

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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

A For the **2019** calendar year, or tax year beginning and ending

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.		D Employer identification number 52-1986675
	Doing business as		E Telephone number (301) 402-5311
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 152,094,881.
	11400 ROCKVILLE PIKE	600	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852		H(b) Are all subordinates included? Yes No	
F Name and address of principal officer: MARIA C. FREIRE, PH.D. SAME AS C ABOVE		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J Website: ▶ HTTP://WWW.FNIH.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1996 M State of legal domicile: MD

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CREATES AND LEADS ALLIANCES AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	72
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	60,444,618.	50,623,645.
	9 Program service revenue (Part VIII, line 2g)	64,723.	-50,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,926,669.	3,163,912.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,286.	81,334.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,457,296.	53,818,891.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,403,180.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,639,303.	9,981,336.
16a Professional fundraising fees (Part IX, column (A), line 11e)		78,000.	24,000.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 382,219.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,072,429.	23,317,958.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,192,912.	67,424,608.
19 Revenue less expenses. Subtract line 18 from line 12	21,264,384.	-13,605,717.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 142,893,974.	End of Year 135,541,703.
	21 Total liabilities (Part X, line 26)	12,991,167.	17,031,413.
	22 Net assets or fund balances. Subtract line 21 from line 20	129,902,807.	118,510,290.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 11/13/2020			
	MARIA C. FREIRE, PH.D., PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name LAKRISHA J. WATSON	Preparer's signature LAKRISHA J. WATSON	Date 11/13/20	Check if self-employed <input type="checkbox"/>	PTIN P01677333
	Firm's name ▶ DIXON HUGHES GOODMAN LLP	Firm's EIN ▶ 56-0747981		Phone no. (804) 282-7636	
Firm's address ▶ 901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219					

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

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Form 990 (2019)

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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 \$ 59,509,885. including grants of \$ 33,107,656.) (Revenue \$ -50,000.)
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PARTNERSHIPS

4b (Code: _____) (Expenses \$ 1,514,704. including grants of \$ 983,658.) (Revenue \$ 0.)
SEE SCHEDULE O, PROGRAM TWO, AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS

4c (Code: _____) (Expenses \$ 60,340. including grants of \$ 10,000.) (Revenue \$ 0.)
SEE SCHEDULE O, PROGRAM THREE, PATIENT SUPPORT PROGRAM/CAPITAL PROJECT

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **61,084,929.**

Form 990 (2019)

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

Part IV Checklist of Required Schedules

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

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

Part IV Checklist of Required Schedules *(continued)*

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	37
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		72
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

**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 on 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
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	26	
b	Enter the number of voting members included on line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MD, VA, NY, AL, AR, CA, FL, GA, HI, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
DONALD M. HILL - (301) 435-6246
11400 ROCKVILLE PIKE, SUITE 600, NORTH BETHESDA, MD 20852

**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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR. STEVEN M. PAUL CHAIRMAN	1.50	X		X				0.	0.	0.
(2) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
(3) MR. STEVEN C. MAYER TREASURER	2.00	X		X				0.	0.	0.
(4) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(5) DR. MARIA C. FREIRE PRESIDENT AND EXECUTIVE DIRECTOR	40.00	X		X			486,468.	0.	28,000.	
(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) DR. MARIJN DEKKERS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(9) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(10) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(11) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(12) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(13) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(14) DR. FREDA C. LEWIS-HALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(15) JULIE BELL LINDSAY DIRECTOR BEGINNING OCTOBER 2019	0.50	X						0.	0.	0.
(16) DR. EDISON T. LIU BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(17) MR. JOEL S. MARCUS 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) DR. PAUL M. MONTRONE BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(19) DAME JILLIAN SACKLER 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. CHARLES A. SANDERS BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(22) MR. FRED SEIGEL BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(23) DR. ELLEN V. SIGAL BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(24) MR. RUSSELL W. STEENBERG BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(25) DR. PAUL STOFFELS BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
(26) DR. ELIAS ZERHOUNI BOARD OF DIRECTORS MEMBER	0.50	X					0.	0.	0.	
1b Subtotal							486,468.	0.	28,000.	
c Total from continuation sheets to Part VII, Section A							2,471,394.	0.	374,679.	
d Total (add lines 1b and 1c)							2,957,862.	0.	402,679.	

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 28

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 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	8,370,291.
THE BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE, MA 02142	PROFESSIONAL SERVICES FOR THE AMP	1,016,495.
M BOOTH HEALTH, 111 FIFTH AVENUE 2ND FLOOR, NEW YORK, DC 10003	DESIGNING SERVICES FOR SAFRA LODGE	532,585.
CSIRO FINANCE PO BOX 883, KENMORE, AUSTRALIA 4069	PROFESSIONAL SERVICES FOR BUSINES	468,137.
AVID RADIOPHARMACEUTICALS, INC, 3711 MARKET STREET, 7TH FLOOR, PHILADELPHIA, PA	CONDUCTS CLINICAL TRIAL FOR AMP AD	427,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 16

SEE PART VII, SECTION A CONTINUATION SHEETS

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

52-1986675

Form 990

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DR. SAM THIER DIRECTOR THROUGH MAY 2019	0.50	X						0.	0.	0.
(28) MR. DAVID WHOLLEY SENIOR VP OF RESEARCH PARTNERSHIPS	40.00				X			348,510.	0.	45,198.
(29) DR. STEPHANIE JAMES SENIOR VP OF SCIENCE	40.00				X			344,693.	0.	28,000.
(30) MR. DONALD HILL CHIEF FINANCIAL OFFICER	40.00				X			243,664.	0.	41,757.
(31) MR. KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	40.00				X			213,006.	0.	41,503.
(32) MR. ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	40.00				X			161,203.	0.	22,768.
(33) MS. JULIA WOLF-RODDA SENIOR VP OF DEVELOPMENT	40.00				X			224,665.	0.	39,056.
(34) DR. JOSEPH MENETSKI ASSOCIATE VP OF RESEARCH PARTNERSHIP	40.00					X		223,519.	0.	39,696.
(35) DR. DAVID O' BROCHTA SCIENTIFIC PROGRAM MANAGER	40.00					X		182,349.	0.	34,301.
(36) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	40.00					X		180,807.	0.	32,498.
(37) BRINDA DASS SCIENTIFIC PROGRAM MANAGER	40.00					X		175,279.	0.	25,852.
(38) DR. STACEY ADAM DIRECTOR OF CANCER	40.00					X		173,699.	0.	24,050.
Total to Part VII, Section A, line 1c								2,471,394.		374,679.

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

Form 990 (2019)

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	75,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	500,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	50,048,145.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 150,941.				
	h Total. Add lines 1a-1f			50,623,645.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code					
		561000		-50,000.	-50,000.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			-50,000.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,818,334.		2,818,334.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				98,377,402.			
	b Less: cost or other basis and sales expenses	7b	98,031,824.				
	c Gain or (loss)	7c	345,578.				
d Net gain or (loss)			345,578.		345,578.		
8 a Gross income from fundraising events (not including \$ 75,500. of contributions reported on line 1c). See Part IV, line 18	8a		325,500.				
		b Less: direct expenses	8b	244,166.			
c Net income or (loss) from fundraising events			81,334.		81,334.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			53,818,891.	-50,000.	0.	3,245,246.	

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

Form 990 (2019)

52-1986675 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,987,375.	29,987,375.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	35,034.	35,034.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,078,905.	4,078,905.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,280,045.	808,618.	1,369,149.	102,278.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,621,428.	3,716,685.	1,859,806.	44,937.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	593,041.	334,632.	238,960.	19,449.
9 Other employee benefits	971,492.	608,036.	336,307.	27,149.
10 Payroll taxes	515,330.	245,126.	270,204.	
11 Fees for services (nonemployees):				
a Management				
b Legal	290,597.	194,657.	95,940.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	24,000.			24,000.
f Investment management fees	179,988.		179,988.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	24,453.	14,026.	8,302.	2,125.
13 Office expenses	20,723.	4,783.	14,902.	1,038.
14 Information technology	186,355.	115,706.	32,392.	38,257.
15 Royalties				
16 Occupancy	480,204.	131,997.	348,207.	
17 Travel	2,542,784.	2,373,599.	76,849.	92,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	189,073.		189,073.	
23 Insurance	172,878.	101,082.	71,796.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM CONTRACTS	16,552,336.	16,552,336.		
b CONSULTANTS	1,685,740.	1,370,060.	289,770.	25,910.
c RELOCATION	398,679.		398,679.	
d PRINTING AND PHOTOCOPI	143,920.	94,947.	48,973.	
e All other expenses	450,228.	317,325.	128,163.	4,740.
25 Total functional expenses. Add lines 1 through 24e	67,424,608.	61,084,929.	5,957,460.	382,219.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	23,800,394.	2	33,010,960.	
	3 Pledges and grants receivable, net	17,270,547.	3	11,954,468.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	229,753.	9	248,256.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,322,973.			
	b Less: accumulated depreciation	10b 748,578.	1,553,424.	10c	1,574,395.
	11 Investments - publicly traded securities	99,554,021.	11	88,147,149.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	485,835.	15	606,475.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	142,893,974.	16	135,541,703.		
Liabilities	17 Accounts payable and accrued expenses	3,884,772.	17	10,145,693.	
	18 Grants payable		18		
	19 Deferred revenue	6,070,167.	19	5,147,362.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,235,000.	21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,801,228.	25	1,738,358.	
	26 Total liabilities. Add lines 17 through 25	12,991,167.	26	17,031,413.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	18,067,390.	27	21,577,974.	
	28 Net assets with donor restrictions	111,835,417.	28	96,932,316.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	129,902,807.	32	118,510,290.	
	33 Total liabilities and net assets/fund balances	142,893,974.	33	135,541,703.	

Form **990** (2019)

**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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,818,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,424,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,605,717.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,902,807.
5	Net unrealized gains (losses) on investments	5	2,213,200.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	118,510,290.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

		Yes	No
2a			X
2b		X	
2c		X	
3a			X
3b			

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

f Enter the number of supported organizations

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33961607.	82860385.	61322159.	60444618.	50623645.	289212414
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	33961607.	82860385.	61322159.	60444618.	50623645.	289212414
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						122727327
6 Public support. Subtract line 5 from line 4.						166485087

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	33961607.	82860385.	61322159.	60444618.	50623645.	289212414
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	367,897.	574,125.	1066052.	2057158.	2818334.	6883566.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						296095980
12 Gross receipts from related activities, etc. (see instructions)					12	443,275.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	56.23 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	55.42 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

FOUNDATION FOR THE NATIONAL INSTITUTES

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

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

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

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

Section C - Distributable Amount		(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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

FOUNDATION FOR THE NATIONAL INSTITUTES

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

Multiple 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 for the latest information.

OMB No. 1545-0047

2019

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).

Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	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	<hr/> <hr/> <hr/>	\$ <u>19,864,103.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,168,272.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,892,824.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,335,158.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>1,523,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number 52-1986675
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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	<hr/> <hr/> <hr/>	\$ <u>1,205,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,208,735.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>3,311,354.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>3,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>2,830,581.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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	1	
2 Aggregate value of contributions to (during year)	4,000.	
3 Aggregate value of grants from (during year)	3,300.	
4 Aggregate value at end of year	231,690.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, 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 FASB 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 FASB 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 FASB 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) 2019

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	12,514,811.	11,920,726.	9,704,030.	9,501,571.	9,616,660.
b Contributions	1,788,682.	1,032,217.	1,721,204.	11,412.	10,356.
c Net investment earnings, gains, and losses	705,900.	-267,231.	552,828.	243,278.	-100,829.
d Grants or scholarships					
e Other expenditures for facilities and programs		103,397.			
f Administrative expenses	111,888.	67,504.	57,336.	52,231.	24,616.
g End of year balance	14,897,505.	12,514,811.	11,920,726.	9,704,030.	9,501,571.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 69.89 %
 - b** Permanent endowment 30.11 %
 - c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,387,425.	200,406.	1,187,019.
d Equipment				
e Other		935,548.	548,172.	387,376.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,574,395.

**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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	131,791.
(3) DEFERRED LEASE INCENTIVE	1,187,019.
(4) DEFERRED RENT LIABILITY	419,548.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,738,358.

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 FASB 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		1	56,417,049.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	2,213,200.	
b Donated services and use of facilities	2b	320,780.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e	2,533,980.	
3 Subtract line 2e from line 1		3	53,883,069.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	179,988.	
b Other (Describe in Part XIII.)	4b	-244,166.	
c Add lines 4a and 4b	4c	-64,178.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	53,818,891.

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

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

1 Total expenses and losses per audited financial statements		1	67,809,566.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	320,780.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	244,166.	
e Add lines 2a through 2d	2e	564,946.	
3 Subtract line 2e from line 1		3	67,244,620.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	179,988.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c	179,988.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	67,424,608.

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 V, LINE 4:

THE FOUNDATION HAS ONE ENDOWMENT THAT IS FUNDED BY MULTIPLE DONORS TO SEED NEW DISCOVERIES AND/OR BE AVAILABLE TO RESPOND TO EPIDEMICS AND FOUNDATION'S UNANTICIPATED NEEDS.

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

PART X, LINE 2:

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Part XIII Supplemental Information (continued)

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, 2019
AND 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE -244,166.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE 244,166.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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		2,701,596.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		207,946.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		1,169,363.
3 a Subtotal	0	0			4,078,905.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			4,078,905.

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

Schedule F (Form 990) 2019

**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) - ALBANIA, ANDORRA,	RESEARCH	498,652.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	88,927.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	269,674.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	123,050.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	98,154.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	899,689.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	396,002.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	45,833.	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 **1**

3 Enter total number of other organizations or entities **11**

**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)
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	39,063.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	71,323.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	1239978.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	308,560.	WIRE TRANSFER	0.		

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

52-1986675

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHRISTINE K. OWENS - 1851 N. SCOTT STREET, #460,	ADVISEMENT ON RELATIONSHIP MANAGEMENT AND ADVISEMENT		X	0.	24,000.	-24,000.
Total					24,000.	-24,000.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, DC

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))
		2019 FNIH AWARD CEREMO (event type)	2020 FNIH AWARD CEREMO (event type)	NONE (total number)	
Revenue	1	401,000.			401,000.
	2	75,500.			75,500.
	3	325,500.			325,500.
Direct Expenses	4				
	5				
	6	73,710.			73,710.
	7	20,799.			20,799.
	8				
	9	139,107.	10,550.		149,657.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				81,334.

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				
	2				
Direct Expenses	3				
	4				
	5				
6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule G (Form 990 or 990-EZ) 2019 OF HEALTH, INC.

52-1986675 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name Address

Name Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party
c If "Yes," enter name and address of the third party:

Name

Name Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

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

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

(I) NAME OF FUNDRAISER: CHRISTINE K. OWENS

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Schedule G (Form 990 or 990-EZ)

52-1986675 Page 4

Part IV Supplemental Information (continued)

Blank lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

**Employer identification number
52-1986675**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BRIGHAM & WOMEN'S HOSPITAL 1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120	04-2312909	501(C)(3)	266,078.	0.			RESEARCH
CASE WESTERN RESERVE UNIVERSITY NORD HALL, SUITE 615. 10900 EUCLID CLEVELAND, OH 44106	34-1018992	501(C)(3)	187,433.	0.			RESEARCH
CATALYSIS FOUNDATION FOR HEALTH, INC - 1900 POWELL STREET, SUITE 600 - EMERYVILLE, CA 94608	20-8602047	501(C)(3)	143,514.	0.			RESEARCH
DUKE UNIVERSITY/HUMAN VACCINE INSTITUTE - 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	197,376.	0.			RESEARCH
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	230,000.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH 1100 FAIRVIEW AVE. N. SEATTLE, WA 98109	23-7156071	501(C)(3)	431,998.	0.			RESEARCH

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

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

Schedule I (Form 990) (2019)

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	100,000.	0.			RESEARCH
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L LEVY PLACE PO BOX 1498 - NEW YORK, NY 10029	13-6171197	501(C)(3)	10,543.	0.			RESEARCH
JOHN HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	177,682.	0.			RESEARCH
MAYO CLINIC RESEARCH PO BOX 860334 MINNEAPOLIS, MN 55486	59-3337028	501(C)(3)	75,531.	0.			RESEARCH
NEW YORK BLOOD CENTER 310 EAST 67TH STREET NEW YORK, NY 10065	13-1949477	501(C)(3)	28,750.	0.			RESEARCH
NIH/CC 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	420,801.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	4,164,614.	0.			RESEARCH
NIH/NEI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	97,382.	0.			RESEARCH
NIH/NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	61,998.	0.			RESEARCH

Schedule I (Form 990)

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIH/NIA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	11,442,802.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	3,109,491.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	2,535,386.	0.			RESEARCH
NIH/NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	1,152,146.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	438,459.	0.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVT	81,716.	0.			RESEARCH
NORTH CAROLINA STATE UNIVERSITY -UNIVERSITY OF NORTH CAROLINA CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 CAMPUS BOX 1350 -	80-0543561	501(C)(3)	234,791.	0.			RESEARCH
REGENTS OF THE U OF CALIFORNIA, SAN FRANCISCO - MISSION HALL, 550 16TH STREET, 2ND FLOOR - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	210,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE STREET. 1040 WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	170(C)(1) GOVT	721,446.	0.			RESEARCH

Schedule I (Form 990)

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Schedule I (Form 990)

52-1986675

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH TRIANGLE INSTITUTE PO BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	807,842.	0.			RESEARCH
RUSH UNIVERSITY MEDICAL CENTER 1700 W VAN BUREN 277 TOB CHICAGO, IL 60612	36-2174823	501(C)(3)	33,401.	0.			RESEARCH
SUTTER BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CENTER - 475 BRANNAN STREET, SUITE 220 - SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	27,404.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - PO BOX 29789 - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	97,750.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET 2ND FLOOR SHERIDAN BUILDING - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	160,574.	0.			RESEARCH
TRUSTEE OF BOSTON UNIVERSITY FOR THE BOSTON UNIVERSITY MEDICAL SCHOOL - PO BOX 28763 - NEW YORK, NY 10087-8763	04-2103547	501(C)(3)	267,726.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - DEPT. OF PEDIATRIC ADMIN LOWER BLDG 608 1600 7TH AVENUE SOUTH - BIRMINGHAM, AL	63-6001138	501(C)(3)	336,985.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 200 LOTHROP ST BIOMEDICAL SCIENCE TOWER W 950 - PITTSBURGH, PA 15213	25-0965591	501(C)(3)	888,076.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING. #2001 SOTO STREET - LOS ANGELES, CA 90089-9235	91-1642394	501(C)(3)	1,250,000.	0.			RESEARCH

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	14	35,034.	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

2019

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" 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
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2019

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

Schedule J (Form 990) 2019

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)	476,468.	10,000.	0.	28,000.	0.	514,468.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MR. DAVID WHOLLEY SENIOR VP OF RESEARCH PARTNERSHIPS	(i)	343,510.	5,000.	0.	28,000.	17,198.	393,708.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DR. STEPHANIE JAMES SENIOR VP OF SCIENCE	(i)	339,693.	5,000.	0.	28,000.	0.	372,693.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MR. DONALD HILL CHIEF FINANCIAL OFFICER	(i)	238,664.	5,000.	0.	24,559.	17,198.	285,421.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MR. KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	(i)	213,006.	0.	0.	21,805.	19,698.	254,509.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	(i)	161,203.	0.	0.	16,076.	6,692.	183,971.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MS. JULIA WOLF-RODDA SENIOR VP OF DEVELOPMENT	(i)	224,665.	0.	0.	22,558.	16,498.	263,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. JOSEPH MENETSKI ASSOCIATE VP OF RESEARCH PARTNERSHIP	(i)	218,519.	5,000.	0.	22,548.	17,148.	263,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DR. DAVID O'BROCHTA SCIENTIFIC PROGRAM MANAGER	(i)	182,349.	0.	0.	18,303.	15,998.	216,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DR. KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	(i)	180,807.	0.	0.	18,000.	14,498.	213,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BRINDA DASS SCIENTIFIC PROGRAM MANAGER	(i)	175,279.	0.	0.	17,660.	8,192.	201,131.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DR. STACEY ADAM DIRECTOR OF CANCER	(i)	173,699.	0.	0.	17,358.	6,692.	197,749.	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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	150,941.	STOCK PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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

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

PROGRAM ONE - RESEARCH PARTNERSHIPS -

CATALYZING COLLABORATION TO TRANSFORM PARKINSON'S DISEASE RESEARCH

EACH YEAR IN THE UNITED STATES, AN ESTIMATED 50,000 PEOPLE WILL RECEIVE
THE DEVASTATING NEWS OF A DIAGNOSIS WITH PARKINSON'S DISEASE. SECOND
ONLY TO ALZHEIMER'S DISEASE AS THE MOST COMMON AGE-RELATED
NEURODEGENERATIVE DISORDER, PARKINSON'S DISEASE AFFECTS APPROXIMATELY
HALF A MILLION AMERICANS, A NUMBER THAT IS EXPECTED TO TRIPLE OVER THE
NEXT 50 YEARS AS THE POPULATION AGES. PARKINSON'S DISEASE AND ITS
HALLMARK SYMPTOMS OF TREMORS AND STIFFNESS ARE UNFORTUNATELY VERY
WELL-KNOWN TO MANY PEOPLE. YET THERE IS MUCH LEFT TO LEARN ABOUT THE
DISORDER AS RESEARCHERS WORK TO UNDERSTAND THE UNDERLYING CAUSES, TO
BETTER PREDICT THE DISEASE AND ITS PROGRESSION, AND TO DEVELOP MORE
EFFECTIVE TREATMENTS FOR PATIENTS. ENTER AMP PD, THE ACCELERATING

MEDICINES PARTNERSHIP FOR PARKINSON'S DISEASE. A PUBLIC-PRIVATE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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PARTNERSHIP BETWEEN NIH, BIOMEDICAL AND PHARMACEUTICAL COMPANIES AND A NOT-FOR-PROFIT ORGANIZATION, MANAGED BY THE FNIH, AMP PD IS ONE OF THE AMP COLLABORATIONS UNITING SECTORS TO TRANSFORM RESEARCH IN HIGH-PRIORITY DISEASE AREAS SUCH AS ALZHEIMER'S DISEASE, TYPE 2 DIABETES, AND RHEUMATOID ARTHRITIS AND LUPUS. AMP PD WILL REVOLUTIONIZE THE FIELD OF PARKINSON'S DISEASE RESEARCH THROUGH ITS ALLIANCE OF EXPERTS WORKING TO IDENTIFY AND VALIDATE PROMISING TREATMENT TARGETS FOR THE DISEASE, WITH THE ULTIMATE GOAL OF IMPROVING OUTCOMES FOR PATIENTS. IN 2019, AMP PD LAUNCHED A GROUNDBREAKING DATA PORTAL TO GRANT RESEARCHERS WORKING ON PARKINSON'S DISEASE UNPRECEDENTED ACCESS TO THE DE-IDENTIFIED HEALTH INFORMATION OF MORE THAN 4,000 PEOPLE. SUCH ACCESS ALLOWS SCIENTISTS TO STUDY AND ANALYZE COMPLEX DATA SETS AT A SCALE PREVIOUSLY UNTHINKABLE.

THE FIRST STEP WAS HARMONIZING THE DATA, A CRUCIAL PROCESS THAT ENSURES THE INFORMATION IS ENTERED IN AN ACCURATE, CONSISTENT WAY AND THAT ENABLES THE COMPARISON OF DATA FROM MANY DIFFERENT SOURCES. LOOKING FORWARD, THIS ESTABLISHES THE STANDARD FOR HARMONIZED DATABASES.

"AMP PD IS A TRUE EXAMPLE OF THE WHOLE BEING GREATER THAN THE SUM OF ITS PARTS. THE COMBINATION OF MANY DATA SETS COULD ALLOW RESEARCHERS GREATER POWER TO ANALYZE POTENTIAL BIOMARKERS FOR PARKINSON'S DISEASE," SAYS WALTER KOROSHETZ, M.D., DIRECTOR OF THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE. "THIS EFFORT FOLLOWS OTHER AMP PROGRAMS WHICH HAVE THE SHARED GOAL OF CHANGING THE WAY WE GO ABOUT THE BUSINESS OF STUDYING DISEASE."

BETTER PREDICTING A PATIENT'S RESPONSE TO CANCER TREATMENT

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EVERY TUMOR ADAPTS TO ITS UNIQUE PLACE OF GROWTH WITHIN THE BODY. THESE CHANGES CREATE COMPLEX ECOSYSTEMS, EACH MADE UP OF DIFFERENT KINDS OF CELLS. THE INTERACTIONS WITHIN THESE MICROENVIRONMENTS CAN BE ANALYZED TO DETERMINE HOW CANCER PROGRESSES AND HOW IT IS AFFECTED BY ANTI-CANCER TREATMENTS. A DEEPER UNDERSTANDING OF THESE PROCESSES WILL SHED LIGHT ON HOW TWO COMMON FORMS OF CANCER TREATMENT IMMUNOTHERAPY AND CHEMOTHERAPY MIGHT BEST BE USED IN CONCERT TO IMPROVE HEALTH OUTCOMES FOR CANCER PATIENTS. THE NEED FOR THAT BETTER UNDERSTANDING IS WHY THE FNIH LAUNCHED A PROJECT CALLED CHEMOTHERAPEUTIC IMPACT ON THE IMMUNE MICROENVIRONMENT, OR CHIIME. THE FASTEST-GROWING TYPE OF CANCER TREATMENT IS IMMUNOTHERAPY, WHICH STIMULATES THE BODY'S NATURAL IMMUNE SYSTEM TO ATTACK CANCER CELLS. IT HAS SHOWN GREAT SUCCESS FOR SOME KINDS OF CANCERS AND SOME PATIENTS, BUT NOT ALL. SCIENTIFIC EVIDENCE SUGGESTS THAT INTRODUCING CHEMOTHERAPY BEFORE IMMUNOTHERAPY OR DOING BOTH AT THE SAME TIME CAN ALTER THE MICROENVIRONMENT, IMPROVING THE ODDS OF SUCCESSFUL TREATMENT. LED BY EXPERTS FROM THE FNIH, THE NATIONAL CANCER INSTITUTE (NCI), THE FDA, ACADEMIA AND INDUSTRY, THE CHIIME PROJECT USES A CUTTING-EDGE TECHNOLOGY CALLED SINGLE NUCLEUS RNA SEQUENCING TO ANALYZE THE MICROENVIRONMENT OF BREAST CANCERS THAT ARE PARTICULARLY RESISTANT TO MOST THERAPIES. THE ANALYSIS TECHNIQUE ALLOWS FOR A CLEARER PICTURE OF ALL CELL POPULATIONS IN THE MICROENVIRONMENT, INTERACTIONS AMONG DIFFERENT CELLS AND FEATURES THAT EXPLAIN TUMOR CELLS' RESPONSES TO TREATMENT. STUDYING BREAST CANCER SAMPLES IN THIS WAY, SCIENTISTS WILL LEARN MORE ABOUT THE EFFECTS OF CHEMOTHERAPY ON DIFFERENT KINDS OF CELLS, INCLUDING IMMUNE CELLS. ULTIMATELY, THE INSIGHTS GLEANED FROM THIS INVESTIGATION WILL BE USED TO DEVELOP BIOMARKERS THAT INFORM THERAPEUTIC DECISIONMAKING. THE KNOWLEDGE WILL

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HELP TO GUIDE THE WAYS THAT THERAPIES ARE DESIGNED AND ASSIGNED TO PATIENTS, POTENTIALLY LEADING TO NEW AND BETTER TREATMENT OPTIONS FOR PEOPLE WITH CANCER.

STANDARDIZING THE ASSESSMENT OF GENETIC TESTS USED TO TRACK CANCER

AS A CANCEROUS TUMOR PROGRESSES AND GROWS IN A PERSON'S BODY, IT OFTEN SHEDS CELLS. THESE CELLS ARE BROKEN DOWN IN THE BODY, RELEASING MATERIAL INTO THE BLOODSTREAM, INCLUDING DNA KNOWN AS CIRCULATING TUMOR DNA, OR CTDNA. THIS CTDNA CAN BE STUDIED BY SCIENTISTS TO DETERMINE GENETIC MUTATIONS IN THE TUMOR THAT CAN BE TARGETED FOR TREATMENT. THESE MUTATIONS CAN ALSO HELP EXPLAIN A TUMOR'S RESISTANCE TO TREATMENT. BECAUSE OF THE MANY USES OF CTDNA AND THE SIMPLE WAY IN WHICH IT IS OBTAINED THROUGH A BLOOD SAMPLE A HOST OF TECHNOLOGICAL ADVANCES HAVE BEEN DEVELOPED TO ANALYZE IT. THIS HAS BEEN HIGHLY BENEFICIAL IN PROVIDING CRUCIAL DIAGNOSTIC INFORMATION TO DOCTORS, PATIENTS AND CANCER RESEARCHERS, BUT THE PROLIFERATION OF TECHNOLOGIES GIVES RISE TO A LACK OF STANDARDIZATION. HOSPITALS AND LABORATORIES ACROSS THE COUNTRY ARE CAPTURING AND ANALYZING CTDNA BUT LACK A UNIFORM SET OF UNIVERSALLY RECOGNIZED STANDARDS TO GUIDE INTERPRETATION OF THE RESULTS. THE SAME SAMPLE CAN BE INTERPRETED VERY DIFFERENTLY BY DIFFERENT SCIENTISTS, MAKING IT DIFFICULT TO FULLY UNDERSTAND OR TRUST ANY GIVEN TEST. IN 2019, THE FNHI LAUNCHED A PROJECT CALLED IDENTIFICATION AND VALIDATION OF CTDNA QUALITY CONTROL MATERIALS. A PARTNERSHIP SPANNING THE PUBLIC, PRIVATE AND ACADEMIC SECTORS, THE CTDNA PROJECT WILL DEVELOP MUCH-NEEDED UNIVERSAL STANDARDS. THE PROJECT WILL CREATE A SET OF QUALITY-CONTROL MATERIALS MEANT TO PROVIDE ASSURANCE THAT ALL TESTING STEPS WERE CORRECTLY PERFORMED, ALLOWING FOR

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COMPARISON OF SAMPLES ACROSS DIFFERENT HOSPITALS AND LABORATORIES AND BETTER ENABLING ACCURATE RESULTS. ONCE SUCCESSFULLY DEVELOPED AND DISSEMINATED, THESE QUALITY-CONTROL MATERIALS WILL HELP LAY THE GROUNDWORK FOR MORE EFFECTIVE CLINICAL RESEARCH, AS WELL AS FASTER REGULATORY APPROVAL OF NEW TESTING TECHNOLOGIES AND HOW THEY MIGHT BE USED TO HELP PATIENTS. THE PROJECT IS LIKELY TO LAY A FOUNDATION FOR THE DEVELOPMENT OF PROTOCOLS TO TEST OTHER GENETIC MATERIAL IN THE FUTURE, WITH IMPLICATIONS THAT COULD REACH FAR BEYOND EVEN THOSE FOR PEOPLE WITH CANCER.

IMPROVING THE PATIENT EXPERIENCE IN DIAGNOSING A DEADLY LIVER DISEASE

ACCORDING TO THE AMERICAN LIVER FOUNDATION, ROUGHLY 5 PERCENT OF U.S. ADULTS OR 16.5 MILLION PEOPLE ARE AFFECTED BY A TYPE OF LIVER DISEASE CALLED NASH: NON-ALCOHOLIC STEATOHEPATITIS. CHARACTERIZED BY BUILDUP OF FATTY TISSUE IN THE LIVER, NASH CONTINUES TO INCREASE IN PREVALENCE ALONGSIDE RISING RATES OF OBESITY AND TYPE 2 DIABETES. UNFORTUNATELY, NASH DOES NOT PRESENT SYMPTOMS UNTIL A PATIENT IS IN THE LATER STAGES OF THE DISEASE; WHEN LEFT UNTREATED, THE DISEASE CAN CAUSE PERMANENT DAMAGE. CURRENTLY, THE DISEASE CAN ONLY BE DIAGNOSED THROUGH A PAINFUL, INVASIVE AND EXPENSIVE LIVER BIOPSY. TO PROPERLY DIAGNOSE NASH, AND TO HELP DOCTORS IDENTIFY PATIENTS AT RISK OF DIRE HEALTH COMPLICATIONS, BETTER, LESS INVASIVE AND MORE RELIABLE DIAGNOSTIC TOOLS ARE NEEDED. IN 2019, THE FNIH BIOMARKERS CONSORTIUM LAUNCHED THE NON-INVASIVE BIOMARKERS OF METABOLIC LIVER DISEASE (NIMBLE) PROJECT TO REPLACE THE CURRENT STANDARD FOR DIAGNOSING NASH WITH A PATIENT-FRIENDLY, NON-INVASIVE APPROACH. THE NIMBLE TEAM WILL COMPARE PROMISING NEW IMAGING-BASED AND BLOOD-BASED BIOMARKERS INDIVIDUALLY AND IN

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COMBINATION AGAINST LIVER BIOPSIES TO IDENTIFY A RELIABLE, WIDELY
DEPLOYABLE, NON-INVASIVE MARKER TO MORE EASILY DIAGNOSE NASH AND
MONITOR PATIENT RESPONSES TO TREATMENTS. ARMED WITH THIS KNOWLEDGE,
PHYSICIANS FOR THE FIRST TIME WILL BE ABLE TO IDENTIFY MORE EFFECTIVELY
THOSE PATIENTS WHO ARE MOST LIKELY TO PROGRESS TO SERIOUS COMPLICATIONS
LIKE LIVER FAILURE OR CANCER. "THERE IS A BROAD CONSENSUS ON THE NEED
TO VALIDATE SAFE AND SIMPLE APPROACHES TO REPLACE BIOPSY FOR DIAGNOSIS
AND STAGING, AND AS A WAY TO MONITOR THE LIVER HEALTH OF PATIENTS WITH
NASH OVER TIME," SAYS GAIL CAWKWELL, OF PARTNER INTERCEPT
PHARMACEUTICALS. "WE WILL GET THERE FASTER IF ACADEMIC INSTITUTIONS,
PATIENT GROUPS, DRUG DEVELOPERS, REGULATORS AND PUBLIC HEALTH AGENCIES
ALL WORK TOGETHER TO POOL OUR DATA, RESOURCES AND KNOWLEDGE." MORRIS J.
BIRNBAUM, OF PARTNER PFIZER, SAYS, "NIMBLE HAS THE POTENTIAL TO
GALVANIZE THE ENTIRE FIELD IN OUR PURSUIT OF AN ACCURATE, SCALABLE,
NON-INVASIVE TOOL FOR THE DIAGNOSIS AND STAGING OF NASH."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:
A BREAKTHROUGH DISCOVERY IN THE DIAGNOSIS AND MONITORING OF NASH IS AN
ESSENTIAL GOAL FOR THE RESEARCH COMMUNITY, POTENTIALLY HELPING PATIENTS
WITH THIS DEADLY, YET INVISIBLE, DISEASE.

DEVELOPING BETTER VACCINES TO PREVENT TUBERCULOSIS WORLDWIDE

THE GLOBAL BURDEN OF TUBERCULOSIS (TB) IS STAGGERING: AROUND THE WORLD,
ONE PERSON INFECTED WITH THE DISEASE DIES EVERY 18 SECONDS. ACCORDING
TO THE WORLD HEALTH ORGANIZATION, TB IS "THE LEADING CAUSE OF DEATH
FROM A SINGLE INFECTIOUS AGENT," KILLING MORE PEOPLE WORLDWIDE THAN
HIV/AIDS OR ANY OTHER INFECTIOUS DISEASE. THE NEED FOR NEW APPROACHES

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TO TARGET AND END THE GLOBAL TB EPIDEMIC IS CLEAR. THE ONLY EXISTING VACCINE FOR TB, CALLED BACILLUS CALMETTE GUERIN (BCG), IS COMMONLY ADMINISTERED TO NEWBORNS. WHILE THE VACCINE CONFERS IMPORTANT HEALTH PROTECTIONS TO INFANTS AND YOUNG CHILDREN, ITS EFFECTS WEAR OFF OVER TIME, SO THAT ADOLESCENTS AND ADULTS MAY NOT BE SAFEGUARDED AGAINST THE DISEASE. IN 2019, THE FNIH ANNOUNCED THE TB VACCINE PROJECT, FUNDED THROUGH A GRANT FROM THE BILL & MELINDA GATES FOUNDATION. RESEARCHERS AT NIAID AND THE UNIVERSITY OF PITTSBURGH ARE SETTING OUT TO STUDY WHETHER THE WAY THE BCG VACCINE IS ADMINISTERED COULD MAKE A DIFFERENCE IN ITS LONG-TERM PROTECTIVE EFFECTS. THE VACCINE IS CURRENTLY DELIVERED INTRADERMALLY, OR INJECTED INTO THE SKIN. COULD INTRAVENOUS DELIVERY, OR INJECTION DIRECTLY INTO THE VEIN, BETTER PREVENT TB? THE RESEARCHERS WILL TEST INTRAVENOUS INJECTION IN ANIMAL MODELS TO SEE IF THAT TECHNIQUE BETTER ACTIVATES WHITE BLOOD CELLS THAT CAN HELP TO TRIGGER A POWERFUL, LONG-LASTING IMMUNE RESPONSE. USING CUTTING-EDGE IMMUNE CELL ANALYSIS, RADIOLOGIC IMAGING, MICROBIOLOGY AND PATHOLOGY ANALYSES, THE SCIENTISTS WILL LEARN MORE ABOUT THE BIOLOGICAL MECHANISMS OF PROTECTION. ULTIMATELY, THE PROJECT'S GOAL IS TO USE THE STUDY'S FINDINGS TO INFORM A TB VACCINE DESIGN OF THE FUTURE, BRINGING THE WORLD THAT MUCH CLOSER TO SOLVING THIS GLOBAL PUBLIC HEALTH AFFLICTION.

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

PROGRAM TWO - AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS -

INVESTING IN THE FUTURE OF SCIENTIFIC LEADERSHIP

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ONE OF THE MANY WAYS THE FNIH ACCELERATES PROGRESS IS THROUGH INVESTMENT IN THE CREATIVITY OF EXCEPTIONAL SCIENTISTS. THE ORGANIZATION BESTOWS THREE PRIZES EACH YEAR TO RECOGNIZE OUTSTANDING PARTNERS AND CONTRIBUTORS TO ADVANCING BIOMEDICAL RESEARCH.

LURIE PRIZE IN BIOMEDICAL SCIENCES

THE LURIE PRIZE IN BIOMEDICAL SCIENCES IS AN ANNUAL PRIZE MADE POSSIBLE BY A GIFT FROM PHILANTHROPIST MS. ANN LURIE, RECOGNIZING OUTSTANDING ACHIEVEMENTS MADE BY A PROMISING YOUNG SCIENTIST. IN MAY, THE FNIH HONORED YASMINE BELKAID, PH.D., OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) FOR REVOLUTIONIZING OUR UNDERSTANDING OF MICROBES IN THE GUT AND SKIN. DR. BELKAID'S GROUNDBREAKING WORK HAS SHED LIGHT ON THE INTERACTION BETWEEN THE MICROBIOME AND THE IMMUNE SYSTEM, AS WELL AS THE CRUCIAL IMPLICATIONS OF THIS INTERACTION FOR HUMAN HEALTH. HER RESEARCH IS FOCUSED ON USING MICROBES TO DEVELOP NOVEL STRATEGIES TO PREVENT AND TREAT DISEASES SUCH AS PSORIASIS, CROHN'S DISEASE, ALLERGIES AND AUTOIMMUNE DISEASES. BY TRANSFORMING THE UNDERSTANDING OF THE MICROBIOME'S CRITICAL FUNCTION IN HUMAN HEALTH, DR. BELKAID'S RESEARCH PAVES THE WAY FOR YET FURTHER BREAKTHROUGHS IN DISEASE DIAGNOSTICS AND MANAGEMENT.

TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS

THE TRAILBLAZER PRIZE WAS ESTABLISHED IN 2018 TO HIGHLIGHT THE ESSENTIAL ROLE OF EARLY CAREER CLINICIAN-SCIENTISTS IN SPURRING INNOVATION IN PATIENT CARE. IN OCTOBER, DR. JAMES KOCHENDERFER OF NCI WAS ANNOUNCED AS THE PRIZE WINNER FOR PIONEERING THE DEVELOPMENT OF IMMUNOTHERAPIES THAT LEVERAGE CHIMERIC ANTIGEN RECEPTOR (CAR) T-CELLS TO TREAT BLOOD CANCERS. HIS WORK LED TO THE FIRST APPROVAL BY THE FDA

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OF A CAR T-CELL THERAPY FOR LYMPHOMA. HE ALSO HEADED THE FIRST CLINICAL TRIALS FOCUSED ON A SPECIFIC ANTIGEN FOR THE TREATMENT OF MULTIPLE MYELOMA. DR. KOCHENDERFER'S WORK IS A PREMIER EXAMPLE OF HOW CLINICAL SCIENCE HAS THE POTENTIAL TO CREATE LIFE-SAVING BREAKTHROUGHS IN THE TREATMENT OF CANCER. FUNDING FOR THE TRAILBLAZER PRIZE IS PROVIDED BY THE GALLIN FUND AT THE FNIH.

CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD

EACH YEAR, THE FNIH BESTOWS THE CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD TO RECOGNIZE PEOPLE AND/OR ORGANIZATIONS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE ORGANIZATION'S EFFORTS TO BUILD, IMPLEMENT AND NURTURE PUBLIC-PRIVATE PARTNERSHIPS IN SUPPORT OF THE MISSION OF THE NIH. IN 2019, THE FNIH PROUDLY HONORED THE DORIS DUKE CHARITABLE FOUNDATION AND JANE SAYER, PH.D., FOR THEIR STEADFAST SUPPORT OF NIH TRAINING AND AWARDS PROGRAMS TO FOSTER THE RESEARCH COMMUNITY AND FOR THEIR ONGOING WORK TO FURTHER THE FOUNDATION'S MISSION. FUNDING FOR THE CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD IS PROVIDED BY THE CHARLES A. SANDERS LEGACY FUND OF THE FNIH.

CONVENING LEADERS TO CHART THE PATH TO PROGRESS

NEXT-GENERATION BREAKTHROUGH THERAPIES REQUIRE THE CONSTRUCTION OF DIVERSE ALLIANCES TO IDENTIFY THE BEST WAYS TO TREAT AND SERVE PATIENTS WORLDWIDE. THE FNIH SPECIALIZES IN CONVENING KEY STAKEHOLDERS FROM WIDE-RANGING SECTORS TO IDENTIFY AND TACKLE SCIENTIFIC CHALLENGES AND KNOWLEDGE GAPS TO PROPEL RESEARCH FORWARD. AS ONE EXAMPLE, IN SEPTEMBER, THE FNIH HOSTED THE 11TH INTERNATIONAL FORUM ON RHEUMATOID ARTHRITIS (RA): PATHOGENESIS AND EMERGING THERAPEUTIC STRATEGIES, OR

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IFRA 2019. THE MEETING BROUGHT TOGETHER MAJOR SCIENTIFIC LEADERS FROM INDUSTRY AND ACADEMIA IN ASIA, EUROPE AND THE UNITED STATES, INCLUDING NIH DIRECTOR DR. FRANCIS COLLINS. THE GROUP REPRESENTED A GLOBAL CONSORTIUM WITH A SHARED COLLECTIVE GOAL OF ACCELERATING DISCOVERY AND INNOVATION IN RA. A CHIEF OUTCOME OF THE MEETING WAS LAYING THE FOUNDATION FOR A FUTURE INTERNATIONAL RA COLLABORATIVE NETWORK BUILDING ON THE WORK OF EXISTING INITIATIVES, SUCH AS THE ACCELERATING MEDICINES PARTNERSHIP FOR RA AND LUPUS, TO FOSTER TRANSFORMATIVE STUDIES AND FACILITATE INTERNATIONAL COLLABORATION. AN ARTICLE PUBLISHED IN THE ANNALS OF THE RHEUMATIC DISEASES LAYS OUT THE SESSION'S OVERARCHING THEMES AND PROVIDES A VISION FOR THE PATH FORWARD.

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

PROGRAM THREE - PATIENT SUPPORT PROGRAM/CAPITAL PROJECT -

FILLING A NEED OF THE NATION'S LEADING RESEARCH CENTER

AT THE NIH CLINICAL CENTER THE NATION'S PREMIER HOSPITAL SOLELY DEVOTED TO CLINICAL INVESTIGATION PATIENTS ARE CONSIDERED "ACTIVE PARTNERS IN MEDICAL DISCOVERY," PARTICIPATING IN EXPERIMENTAL TRIALS CARRIED OUT BY NIH INSTITUTES TO RECEIVE TREATMENT FOR THEIR CONDITIONS AND ULTIMATELY BENEFIT SCIENTIFIC PROGRESS. THE EXTENSIVE LIST OF RESEARCH BREAKTHROUGHS COMING OUT OF THE NIH CLINICAL CENTER INCLUDES THE FIRST CURES FOR CHILDHOOD LEUKEMIA AND HODGKIN'S DISEASE USING CHEMOTHERAPY, THE FIRST BLOOD TESTS FOR AIDS AND HEPATITIS, AND THE FIRST GENE THERAPY, TO NAME JUST A FEW. TO SUPPORT SUCH RESOURCE-INTENSIVE ENDEAVORS, THE FNIH ESTABLISHED THE CLINICAL CENTER IN-KIND DRUG DONATION PROGRAM TO DONATE PHARMACEUTICALS TO THE NIH CLINICAL CENTER.

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THE PROGRAM, WHICH HAS PROVIDED NEARLY \$16 MILLION IN DRUGS AND THERAPEUTICS TO THE NIH SINCE 2008, WAS SUPPORTED IN 2019 BY A MAJOR GIFT FROM HORIZON THERAPEUTICS PLC. "THE GENEROSITY OF THE PROGRAM HAS BEEN A MAJOR BOON TO OUR PATIENTS AND OUR PROGRAM," SAYS DR. STEVEN HOLLAND, DIRECTOR, DIVISION OF INTRAMURAL RESEARCH AT NIAID.

FORM 990, PART VI, SECTION A, LINE 1:

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 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 A, LINE 4:

THE BOARD STREAMLINED THE BY-LAWS, WHICH ARE AVAILABLE ON THE FNIH'S WEBSITE, IN A NUMBER OF WAYS INCLUDING THE FOLLOWING:

- BETTER DEFINED DIRECTOR EMERITUS AND HONORARY DIRECTOR
- SIMPLIFIED THE DIRECTOR SELECTION PROCESS AND TERMS OF OFFICE
- CLARIFIED ANNUAL REPORTING REQUIREMENTS
- ALIGNED PROCEDURES FOR CALLING ANNUAL, BOARD, AND SPECIAL MEETINGS
- CLARIFIED THE INFORMATION THAT COULD BE SHARED WITH REPRESENTATIVES OF EX-OFFICIO DIRECTORS
- OUTLINED HOW ADVISORY BOARDS COULD BE FORMED
- SIMPLIFIED THE SECTION ON COMMITTEE OPERATIONS

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- STREAMLINED THE LIST OF OFFICERSHIPS
- CROSS-REFERENCED THE SECTIONS ON CONFLICTS OF INTEREST AND POLICIES TO THE FNIH'S FOUNDING LEGISLATION
- CLARIFIED COMPENSATION PRACTICES
- SIMPLIFIED LANGUAGE AND GRAMMAR THROUGHOUT

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

FORM 990, PART VI, SECTION B, LINE 12C:
 DIRECTORS, OFFICERS AND EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE:

- RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY
- READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE POLICY
- RECEIVED AND REVIEWED A LISTING OF CORPORATE AND FOUNDATION DONORS, CONTRACTORS, VENDORS, GRANTEES, PRINCIPAL INVESTIGATORS AND FINANCIAL INSTITUTIONS WITH WHOM THE FNIH HAS A CURRENT RELATIONSHIP
- NO ACTUAL OR APPARENT CONFLICTS OF INTEREST OTHER THAN THOSE DISCLOSED IN THE STATEMENT.

THEY MUST ALSO MAKE CERTAIN NOTIFICATIONS IN PARTICULAR CIRCUMSTANCES. THE CONFLICT OF INTEREST POLICY ALSO HAS MECHANISMS FOR HANDLING SUCH CONFLICTS.

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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, AR, CA, FL, GA, HI, IL, KS, KY, MA, MI, MS, MN, NH, NJ, NM, PA, RI, SC, TN, UT, WV
WI

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

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

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

2019

For calendar year 2019 or other tax year beginning _____, and ending _____

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

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

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number 52-1986675; E Unrelated business activity code; F Group exemption number; G Check organization type 501(c) corporation; H Enter the number of the organization's unrelated trades or businesses 1; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of DONALD M. HILL Telephone number (301) 435-6246

Form header section including: C Book value of all assets at end of year 0.; F Group exemption number; G Check organization type 501(c) corporation; H Enter the number of the organization's unrelated trades or businesses 1; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of DONALD M. HILL Telephone number (301) 435-6246

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12. Total income 0.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule) (see instructions); 19 Taxes and licenses; 20 Depreciation (attach Form 4562); 21 Less depreciation claimed on Schedule A and elsewhere on return; 22 Depletion; 23 Contributions to deferred compensation plans; 24 Employee benefit programs; 25 Excess exempt expenses (Schedule I); 26 Excess readership costs (Schedule J); 27 Other deductions (attach schedule); 28 Total deductions. Add lines 14 through 27; 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13; 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions); 31 Unrelated business taxable income. Subtract line 30 from line 29.

Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	9,000.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	Total payments. Add lines 51a through 51g	52	9,000.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	9,000.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	56	9,000.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Maria Churi 11/13/2020 **PRESIDENT**
Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LAKRISHA J. WATSON	LAKRISHA J. WATSON	11/13/20		P01677333
	Firm's name DIXON HUGHES GOODMAN LLP	Firm's EIN 56-0747981			
Firm's address 901 EAST CARY STREET, SUITE 1000			Phone no. (804) 282-7636		
Firm's address RICHMOND, VA 23219					