

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

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

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>11400 ROCKVILLE PIKE 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORTH BETHESDA, MD 20852</b> <b>F</b> Name and address of principal officer: <b>MARIA C. FREIRE, PH.D.</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1986675</b> <b>E</b> Telephone number <b>(301) 402-5311</b> <b>G</b> Gross receipts \$ <b>252,508,965.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>HTTP://WWW.FNIH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		<b>L</b> Year of formation: <b>1996</b>
		<b>M</b> State of legal domicile: <b>MD</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CREATES AND LEADS ALLIANCES AND</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> <b>26</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> <b>25</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> <b>56</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> <b>0</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> <b>0.</b>	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> <b>0.</b>	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>82,860,385.</b> <b>61,322,159.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>122,392.</b> <b>111,660.</b>	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>479,385.</b> <b>1,398,198.</b>	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>64,980.</b> <b>46,023.</b>	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>83,527,142.</b> <b>62,878,040.</b>	
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>23,228,128.</b> <b>34,963,149.</b>
		<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
		<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>6,221,610.</b> <b>7,128,157.</b>
		<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
		<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>208,003.</b>	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17,947,728.</b> <b>14,572,507.</b>	
<b>Net Assets or Fund Balances</b>	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>47,397,466.</b> <b>56,663,813.</b>	
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>36,129,676.</b> <b>6,214,227.</b>	
	<b>20</b>	Total assets (Part X, line 16)	<b>116,383,923.</b> <b>120,432,415.</b>	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>13,155,593.</b> <b>9,944,796.</b>	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>103,228,330.</b> <b>110,487,619.</b>	

**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.

<b>Sign Here</b>	Signature of officer	Date <b>11-15-18</b>
	Type or print name and title <b>MARIA C. FREIRE, PH.D., PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LORI K. COCHRAN</b>	Preparer's signature <b>LORI K. COCHRAN</b>	Date <b>11/14/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00853221</b>
	Firm's name ▶ <b>DIXON HUGHES GOODMAN LLP</b>		Firm's EIN ▶ <b>56-0747981</b>		
	Firm's address ▶ <b>901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219</b>		Phone no. (804) <b>282-7636</b>		

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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**SEE SCHEDULE O, STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 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.**

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

**Part IV Checklist of Required Schedules**

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

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

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

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

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

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

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> <span style="float:right">26</span> If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> <span style="float:right">25</span>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MD, VA, NY, AL, AK, AR, CA, CO, CT, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**DONALD M. HILL - (301)402-5311**  
**11400 ROCKVILLE PIKE, NORTH BETHESDA, MD 20852**

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

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. STEVEN M. PAUL CHAIRMAN	1.50	X		X				0.	0.	0.
(2) MR. STEVEN C. MAYER TREASURER	2.00	X		X				0.	0.	0.
(3) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
(4) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(5) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR	40.00	X		X			430,206.	0.	27,000.	
(6) DR. KATHY BLOOMGARDEN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(7) MRS. WILLIAM N. CAFRITZ BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(8) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(9) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(10) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(11) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(12) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(13) DR. FREDA C. LEWIS-HALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(14) DR. EDISON T. LIU BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(15) MR. JOEL S. MARCUS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(16) DR. PAUL M. MONTRONE BOARD OF DIRECTORS MEMBER	1.00	X						0.	0.	0.
(17) DR. MARTIN J. MURPHY, JR. BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAME JILLIAN SACKLER BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(19) DR. CHARLES A. SANDERS BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(20) MRS. LILY SAFRA BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(21) DR. ELLEN V. SIGAL BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(22) MS. NINA SOLARZ BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(23) MR. RUSSELL W. STEENBERG BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(24) DR. PAUL STOFFELS BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(25) DR. SAMUEL O. THIER BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(26) MR. FRED SEIGEL BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
<b>1b Sub-total</b>							430,206.	0.	27,000.	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,255,483.	0.	301,467.	
<b>d Total (add lines 1b and 1c)</b>							2,685,689.	0.	328,467.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

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

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

**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

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



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

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	55,500.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,110,000.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	60,156,659.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		1,284,335.				
	<b>h Total.</b> Add lines 1a-1f .....		61,322,159.				
	<b>Program Service Revenue</b>	<b>2 a</b> ADMINISTRATIVE FEES .....	<b>Business Code</b> 561000	111,660.	111,660.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			111,660.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,066,052.			1,066,052.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....		332,146.			332,146.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 55,500. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	269,200.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	223,177.			
<b>c</b> Net income or (loss) from fundraising events .....			46,023.			46,023.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			62,878,040.	111,660.	0.	1,444,221.	

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

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**Part IX Statement of Functional Expenses**

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

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

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

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

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	46,693,317.	<b>2</b>	25,197,544.	
	<b>3</b> Pledges and grants receivable, net .....	26,338,796.	<b>3</b>	23,480,012.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	90,770.	<b>9</b>	154,153.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,354,766.			
	<b>b</b> Less: accumulated depreciation .....	10b 701,489.	42,605.	<b>10c</b>	1,653,277.
	<b>11</b> Investments - publicly traded securities .....	43,080,177.	<b>11</b>	69,726,056.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	138,258.	<b>15</b>	221,373.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	116,383,923.	<b>16</b>	120,432,415.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,076,645.	<b>17</b>	3,704,459.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	4,474,530.	<b>19</b>	3,382,073.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	453,876.	<b>21</b>	1,240,626.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	150,542.	<b>25</b>	1,617,638.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	13,155,593.	<b>26</b>	9,944,796.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	13,322,940.	<b>27</b>	15,970,742.	
	<b>28</b> Temporarily restricted net assets .....	86,811,639.	<b>28</b>	91,433,211.	
	<b>29</b> Permanently restricted net assets .....	3,093,751.	<b>29</b>	3,083,666.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	103,228,330.	<b>33</b>	110,487,619.		
<b>34</b> Total liabilities and net assets/fund balances .....	116,383,923.	<b>34</b>	120,432,415.		

Form **990** (2017)

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

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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



FOUNDATION FOR THE NATIONAL INSTITUTES

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	59135001.	73905546.	33961607.	82860385.	61322159.	311184698
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	59135001.	73905546.	33961607.	82860385.	61322159.	311184698
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						142046357
<b>6 Public support.</b> Subtract line 5 from line 4.						169138341

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	59135001.	73905546.	33961607.	82860385.	61322159.	311184698
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	213,728.	214,303.	367,897.	574,125.	1066052.	2436105.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						313620803
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	959,090.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	53.93 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	49.77 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**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

**b 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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

FOUNDATION FOR THE NATIONAL INSTITUTES

**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.)

Horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number

52-1986675

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b>	Employer identification number 52-1986675
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,035,415.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,256,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,570,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,764,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,330,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,026,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b>	Employer identification number 52-1986675
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>3,138,661.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>2,782,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ <u>2,715,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ <u>2,654,250.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ <u>1,891,744.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ <u>1,392,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b>	Employer identification number 52-1986675
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 2,853,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 2,818,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 2,803,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	<b>Employer identification number</b> 52-1986675
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

<b>Name of organization</b> FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	<b>Employer identification number</b> 52-1986675
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b>	Employer identification number <b>52-1986675</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2017**

FOUNDATION FOR THE NATIONAL INSTITUTES

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	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					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

FOUNDATION FOR THE NATIONAL INSTITUTES

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

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

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

FNIH CONSULTED ITS COMMITTEES OF JURISDICTION ON PUBLIC HEALTH

LEGISLATION

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate value of contributions to (during year) .....	2,300.	
3 Aggregate value of grants from (during year) .....	2,900.	
4 Aggregate value at end of year .....	3,288,329.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

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

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

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

b Assets included in Form 990, Part X .....

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



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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

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

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

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

1 Total expenses and losses per audited financial statements .....		<b>1</b>	57,160,602.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities .....	<b>2a</b>	273,612.	
b Prior year adjustments .....	<b>2b</b>		
c Other losses .....	<b>2c</b>		
d Other (Describe in Part XIII.) .....	<b>2d</b>	223,177.	
e Add lines 2a through 2d .....	<b>2e</b>	496,789.	
3 Subtract line 2e from line 1 .....		<b>3</b>	56,663,813.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>		
b Other (Describe in Part XIII.) .....	<b>4b</b>		
c Add lines 4a and 4b .....	<b>4c</b>	0.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	56,663,813.

**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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part XIII** Supplemental Information (continued)

BASED ON THE EXISTENCE OR ABSENCE OR DONOR-IMPOSED RESTRICTIONS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)  
OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL  
STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE  
INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY  
MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2017  
AND 2016.

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)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

Employer identification number  
**52-1986675**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		3,465,311.
SOUTH ASIA	0	0	GRANTMAKING		1,574,091.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		2,401,096.
<b>3 a</b> Sub-total .....	0	0			7,440,498.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			7,440,498.

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

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **4**

3 Enter total number of other organizations or entities ..... **10**

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule F (Form 990)

52-1986675

Page 2

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	85,341.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH	1251179.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	RESEARCH	249,196.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	1110269.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	51,865.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	RESEARCH	128,334.	WIRE TRANSFER	0.		



FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**PART I, LINE 2:**

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



FOUNDATION FOR THE NATIONAL INSTITUTES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		2017 FNIH AWARD CEREMO (event type)	2018 FNIH AWARD CEREMO (event type)	NONE (total number)	
Revenue	1	Gross receipts	319,700.	5,000.	324,700.
	2	Less: Contributions	55,500.		55,500.
	3	Gross income (line 1 minus line 2)	264,200.	5,000.	269,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	20,998.	86.	21,084.
	8	Entertainment			
	9	Other direct expenses	191,766.	10,327.	202,093.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			223,177.
11	Net income summary. Subtract line 10 from line 3, column (d)			46,023.	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

- 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

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

Schedule I (Form 990) (2017)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193-5084	58-0566256	501(C)(3)	115,000.	1.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	23-7156071	501(C)(3)	574,460.	1.			CTVIMC2/INNATE AND MUCOSAL IMMUNITY DISCOVERY TEAM
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	100,000.	1.			LUNG CANCER PROTOCOL
JOHN HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	318,058.	1.			MAL-ED/ CARDIAC TROPONIN
MAYO CLINIC (JACKSONVILLE) PO BOX 860334 MINNEAPOLIS, MN 55486-0334	59-3337028	501(C)(3)	39,100.	1.			RESEARCH
NIH/CC 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	447,424.	1.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	742,150.	1.			RESEARCH
NIH/NEI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	417,414.	1.			RESEARCH
NIH/NHGRI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	13,000.	1.			RESEARCH

Schedule I (Form 990)

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

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIH/NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	70,419.	1.			RESEARCH
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,199,696.	1.			RESEARCH
NIH/NIAA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	5,820,190.	1.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	4,014,645.	1.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	7,283,825.	1.			RESEARCH
NIH/NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,152,810.	1.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	260,915.	1.			RESEARCH
NIH/NINR 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	8,125.	1.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	135,094.	1.			RESEARCH

Schedule I (Form 990)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERISTY OF MICHIGAN - 3003 SOUTH STATE STREET. 1040 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	170(C)(1) GOVT	260,315.	1.			AMP-T2 DIABETES. DEPOSIT OF METSIM AND FUSION DATA INTO KNOWLEDGE PORTAL
RUSH UNIVERSITY MEDICAL CENTER 1700 W. VAN BUREN, 273 TOB CHICAGO, IL 60612	36-2174823	501(C)(3)	17,250.	1.			RESEARCH
SUTTER BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER - 475 BRANNAN STREET, SUITE 220 - SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	15,870.	1.			SARCOPENIA
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	262,605.	1.			BONE QUALITY
TRUSTEES OF COLUMBIA UNIVERSITY NY PO BOX 29789 NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	97,750.	1.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING. #2001 SOTO STREET - LOS ANGELES, CA 90089-9235	91-1642394	501(C)(3)	654,111.	1.			HD-SCA

Schedule I (Form 990)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	17	21,522.	0.	FMV	

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

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

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

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**52-1986675**

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule J (Form 990) 2017

52-1986675

Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part III** Supplemental Information

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

PART I, LINE 4A:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	3	28,129.	STOCK PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	1,248,661.	MARKET PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( PAINTINGS )	X	1	6,300.	
26 Other ▶ ( GOODS )	X	1	1,045.	
27 Other ▶ ( WOOD PANEL )	X	1	200.	
28 Other ▶ ( )				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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

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

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

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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)

THE NIA, UNDER THE INSPIRED LEADERSHIP OF DIRECTOR RICHARD HODES, M.D., HAS BEEN ONE OF THE FNIH'S MOST SIGNIFICANT AND LONGSTANDING PARTNERS. OVER THE PAST DECADE, THE NIA AND THE FNIH HAVE DEVELOPED NEW COLLABORATION MODELS, GOVERNANCE STRUCTURES AND DATA-SHARING POLICIES FOR SUCH GROUNDBREAKING PROGRAMS AS THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI) AND THE ACCELERATING MEDICINES PARTNERSHIP (AMP). DR. HODES REFLECTED ON THIS PARTNERSHIP WITH THE FNIH: "THE BENEFIT OF COLLABORATIONS, SCIENTIFIC MEETINGS AND OTHER SUPPORT PROVIDED TO NIH THROUGH THE FOUNDATION IS NOT LIMITED TO THE INSTITUTE OR INSTITUTES WHOSE WORK IS BEING FACILITATED. THESE EFFORTS GALVANIZE ALL PARTNERS IN MOVING TOWARD SHARED GOALS. WE HAVE SEEN THIS

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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](http://FNIH.ORG/BIOMARKERSCONSORTIUM).

BILL & MELINDA GATES FOUNDATION

ADDRESSING SOME OF THE WORLD'S MOST PRESSING HEALTH CHALLENGES,

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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](http://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

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

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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

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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 -

THE FNIH MANAGES AND ORGANIZES SCIENTIFIC MEETINGS, AWARDS AND EVENTS THROUGHOUT THE YEAR. FROM LECTURES AND WORKSHOPS TO COLLABORATIVE SUMMITS, THE FNIH FACILITATED MORE THAN 60 EVENTS IN 2017 THAT SPANNED DOZENS OF FIELDS OF RESEARCH. THIS INCLUDED THE 5TH ANNUAL PRESENTATION OF THE LURIE PRIZE IN BIOMEDICAL SCIENCES, A \$100,000 AWARD RECOGNIZING OUTSTANDING ACHIEVEMENT BY A PROMISING YOUNG SCIENTIST IN BIOMEDICAL RESEARCH. IN MAY 2017 THOUGHT LEADERS FROM THE NIH, PIONEERS IN BIOMEDICAL SCIENCE, THE BIOTECH AND PHARMACEUTICAL INDUSTRIES, PHILANTHROPISTS AND BUSINESS EXECUTIVES CONVENED AT THE ORGANIZATION OF AMERICAN STATES IN WASHINGTON, D.C. FOR THE PRESENTATION OF THE LURIE PRIZE AT THE FNIH AWARD CEREMONY. WOLF BLITZER, AWARD-WINNING JOURNALIST AND TELEVISION NEWS ANCHOR, WAS THE EVENING'S MASTER OF CEREMONIES. THE 2017 LURIE PRIZE WAS AWARDED TO DAVID M. SABATINI, M.D., PH.D., MEMBER OF THE WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH AND PROFESSOR OF BIOLOGY, MASSACHUSETTS INSTITUTE OF TECHNOLOGY. DR. SABATINI DISCOVERED THE MTOR (MECHANISTIC TARGET OF RAPAMYCIN) CELLULAR PATHWAY AS A KEY REGULATOR OF GROWTH AND METABOLISM IN RESPONSE TO NUTRIENTS.

AT THE FNIH FALL BOARD DINNER IN OCTOBER 2017, THE FNIH PRESENTED THE 2ND CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD TO RICHARD J. HODES, M.D., DIRECTOR OF THE NIA AND ELI LILLY AND COMPANY (LILLY). THE AWARD RECOGNIZES PERSONS AND/OR ORGANIZATIONS THAT HAVE MADE SIGNIFICANT

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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.

THE MCKNIGHT BRAIN RESEARCH FOUNDATION (MBRF)'S DECADE-LONG PARTNERSHIP WITH THE FNIH HAS EXPANDED UNDERSTANDING OF HOW PEOPLE THINK AS THEY AGE, THROUGH CO-SPONSORSHIP OF THE RESEARCH PARTNERSHIP IN COGNITIVE AGING AND THREE COGNITIVE AGING SUMMITS WITH THE NIA. THE THIRD SUMMIT WAS HELD IN APRIL 2017. "THIS PARTNERSHIP HAS FACILITATED EXPLORATION OF NEW AVENUES OF POTENTIAL RESEARCH WITHIN THE SCIENTIFIC COMMUNITY, WHICH COULD LEAD TO THE DEVELOPMENT OF PHARMACOLOGICAL AND BEHAVIORAL INTERVENTIONS, AND ULTIMATELY IMPROVED OUTCOMES IN COGNITIVE HEALTH. A VERY IMPORTANT OUTCOME HAS ALSO BEEN RAISING THE LEVEL OF AWARENESS WITHIN THE SCIENTIFIC COMMUNITY AND AMONG THE PUBLIC ABOUT THE IMPORTANCE OF THIS RESEARCH AND ITS TREMENDOUS VALUE TO SOCIETY IN PRESERVING AND MAINTAINING COGNITIVE HEALTH." J. LEE DOCKERY, M.D., CHAIR, BOARD OF TRUSTEES, MBRF.

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

PROGRAM FOUR - CAPITAL PROJECTS -

MRS. LILY SAFRA

AS LEAD BENEFACTOR OF THE EDMOND J. SAFRA FAMILY LODGE (FAMILY LODGE),

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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 RESPIRE 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.

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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.

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to www.irs.gov/Form4562 for instructions and the latest information.**

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

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

**FORM 990 PAGE 10**

**52-1986675**

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

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	35,834.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

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

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

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

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

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	35,834.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2017 tax year:					
<b>DEFERRED LEASE INCENTIVE</b>	110117	1,387,425.		180M	15,416.
<b>43</b> Amortization of costs that began before your 2017 tax year				<b>43</b>	
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report				<b>44</b>	15,416.