BOARD MEETINGS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM ONE – RESEARCH PARTNERSHIPS –

ANDREW LEE
AT AGE 22, ANDREW LEE IS DRIVEN. FOLLOWING HIS HLRCC DIAGNOSIS, ANDREW
ESTABLISHED THE NOT-FOR-PROFIT DRIVEN TO CURE, INC. HE NOW TRAVELS THE
COUNTRY ATTENDING CAR EVENTS TO RAISE VISIBILITY AND FUNDING FOR RARE
KIDNEY CANCERS. IN DECEMBER 2017, ANDREW PRESENTED A $100,000 CHECK TO
MARIA C. FREIRE, PH.D., FNIH PRESIDENT AND EXECUTIVE DIRECTOR. THIS
DONATION, IN ADDITION TO A $200,000 GIFT MADE IN 2016, WILL FURTHER
CUTTING-EDGE RESEARCH ON RARE KIDNEY CANCER CONDUCTED BY THE NATIONAL
CANCER INSTITUTE (NCI) AT THE NIH CLINICAL CENTER. "THANKS TO FNIH'S
MISSION, THE NEEDED FUNDING CAN BE TARGETED TO THE RESEARCH OF RARE
CANCERS LIKE HLRCC. WE LOOK FORWARD TO WORKING WITH THE FNIH IN THE YEARS AHEAD TO HELP FUND OTHER RARE CANCERS AND DISEASES IN ORDER TO HELP MORE PATIENTS," SAID ANDREW. LEARN MORE AT FNIH.ORG/DRIVENTOCURE.

MS. CAROL-ANN HARRIS OF FORT LEE, NJ, ADVANCES MUSCULAR DYSTROPHY RESEARCH THROUGH THE CARMOLLNAT ENDOWMENT AT THE FNIH. MS. CAROL-ANN HARRIS SAID, "MUSCULAR DYSTROPHY HAS AFFECTED MY FAMILY FOR AT LEAST SEVEN GENERATIONS. I FELT IT WAS MY CALLING TO HONOR MY LOVED ONES BY INVESTING IN THE FNIH SO THAT IMPORTANT RESEARCH CAN PROPEL THIS FIELD FORWARD AND HELP FUTURE PATIENTS AND THEIR FAMILIES IN THE YEARS TO COME."

BARBARA LAZIO, M.D., AND MR. MATTHEW SCHER OF OLYMPIA, WA FURTHER CANCER RESEARCH BY DONATING ANNUALLY TO THE FNIH IN HONOR OF THEIR MOTHERS, WHO PASSED AWAY FROM THE DISEASE. DR. LAZIO SAID, "AFTER LOSING SOME OF OUR CLOSEST FAMILY MEMBERS AND FRIENDS TO CANCER, WE FELT WE NEEDED TO SUPPORT ONGOING RESEARCH TO BENEFIT FUTURE CANCER PATIENTS. THERE ARE MANY CHARITIES SOLICITING FUNDS FOR CANCER RESEARCH, BUT WE FELT BY INVESTING IN THE FNIH, OUR MONEY WOULD BE APPLIED TO THE MOST HIGHLY VETTED AND INNOVATIVE RESEARCH. WE REALLY JUST WANT TO KEEP THE FIRE BURNING, SUPPORT THE INNOVATORS, SEE THESE BABY STEPS DEVELOP INTO SOMETHING THAT CAN EVENTUALLY IMPACT A PERSON'S LIFE."

NATIONAL INSTITUTES OF HEALTH (NIH)

CONGRESS CHARTERED THE FNIH TO RAISE PRIVATE FUNDS TO SUPPORT THE
WORLD'S LARGEST BIOMEDICAL RESEARCH AGENCY, THE NIH. THE FNIH LEVERAGES THE KNOWHOW AND RESOURCES OF THE PRIVATE SECTOR TO WORK WITH THE NIH TO TACKLE COMPLEX BIOMEDICAL CHALLENGES. IN 2017, THE FNIH, NIH, U.S. FOOD AND DRUG ADMINISTRATION (FDA) AND 12 BIOPHARMACEUTICAL COMPANIES LAUNCHED THE HISTORIC $220 MILLION PARTNERSHIP FOR ACCELERATING CANCER THERAPIES (PACT) TO BETTER UNDERSTAND HOW TO HARNESS THE IMMUNE SYSTEM TO ATTACK CANCER. LEARN MORE AT FNIH.ORG/PACT.

"THE FNIH MAKES IT POSSIBLE FOR THE NIH, AS A GOVERNMENT FACILITY, TO WORK WITH THE PRIVATE SECTOR TO ANSWER SOME OF THE WORLD'S MOST PRESSING HEALTH QUESTIONS. THROUGH INNOVATIVE RESEARCH PARTNERSHIPS, THE NIH AND FNIH ARE ABLE TO FUEL THE BIOMEDICAL DISCOVERIES NEEDED FOR BETTER DIAGNOSIS, PREVENTION, TREATMENT AND CURE OF DISEASE. WORKING WITH THE FNIH IS VITAL TO THE RESEARCH ENTERPRISE," SAID FRANCIS COLLINS, M.D., PH.D., NIH DIRECTOR.

NATIONAL INSTITUTE ON AGING (NIA)

IN SEVERAL AREAS, MOST RECENTLY IN THE EMERGENCE OF THE NEW DISCIPLINE OF GEROSCIENCE, WHERE FOUNDATION EFFORTS HAVE FACILITATED CONFERENCES THAT HAVE HELPED DEVELOP NEW SYNERGY BETWEEN RESEARCHERS IN THE BASIC BIOLOGY OF AGING AND SCIENTISTS FOCUSED ON SPECIFIC DISEASES ASSOCIATED WITH ADVANCED AGE, SUCH AS CANCER AND HEART DISEASE. THIS NEW APPROACH HAS ENHANCED THE RECOGNITION OF AGING AS THE CRITICAL RISK FACTOR UNDERLYING DISEASE DEVELOPMENT IN MANY CASES AND HAS FOSTERED NEW CONNECTIONS AMONG PUBLIC AND PRIVATE SECTOR SCIENTISTS SEEKING TO REDUCE DISEASE RISK AND IMPROVE HEALTH FOR OLDER PEOPLE."

U.S. FOOD AND DRUG ADMINISTRATION (FDA)

THE FDA, THE U.S. REGULATORY AGENCY FOR BIOMEDICAL TECHNOLOGIES, IS A PRIMARY PARTNER ACTIVELY ENGAGED IN FNIH PUBLIC-PRIVATE CONSORTIA THAT FORMULATE AND LEAD CUTTING-EDGE RESEARCH PROGRAMS. THE FNIH BIOMARKERS CONSORTIUM MANAGES MANY OF THESE PROGRAMS, WHICH OFTEN HAVE REGULATORY IMPLICATIONS. THE MISSION OF THE BIOMARKERS CONSORTIUM IS TO DISCOVER, DEVELOP AND SEEK REGULATORY APPROVAL OF BIOLOGICAL MARKERS (BIOMARKERS) TO SUPPORT DEVELOPMENT OF NEW DIAGNOSTIC TOOLS AND DRUGS WITHIN FOUR KEY AREAS: CANCER, INFLAMMATION AND IMMUNITY, METABOLIC DISORDERS AND NEUROSCIENCE. IN 2017, THE BIOMARKERS CONSORTIUM REACHED SEVERAL MILESTONES, INCLUDING THE PUBLICATION OF A FRAMEWORK TO GUIDE BIOMARKER QUALIFICATION IN SCIENCE TRANSLATIONAL MEDICINE, AS WELL AS SUBMITTING RECOMMENDATIONS TO THE FDA TO GUIDE DRUG DEVELOPMENT FOR SERIOUS HOSPITAL ACQUIRED BACTERIAL INFECTIONS. LEARN MORE ABOUT BIOMARKERS CONSORTIUM PROJECTS AT FNIH.ORG/BIOMARKERSCONSORTIUM.

BILL & MELINDA GATES FOUNDATION

ADDRESSING SOME OF THE WORLD'S MOST PRESSING HEALTH CHALLENGES,
INCLUDING TUBERCULOSIS AND MALARIA, REQUIRES THE PROFICIENCY OF
INDOMITABLE SCIENTISTS BACKED BY EXCELLENT PROJECT MANAGEMENT AND
STABLE FINANCIAL SUPPORT. FOR MORE THAN A DECADE, THE BILL & MELINDA
GATES FOUNDATION (GATES FOUNDATION) HAS WORKED WITH THE FNIH TO DEVELOP
STRONG ECOSYSTEMS THAT UNDERPIN SCIENTIFIC DISCOVERY AND FOSTER
CREATION OF EMERGING TECHNOLOGIES TO PROVIDE NOVEL SOLUTIONS TO FIGHT
DISEASE.

IN 2017, AMONG OTHER KEY ACCOMPLISHMENTS, THIS WORK RESULTED IN THE
PUBLICATION OF THE GUIDING PRINCIPLES FOR SPONSORS AND SUPPORTERS OF
GENE DRIVE RESEARCH IN SCIENCE. CONSIDERED AN EMERGING TECHNOLOGY, GENE
DRIVE CAN BE USED TO PROMOTE THE PREFERENTIAL INHERITANCE OF A
BENEFICIAL TRAIT, THEREBY INCREASING ITS PREVALENCE IN A POPULATION.
THE DEVELOPERS AND SIGNATORIES OF THESE GUIDING PRINCIPLES ARE
COMMITTING TO SUPPORT RESEARCH OF THE HIGHEST SCIENTIFIC AND ETHICAL
QUALITY, INSPIRE A TRANSPARENT APPROACH AND BACK RELEVANT BIOSAFETY
MEASURES AND BEST PRACTICES. LEARN MORE ABOUT THIS WORK AT
FNIH.ORG/GENEDRIVEPRINCIPLES.

THE GATES FOUNDATION'S STEVEN BUCHSBAUM, PH.D., REFLECTED ON THE
FOUNDATION'S LONGSTANDING PARTNERSHIP WITH THE FNIH: "THE FNIH WAS, IN
THE VERY EARLY DAYS OF THE GATES FOUNDATION, A KEY PARTNER THAT WE
CHOSE TO FIRST BEGIN INVESTING IN BASIC SCIENCE FOR GLOBAL HEALTH. THAT
STARTED WITH THE ORIGINAL GRAND CHALLENGES IN GLOBAL HEALTH, WHICH THE
FNIH WAS OUR KEY PARTNER IN FORMULATING AND EXECUTING. HAVING HAD THE
OPPORTUNITY TO SEE PROJECTS EVOLVE AND MATURE OVER MORE THAN A DECADE,
THERE ARE A NUMBER OF THEM THAT WERE CALLED FOR, SELECTED, INVESTED AND
NURTURED EITHER BY THE FNIH THEMSELVES OR JOINTLY WITH US THAT ARE
INCREDI BLY PROMISING IN THE SENSE THAT THEY ARE TRANSFORMATIONAL NEW TOOLS FOR GLOBAL HEALTH. ONE EXAMPLE IS THE ELIMINATE DENGUE PROJECT (NOW CALLED THE WORLD MOSQUITO PROGRAM) AND ANOTHER IS THE TARGET MALARIA INITIATIVE. BUT PERHAPS MORE THAN THAT, AND HARDER TO MEASURE AND DIRECTLY ATTRIBUTE, IS REALLY JUST THE CHANGE IN THE SCIENTIFIC COMMUNITY IN THE SENSE OF THE EXCITEMENT, ATTENTION PAID AND AMOUNT OF RESEARCH THAT IS DONE ON HEALTH CONDITIONS THAT AFFECT THE MAJORITY OF THE POPULATION IN THE WORLD, BUT PARTICULARLY THOSE THAT ARE POOR AND UNDERSERVED."

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

PROGRAM TWO - EDUCATION, TRAINING AND PATIENT SUPPORT PROGRAMS -

BUFFY CAFRITZ

THE CULTURAL AND PHILANTHROPIC CONTRIBUTIONS OF BUFFY CAFRITZ ARE EVER PRESENT AROUND THE COUNTRY, ESPECIALLY JUST 10 MILES NORTH OF WASHINGTON, D.C. ON THE NIH CAMPUS IN BETHESDA, MD. MRS. CAFRITZ'S UNWAVERING COMMITMENT TO THE FNIH HAS SUPPORTED STUDENTS, PATIENTS AND RESEARCHERS AT THE NIH FOR NEARLY TWO DECADES. SHE AND HER HUSBAND HAVE HELPED STUDENTS INTERESTED IN PARKINSON'S DISEASE TRAIN WITH RENOWNED SCIENTISTS BY FUNDING THE NIH MEDICAL RESEARCH SCHOLARS PROGRAM, THUS SUPPORTING A NEW GENERATION OF CLINICIAN-SCIENTISTS. MRS. CAFRITZ ALSO SPONSORS A ROOM AT THE EDMOND J. SAFRA FAMILY LODGE JUST FOOTSTEPS AWAY FROM THE NIH CLINICAL CENTER, SO THAT PATIENTS AND THEIR FAMILIES CAN STAY TOGETHER DURING TREATMENT. MRS. CAFRITZ AND THE BUFFY AND WILLIAM CAFRITZ FAMILY FOUNDATION'S COMMITMENT TO BIOMEDICINE EXTENDS TO
RESEARCH IN THE LABORATORY. IN 2017, THEIR SUPPORT CREATED A FIVE-YEAR
COMPETITIVE GRANT PROGRAM AT THE NCI TO DEVELOP HIGHLY INNOVATIVE
APPROACHES AND TECHNOLOGIES FOR KIDNEY CANCER. THROUGH HER DEDICATION
TO THIS SIGNIFICANT WORK, MRS. CAFRITZ'S PRESENCE IN BIOMEDICAL
RESEARCH WILL BE FELT FOR GENERATIONS TO COME.

AMGEN FOUNDATION AND DORIS DUKE CHARITABLE FOUNDATION

THE FNIH SUPPORTS TRAINING PROGRAMS AT THE NIH THAT ENABLE STUDENTS
INTERESTED IN BIOMEDICINE TO WORK CLOSELY WITH SOME OF THE WORLD'S
LEADING RESEARCHERS. THESE PROGRAMS ARE MADE POSSIBLE WITH PARTNERS
INCLUDING THE AMGEN FOUNDATION AND THE DORIS DUKE CHARITABLE
FOUNDATION.

"BY PARTNERING WITH THE FNIH IN ADDITION TO INSTITUTIONS SUCH AS
HARVARD, MIT AND CAMBRIDGE WE ARE OPENING THE DOOR TO GROUND-BREAKING
RESEARCH OPPORTUNITIES IN BIOMEDICAL RESEARCH THAT CONTINUE TO ADVANCE
HUMAN HEALTH IN UNTOLD WAYS. IF YOUR MISSION IS TO INSPIRE AND TRAIN
THE NEXT GENERATION IN BIOMEDICAL RESEARCH OR TO ADVANCE SCIENTIFIC
BREAKTHROUGHS INTO HUMAN HEALTH THE FNIH NEEDS TO BE ON YOUR SHORT
LIST AS AN ORGANIZATION WORTH PARTNERING WITH," SAID SCOTT HEIMLICH,
ED.D. VICE PRESIDENT, AMGEN FOUNDATION.

"OUR PARTNERSHIP WITH THE FNIH SUPPORTS THE MEDICAL RESEARCH SCHOLARS
PROGRAM, WHICH GIVES MEDICAL STUDENTS A HANDS-ON CLINICAL RESEARCH
EXPERIENCE UNDER THE GUIDANCE OF SUCCESSFUL SCIENTISTS. WE ARE PROUD TO
SUPPORT THIS PROGRAM AS AN AVENUE FOR IGNITING IN STUDENTS A PASSION
FOR RESEARCH THAT CAN TRANSLATE INTO A PRODUCTIVE, LIFELONG CAREER AS A
PHYSICIAN SCIENTIST, "SAID BETSY MYERS, PH.D., PROGRAM DIRECTOR FOR MEDICAL RESEARCH, DORIS DUKE CHARITABLE FOUNDATION.

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

PROGRAM THREE - MEMORIALS, AWARDS AND EVENTS -


CONTRIBUTIONS TO THE FNIH'S WORK TO BUILD, IMPLEMENT AND NURTURE
PRIVATE-PUBLIC PARTNERSHIPS IN SUPPORT OF THE MISSION OF THE NIH.

THROUGH THEIR LONGSTANDING WORK WITH THE FNIH OVER MORE THAN A DECADE, DR. HODES AND LILLY HAVE ADVANCED TRAILBLAZING BIOMEDICAL RESEARCH IN CRITICAL DISEASE AREAS, INCLUDING AGE-RELATED DISORDERS SUCH AS ALZHEIMER'S DISEASE, AND HELPED STRUCTURE INNOVATIVE PUBLIC-PRIVATE PARTNERSHIPS.


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

PROGRAM FOUR - CAPITAL PROJECTS -

MRS. LILY SAFRA

AS LEAD BENEFACCTOR OF THE EDMOND J. SAFRA FAMILY LODGE (FAMILY LODGE),
MRS. LILY SAFRA HAS MADE HOUSING AVAILABLE FOR ABOUT 130,000 ADULT PATIENTS OF THE NIH CLINICAL CENTER AND THEIR LOVED ONES SINCE 2005.

THESE BRAVE PATIENTS TRAVEL WITH THEIR FAMILIES FROM AROUND THE WORLD TO PARTICIPATE IN VITAL RESEARCH AT THE NIH CLINICAL CENTER, WHICH IS KNOWN FOR ITS HISTORY OF MEDICAL BREAKTHROUGHS, INCLUDING THE DEVELOPMENT OF CHEMOTHERAPY FOR CANCER AND THE FIRST AIDS TREATMENT.

LOCATED WITHIN WALKING DISTANCE OF THE NIH CLINICAL CENTER, THIS ENGLISH MANOR STYLE RESIDENCE FEATURES 34 SPACIOUS GUEST ROOMS. ITS ELEGANT KITCHEN, LIBRARY, FITNESS AND BUSINESS CENTERS, AND GARDENS, ALONGSIDE ITS DEDICATED ONSITE TEAM, OFFER FAMILIES A HOME-LIKE PLACE OF RESPITE DURING THEIR TIME OF NEED. BY CARING FOR THESE COURAGEOUS FAMILIES, MRS. SAFRA IS ENSURING CRUCIAL BIOMEDICAL RESEARCH RAPIDLY PROGRESSES TO IMPROVE THE HEALTH OF CURRENT PATIENTS AND THOSE IN THE YEARS AHEAD. LEARN MORE ABOUT THE FAMILY LODGE AT FNIH.ORG/FAMILYLODGE.

EXPENSES $ 66,782. 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.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO THE SUBMISSION OF THE FOUNDATION FOR NIH'S FORM 990 TO THE INTERNAL REVENUE SERVICE, EACH VOTING MEMBER OF THE BOARD OF DIRECTORS SHALL BE PROVIDED WITH A COPY OF THE DRAFT FORM 990 AS APPROVED BY THE CHIEF FINANCIAL OFFICER.
FORM 990, PART VI, SECTION B, LINE 12C:

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

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

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE SALARIES OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES ANNUALLY.

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

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

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)

**2017**  
Attach to your tax return.  
Go to www.irs.gov/Form4562 for instructions and the latest information.

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

**Part I**  
**Election To Expense Certain Property Under Section 179**

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
<td>510,000.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation</td>
<td>2,030,000.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.)**

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Property subject to section 168(f)(1) election</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Other depreciation (including ACRS)</td>
<td>35,834.</td>
<td></td>
</tr>
</tbody>
</table>

**Part III**  
**MACRS Depreciation (Don’t include listed property.)**

**Section A**  
**MACRS deductions for assets placed in service in tax years beginning before 2017**

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Basis for depreciation (business/investment use only - see instructions)</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>5-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>10-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>20-year property</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>25-year property</td>
<td></td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Residential rental property</td>
<td></td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Nonresidential real property</td>
<td></td>
<td>39 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

<table>
<thead>
<tr>
<th></th>
<th>Classification of property</th>
<th>Basis for depreciation</th>
<th>Recovery period</th>
<th>Convention</th>
<th>Method</th>
<th>Depreciation deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td></td>
<td></td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td></td>
<td>12 yrs.</td>
<td>S/L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>40-year</td>
<td></td>
<td>40 yrs.</td>
<td>MM</td>
<td>S/L</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Description of property</th>
<th>Cost (business use only)</th>
<th>Elected cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Listed property. Enter amount from line 28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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.</td>
<td>35,834.</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Internal Revenue Service**

**Department of the Treasury**

**Form 4562 (2017)**
### Part V - Deemed Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

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

### 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.

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

### 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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Do you treat all use of vehicles by employees as personal use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Do you meet the requirements concerning qualified automobile demonstration use?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFERRED LEASE INCENTIVE</td>
<td>110117</td>
<td>1,387,425</td>
<td>180M</td>
<td>15,416</td>
<td></td>
</tr>
<tr>
<td>43 Amortization of costs that began before your 2017 tax year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44 Total. Add amounts in column (f). See the instructions for where to report</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 4562 (2017)

715252 01-25-18

17341114 797738 2067618000

2017.05000 FOUNDATION FOR THE NATION 20676181