

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. Doing business as		D Employer identification number 52-1986675
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11400 ROCKVILLE PIKE 600		E Telephone number (301) 402-5311
	City or town, state or province, country, and ZIP or foreign postal code NORTH BETHESDA, MD 20852		G Gross receipts \$ 119,637,840.
	F Name and address of principal officer: DONALD M. HILL SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		

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


K Form of organization: Corporation Trust Association Other **L** Year of formation: 1996 **M** State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH CREATES AND MANAGES ALLIANCES WITH PUBLIC 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	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	86
	6 Total number of volunteers (estimate if necessary)	6	24
	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, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 98,343,956.	Current Year 105,993,785.
	9 Program service revenue (Part VIII, line 2g)	0.	50,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,793,315.	1,523,894.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,551.	38,012.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,179,822.	107,605,691.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,094,805.	20,925,571.
	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)	11,036,676.	11,200,771.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	112,270.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	24,522,875.	26,276,294.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,654,356.	58,402,636.	
19 Revenue less expenses. Subtract line 18 from line 12	41,525,466.	49,203,055.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 171,939,741.	End of Year 221,939,759.
	21 Total liabilities (Part X, line 26)	10,735,525.	10,990,437.
	22 Net assets or fund balances. Subtract line 21 from line 20	161,204,216.	210,949,322.

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 10/24/2022
	DONALD M. HILL, CHIEF FINANCIAL OFFICER 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 10/21/22	Check if self-employed <input type="checkbox"/>	PTIN P01677333
	Firm's name FORVIS, LLP Firm's address 901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219			Firm's EIN 44-0160260 Phone no. (804) 282-7636	

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 (2021)

52-1986675 Page 2

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 50,592,188. including grants of \$ 19,914,025.) (Revenue \$ 50,000.)
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PROGRAMS

4b (Code: _____) (Expenses \$ 1,310,343. including grants of \$ 1,011,545.) (Revenue \$ _____)
SEE SCHEDULE O, PROGRAM TWO, AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS

4c (Code: _____) (Expenses \$ 53,512. including grants of \$ 0.) (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 **51,956,043.**

Form 990 (2021)

**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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>	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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>	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>	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>		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> See instructions		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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 the 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 line 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 on 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	35
b Enter the number of Forms W-2G included on 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 86		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17		
If "Yes," complete Form 6069.			

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ MD, VA, NY, AL, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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. MARIA C. FREIRE (UNTIL SEPT PRESIDENT & EXECUTIVE DIRECTOR	40.00	X		X				458,587.	0.	23,200.
(2) DAVID WHOLLEY (FROM SEPT.) INTERIM PRES. & EXECUTIVE DIRECTOR	40.00			X				415,304.	0.	38,260.
(3) MICHAEL SANTOS VICE PRESIDENT OF SCIENCE	40.00				X			341,916.	0.	30,380.
(4) STEPHANIE JAMES SENIOR SCIENTIFIC ADVISOR	40.00				X			285,699.	0.	22,463.
(5) JOSEPH MENETSKI VP, RESEARCH PARTNERSHIPS	40.00				X			270,098.	0.	34,092.
(6) DONALD HILL CHIEF FINANCIAL OFFICER	40.00			X				264,990.	0.	36,642.
(7) JULIE WOLF-RODDA SENIOR VP OF DEVELOPMENT	40.00				X			248,167.	0.	34,493.
(8) KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	40.00			X				236,844.	0.	34,800.
(9) STACEY ADAM ASSOCIATE VP, RESEARCH PARTNERSHIPS	40.00					X		235,835.	0.	25,932.
(10) DAVID O' BROCHTA SCIENTIFIC PROGRAM MANAGER	40.00					X		195,268.	0.	31,019.
(11) KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	40.00					X		193,750.	0.	22,492.
(12) STEVEN HOFFMANN ASSOCIATE VP, RESEARCH PARTNERSHIPS	40.00					X		187,977.	0.	27,608.
(13) BRINDA DASS SCIENTIFIC PROGRAM MANAGER	40.00					X		188,862.	0.	24,049.
(14) ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	40.00				X			171,092.	0.	20,719.
(15) DR. STEVEN M PAUL CHAIRMAN	1.50	X		X				0.	0.	0.
(16) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
(17) MR. STEVEN C. MAYER TREASURER	2.00	X		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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(19) DR. KATHY BLOOMGARDEN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(20) DR. MARIJN DEKKERS BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(21) MR. JAMES H. DONOVAN BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(22) DR. PAUL L. HERRLING BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(23) DR. THOMAS R. INSEL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(24) DR. JUDY LANSING KOVLER BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(25) DR. RONALD L. KRALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
(26) DR. FREDA LEWIS-HALL BOARD OF DIRECTORS MEMBER	0.50	X						0.	0.	0.
1b Subtotal								3,694,389.	0.	406,149.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,694,389.	0.	406,149.

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 34

	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	CLINICAL TRIAL FOR LUNG MAP PROJECT	6,280,530.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA 02215	THE PACT & CTDNA RESEARCH COLLABORATI	2,521,758.
DELOITTE CONSULTING LLP 4022 SELLS DRIVE, HERMITAGE, TN 37076	COVID-19 PROJECT PROFESSIONAL SERVICE	2,382,326.
THE UNIVERSITY OF TEXAS/MD ANDERSON PO BOX 4266, HOUSTON, TX 77210	THE PACT PROJECT RESEARCH COLLABORATI	905,317.
THE BROAD INSTITUTE, INC. 415 MAIN STREET, CAMBRIDGE, MA 02142	THE CHIIME PROJECT RESEARCH COLLABORATI	884,421.

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 32

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990 (2021)

52-1986675 Page **9**

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	60,500.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,250,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	104,683,285.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,684,256.				
	h Total. Add lines 1a-1f			105993785.			
Program Service Revenue	2 a ADMINISTRATIVE REVENUE	Business Code					
		900099	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)		1,346,882.			1346882.	
	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				
				11,955,373.			
	b Less: cost or other basis and sales expenses	7b	11,778,361.				
	c Gain or (loss)	7c	177,012.				
d Net gain or (loss)			177,012.		177,012.		
8 a Gross income from fundraising events (not including \$ 60,500. of contributions reported on line 1c). See Part IV, line 18	8a		291,800.				
		b Less: direct expenses	8b	253,788.			
c Net income or (loss) from fundraising events			38,012.		38,012.		
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			107605691.	50,000.	0.	1561906.	

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

Form 990 (2021)

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,124,066.	20,124,066.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,500.	3,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	798,005.	798,005.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,967,746.	1,436,567.	1,482,419.	48,760.
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	5,868,953.	3,971,368.	1,897,585.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	514,483.	309,430.	195,960.	9,093.
9 Other employee benefits	1,231,077.	781,689.	434,363.	15,025.
10 Payroll taxes	618,512.	317,744.	300,768.	
11 Fees for services (nonemployees):				
a Management				
b Legal	190,081.	87,892.	102,189.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	183,504.		183,504.	
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	33,712.	27,813.	5,899.	
13 Office expenses	10,468.	5,871.	4,597.	
14 Information technology	121,563.	44,439.	56,938.	20,186.
15 Royalties				
16 Occupancy	735,559.	179,582.	555,977.	
17 Travel	140,390.	134,401.	5,989.	
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	240,478.		240,478.	
23 Insurance	228,032.	135,102.	92,930.	
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	19,091,057.	19,078,577.	12,480.	
b CONSULTANTS	4,655,198.	4,311,705.	326,029.	17,464.
c RECRUITING	379,759.	30,625.	349,134.	
d HONORARIA	112,000.	112,000.		
e All other expenses	154,493.	65,667.	87,084.	1,742.
25 Total functional expenses. Add lines 1 through 24e	58,402,636.	51,956,043.	6,334,323.	112,270.
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.**

Form 990 (2021)

52-1986675 Page **11**

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	66,486,739.	2	47,993,053.	
	3 Pledges and grants receivable, net	41,358,911.	3	67,125,693.	
	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	235,751.	9	230,354.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,965,720.			
	b Less: accumulated depreciation	10b 1,239,951.	1,948,833.	10c	1,725,769.
	11 Investments - publicly traded securities	59,636,280.	11	101,529,635.	
	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	2,273,227.	15	3,335,255.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	171,939,741.	16	221,939,759.		
Liabilities	17 Accounts payable and accrued expenses	7,166,950.	17	8,537,356.	
	18 Grants payable		18		
	19 Deferred revenue	1,331,478.	19	338,978.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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	2,237,097.	25	2,114,103.	
	26 Total liabilities. Add lines 17 through 25	10,735,525.	26	10,990,437.	
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	25,368,465.	27	28,544,211.	
	28 Net assets with donor restrictions	135,835,751.	28	182,405,111.	
	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	161,204,216.	32	210,949,322.	
	33 Total liabilities and net assets/fund balances	171,939,741.	33	221,939,759.	

Form **990** (2021)

**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	107,605,691.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,402,636.
3	Revenue less expenses. Subtract line 2 from line 1	3	49,203,055.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	161,204,216.
5	Net unrealized gains (losses) on investments	5	542,051.
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	210,949,322.

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
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?	2c	X	
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?	3a	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	X	

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	61322159.	60444618.	50623645.	98343956.	105993785	376728163
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	61322159.	60444618.	50623645.	98343956.	105993785	376728163
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)						145478494
6 Public support. Subtract line 5 from line 4.						231249669

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	61322159.	60444618.	50623645.	98343956.	105993785	376728163
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1066052.	2057158.	2818334.	1722957.	1346882.	9011383.
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						385739546
12 Gross receipts from related activities, etc. (see instructions)					12	176,383.
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	59.95 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	57.28 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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"/>

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 ►

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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).</i>	<input type="checkbox"/>	<input type="checkbox"/>
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
b Did one or more disqualified persons (as defined on 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>	<input type="checkbox"/>	<input type="checkbox"/>
c Did a disqualified person (as defined on 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>	<input type="checkbox"/>	<input type="checkbox"/>
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 line 10b below.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>

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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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>	2a	
b Did the activities described on line 2a, above, 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>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>	3a	
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>	3b	

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
2 Enter 0.85 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
OF HEALTH, INC.

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,451,000.</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>6,682,195.</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>15,630,166.</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>3,661,000.</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>2,808,824.</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>2,690,000.</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
---	---

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>2,705,000.</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>2,842,500.</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>3,103,778.</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>6,491,550.</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>5,671,220.</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>5,477,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>2,178,824.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>7,385,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>4,312,159.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>2,927,527.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>2,306,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

FNIH CONSULTED ITS CONGRESSIONAL COMMITTEES OF JURISDICTION ON PUBLIC HEALTH LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-9. Monitoring and enforcement questions (checkboxes for yes/no).

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.

Form with questions 1a, 1b, 2, a, b regarding art and historical treasures reporting requirements, including revenue and asset inclusion details.

**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	119,864.
(3) DEFERRED LEASE INCENTIVE	1,408,688.
(4) DEFERRED RENT LIABILITY	585,551.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,114,103.

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	108,512,594.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	542,051.	
b Donated services and use of facilities	2b	294,568.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		836,619.
3 Subtract line 2e from line 1		3	107,675,975.
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	183,504.	
b Other (Describe in Part XIII.)	4b	-253,788.	
c Add lines 4a and 4b	4c		-70,284.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	107,605,691.

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	58,767,488.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	294,568.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	253,788.	
e Add lines 2a through 2d	2e		548,356.
3 Subtract line 2e from line 1		3	58,219,132.
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	183,504.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		183,504.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	58,402,636.

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, 2021 AND 2020.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE -253,788.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE 253,788.

**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

2021

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) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	GRANTMAKING		418,164.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	GRANTMAKING		19,892.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	GRANTMAKING		319,949.
NORTH AMERICA - CANADA	0	0	GRANTMAKING		40,000.
3 a Subtotal	0	0			798,005.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			798,005.

**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)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	90,523.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	RESEARCH	229,426.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	RESEARCH	19,892.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	RESEARCH	418,164.	WIRE TRANSFER	0.		
		NORTH AMERICA	RESEARCH	40,000.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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 **4**

FOUNDATION FOR THE NATIONAL INSTITUTES
OF HEALTH, INC.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

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

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))
		2021 FNIH AWARD CEREMO (event type)	2022 FNIH AWARD CEREMO (event type)	NONE (total number)	
Revenue	1 Gross receipts	352,300.			352,300.
	2 Less: Contributions	60,500.			60,500.
	3 Gross income (line 1 minus line 2)	291,800.			291,800.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	369.			369.
	8 Entertainment				
	9 Other direct expenses	228,081.	25,338.		253,419.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				253,788.
11 Net income summary. Subtract line 10 from line 3, column (d)				38,012.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

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

Yes No
Yes No
13a %
13b %

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
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.

Blank lines 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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NIH/CC - CLINICAL CENTER 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	346,545.	0.			RESEARCH
NIH/NICCH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	60,000.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	2,139,264.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	4,937,710.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	2,300,000.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	751,962.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **28.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **1.**

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

Schedule I (Form 990) 2021

**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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NIH /NHLBI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	69,580.	0.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	262,000.	0.			RESEARCH
NIH /NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	4,527,895.	0.			RESEARCH
NIH/NIMHD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	73,330.	0.			RESEARCH
NIH/NIDA 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	95,000.	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)	17,577.	0.			RESEARCH
RESEARCH TRIANGLE INSTITUTE P.O. BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	345,540.	0.			RESEARCH
UNIVERSITY OF ALABAMA AT BIRMINGHAM - DEPT. OF PEDIATRIC ADMIN. LOWDER BLDG. 608 1600 7TH AVENUE SOUTH - BIRMINGHAM , AL	63-6001138	501(C)(3)	71,718.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET 2ND FLOOR SHERIDAN BUILDING - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	186,513.	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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)(3)	357,570.	0.			RESEARCH
GEORGETOWN UNIVERSITY 37TH AND O STREETS, NW BOX 571173 WASHINGTON, DC 20057	53-0196603	501(C)(3)	15,166.	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)	147,835.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087	13-5598093	501(C)(3)	401,733.	0.			RESEARCH
TRUSTEES OF INDIANA UNIVERSITY THE POPLARS BUILDING, 400 E. SEVENTH ST - BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	140,303.	0.			RESEARCH
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	118,385.	0.			RESEARCH
UNIVERSITY OF LOUISIANA AT LAFAYETTE - 4401 W ADMIRAL DOYLE DRIVE - NEW IBERIA, LA 70560	72-6023836	501(C)(3)	436,529.	0.			RESEARCH
DUKE UNIV/HUMAN VACCINE INSTITUTE: 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	50,641.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CTR: - 1100 FAIRVIEW AVE. N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	149,634.	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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATALYSIS FOUNDATION FOR HEALTH, IN: - 1900 POWELL STREET, SUITE 600 - EMERYVILLE, CA 94608	20-8602047	501(C)(3)	315,621.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 200 LOTHROP ST. BIOMEDICAL SCIENCE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	905,199.	0.			RESEARCH
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	138,296.	0.			RESEARCH
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 446 N. FIFTH STREET, SUITE 600 - PHOENIX, AZ 85005	33-1092191	501(C)(3)	86,764.	0.			RESEARCH
LEIDOS BIOMEDICAL RESEARCH, INC 1050 BOYLES STREET FREDERICK, MD 21702	33-0653185	CORPORATE ENTITY	675,756.	0.			RESEARCH AND DEVELOPMENT

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	2	3,500.	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

2021

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		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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 (UNTIL SEPT PRESIDENT & EXECUTIVE DIRECTOR	(i)	423,587.	35,000.	0.	23,200.	0.	481,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DAVID WHOLLEY (FROM SEPT.) INTERIM PRES. & EXECUTIVE DIRECTOR	(i)	374,004.	35,000.	6,300.	23,200.	15,060.	453,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL SANTOS VICE PRESIDENT OF SCIENCE	(i)	331,916.	10,000.	0.	23,200.	7,180.	372,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) STEPHANIE JAMES SENIOR SCIENTIFIC ADVISOR	(i)	285,699.	0.	0.	22,463.	0.	308,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSEPH MENETSKI VP, RESEARCH PARTNERSHIPS	(i)	250,098.	20,000.	0.	21,732.	12,360.	304,190.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD HILL CHIEF FINANCIAL OFFICER	(i)	254,990.	10,000.	0.	21,532.	15,110.	301,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JULIE WOLF-RODDA SENIOR VP OF DEVELOPMENT	(i)	240,167.	8,000.	0.	20,133.	14,360.	282,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KEVIN A. KLOCK VP OF OPERATIONS & GENERAL COUNSEL	(i)	226,844.	10,000.	0.	19,412.	15,388.	271,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STACEY ADAM ASSOCIATE VP, RESEARCH PARTNERSHIPS	(i)	210,835.	25,000.	0.	18,852.	7,080.	261,767.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID O'BROCHTA SCIENTIFIC PROGRAM MANAGER	(i)	190,268.	5,000.	0.	15,909.	15,110.	226,287.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) KAREN TOUNTAS SCIENTIFIC PROGRAM MANAGER	(i)	191,750.	2,000.	0.	15,412.	7,080.	216,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) STEVEN HOFFMANN ASSOCIATE VP, RESEARCH PARTNERSHIPS	(i)	187,977.	0.	0.	15,248.	12,360.	215,585.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) BRINDA DASS SCIENTIFIC PROGRAM MANAGER	(i)	185,862.	3,000.	0.	15,219.	8,830.	212,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT	(i)	171,092.	0.	0.	13,639.	7,080.	191,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	X	2	25,092.	STOCK PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	3,659,164.	FMV
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 V, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2021

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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

PRIVATE INSTITUTIONS IN SUPPORT OF THE MISSION OF THE NIH, THE WORLD'S
PREMIER MEDICAL RESEARCH AGENCY. THE FOUNDATION, ALSO KNOWN AS THE
FNIH, WORKS WITH ITS PARTNERS TO ACCELERATE BIOMEDICAL RESEARCH AND
STRATEGIES AGAINST DISEASES AND HEALTH CONCERNS IN THE UNITED STATES
AND ACROSS THE GLOBE. THE FNIH ORGANIZES AND ADMINISTERS RESEARCH
PROJECTS; SUPPORTS EDUCATION AND TRAINING OF NEW RESEARCHERS; ORGANIZES
EDUCATIONAL EVENTS AND SYMPOSIA; AND ADMINISTERS A SERIES OF FUNDS
SUPPORTING A WIDE RANGE OF HEALTH ISSUES. ESTABLISHED BY CONGRESS IN
1990, THE FNIH IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION.

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 PROGRAMS -

ACCELERATING COVID-19 THERAPEUTIC INTERVENTIONS AND VACCINES (ACTIV)
COMBATING THE PANDEMIC

WHEN DESPERATELY ILL COVID-19 PATIENTS FIRST BEGAN KNOCKING AT THE
DOORS OF U.S. HOSPITALS, HEALTHCARE WORKERS FRANTICALLY SOUGHT TO
DEVELOP EFFECTIVE TREATMENTS FOR THE DISEASE. ACROSS THE WORLD,
INDIVIDUAL SCIENTISTS AS WELL AS RESEARCH INSTITUTIONS LAUNCHED

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

HUNDREDS OF STUDIES TO TEST VARIOUS POTENTIAL REMEDIES. UNFORTUNATELY, MANY OF THESE STUDIES WERE TOO SMALL OR INADEQUATELY DESIGNED TO YIELD CONCLUSIVE RESULTS. MEANWHILE, A NUMBER OF UNSUBSTANTIATED REPORTS OF "EFFECTIVE" TREATMENTS FLOODED THE MEDIA, WHICH DID LITTLE TO RELIEVE THE "INFODEMIC" OVERWHELMING THE HEALTHCARE WORKERS TRYING TO HELP THESE PATIENTS.

A NATIONALLY COORDINATED, FOCUSED PLAN FOR ADDRESSING THE PANDEMIC WAS CLEARLY NEEDED AND DR. FRANCIS COLLINS CALLED ON THE FNIH TO CREATE A SOLUTION. THE RESULTING ACCELERATING COVID-19 THERAPEUTIC INTERVENTIONS AND VACCINES (ACTIV) PARTNERSHIP WAS FORMED IN RECORD TIME IN APRIL 2020. OVER THE FOLLOWING 10 MONTHS, ACTIV REVIEWED MORE THAN 800 POTENTIAL COVID-19 TREATMENTS AND LAUNCHED 11 ROBUSTLY DESIGNED "MASTER PROTOCOL" CLINICAL TRIALS, EACH CAPABLE OF TESTING MULTIPLE DRUGS IN A RELEVANT PATIENT POPULATION AND FUNDED THROUGH NIH BY THE U.S. GOVERNMENT'S OPERATION WARP SPEED INITIATIVE. SINCE ITS INCEPTION IN APRIL 2020, THE ACTIV TRIAL NETWORKS HAVE TESTED OVER 30 THERAPIES FOR EFFECTIVENESS AGAINST COVID-19.

OF THESE PROMISING LEADS, SEVERAL HAVE ALREADY REPORTED RESULTS, WITH A MAJORITY OF THE TRIALS DUE TO READ OUT BY THE FALL OF 2022. DURING 2021, DATA FROM THE ACTIV TRIALS CONTRIBUTED TO EMERGENCY USE AUTHORIZATIONS FOR THREE TREATMENTS, INCLUDING THE MONOCLONAL ANTIBODY THERAPIES FROM BRII BIOSCIENCES, ELI LILLY, AND ASTRAZENECA, AND LED TO AN IMPORTANT CHANGE IN CLINICAL PRACTICE FOR THE USE OF ANTICOAGULATION THERAPIES IN HOSPITALIZED COVID-19 PATIENTS. IMPORTANTLY, ACTIV'S PRIORITIZATION EFFORTS MEANT THAT VALUABLE RESOURCES MONEY, LABORATORY SPACE, HEALTHCARE WORKERS' TIME, AND PATIENTS' HOPES WERE FOCUSED ON

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

Employer identification number
52-1986675

THERAPIES LIKELY TO SUCCEED AS COVID-19 TREATMENTS.

ACTIV, WHICH INCLUDES EIGHT U.S. GOVERNMENT AGENCIES, FOUR NONPROFIT ORGANIZATIONS, AND 20 INDUSTRY PARTNERS, STANDS OUT AS PERHAPS THE MOST REMARKABLE COLLABORATION TO ARISE FROM THE COVID-19 RESPONSE. ITS FORMATION RELIED ON THE FNIH'S PROVEN PARTNERSHIP MODEL ENGAGE PEOPLE AND ORGANIZATIONS WITH DIVERSE KNOWLEDGE, UNIQUE CAPABILITIES, AND DISTINCT VIEWPOINTS AND CREATE AN ENVIRONMENT BASED ON OBJECTIVE SCIENCE WHERE TRUST AND THE EXCHANGE OF NEW IDEAS CAN THRIVE WHILE ACHIEVING ITS GOALS WITH UNPRECEDENTED SCALE AND SPEED. IT'S A BLUEPRINT THAT THE FNIH WILL CONTINUE TO FOLLOW TO TACKLE A HOST OF DIFFICULT BIOMEDICAL CHALLENGES STEMMING FROM THE CURRENT PANDEMIC AND MANY FUTURE CHALLENGES TO HUMAN HEALTH.

TRACE

IN EARLY 2020, SCIENTISTS AT THE NIH AND AROUND THE WORLD QUICKLY HAD SEQUENCED THE NEW SARS-COV-2 VIRUS AND HAD BEGUN TO CREATE EFFECTIVE TOOLS FOR STOPPING IT. BUT THEN CAME THE BETA VARIANT. GAMMA, DELTA, AND, MOST RECENTLY,OMICRON VARIANTS FOLLOWED. EACH SUCCESSIVE WAVE OF THE CORONAVIRUS CAUSED DEATH AND DISRUPTION ACROSS THE GLOBE AND THREATENED TO DIMINISH THE EFFECTIVENESS OF NEWLY AVAILABLE COVID-19 VACCINES AND THERAPIES.

THE URGENCY OF TRACKING AND STUDYING THESE VARIANTS BECAME PAINFULLY CLEAR. WHILE A VARIETY OF PLATFORMS WERE AND CONTINUE TO BE USED BY DIFFERENT COUNTRIES TO SEQUENCE AND SHARE VIRUS DATA, THE FNIH AND NIH RECOGNIZED EARLY ON THAT A COORDINATED, GLOBAL PERSPECTIVE IS ESSENTIAL

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

TO UNDERSTAND THE EVOLUTION OF THE VIRUS AND THE IMPACT OF VARIANTS ON THERAPEUTICS AND VACCINES.

IN JANUARY 2021, THE FNIH CONVENED GOVERNMENT AGENCIES, ACADEMICS, AND PRIVATE PARTNERS TO ESTABLISH THE ACTIV TRACKING RESISTANCE AND CORONAVIRUS EVOLUTION (TRACE) INITIATIVE. THROUGH GENOMIC SURVEILLANCE, DATA SHARING, AND ASSESSMENTS OF TREATMENT RESPONSES TO NEW VIRUS STRAINS, TRACE STANDARDIZES AND CONSOLIDATES DATA FROM GENETIC DATABASES WORLDWIDE TO MONITOR AND TEST COVID-19 VARIANTS. TRACE ALSO ASSESSES VACCINE AND THERAPEUTIC RESISTANCE AND EVALUATES THE IMPACT OF GENETIC VARIATION ON VIRAL BIOLOGY AND ON THE CLINICAL APPROACHES FOR PREVENTING AND TREATING ILLNESS.

TRACE HAS SUCCESSFULLY COMPILED ALL OF THIS CRITICAL INFORMATION INTO ONE CLEAR, PUBLICLY ACCESSIBLE PLATFORM AT THE NIH'S NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES AND IS RAPIDLY SHARING DATA ON COVID-19 VARIANTS WITH THE ENTIRE GLOBAL SCIENTIFIC COMMUNITY.

THE BESPOKE GENE THERAPY CONSORTIUM

RARE DISEASES ARE DEFINED IN THE U.S. AS THOSE THAT AFFECT FEWER THAN 200,000 PEOPLE WITH SOME AFFLICTING AS FEW AS 10 INDIVIDUALS IN THE WORLD. BUT COLLECTIVELY THESE DISEASES ARE RESPONSIBLE FOR WIDESPREAD HARM. SOME 25 TO 30 MILLION AMERICANS, AS WELL AS THEIR FAMILIES AND COMMUNITIES, SUFFER FROM THE APPROXIMATELY 7,000 RARE DISEASES KNOWN TODAY, WITH FEW EFFECTIVE TREATMENTS.

ONE TYPE OF TREATMENT HAS EMERGED THAT OFFERS HOPE: GENE THERAPY, A

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

PROCESS THAT REPLACES DEFECTIVE GENES THAT CAUSE DISEASE WITH FUNCTIONAL ONES. WHILE GENE THERAPIES HAVE BEEN SUCCESSFULLY USED TO TREAT COMMON GENETIC DISEASES, THEY CAN ALSO BE TAILORED (OR "BESPOKE") FOR MUCH SMALLER POPULATIONS. DEVELOPING THESE THERAPIES, HOWEVER, IS COMPLEX AND OFTEN EXPENSIVE, AND SMALL PATIENT POPULATIONS MAKE IT CHALLENGING TO GET AN ADEQUATE RETURN ON INVESTMENT IN THE DEVELOPMENT PROCESS.

THE BESPOKE GENE THERAPY CONSORTIUM (BGTC) PROMISES TO CHANGE THE PLAYING FIELD FOR GENE THERAPY DEVELOPMENT. LAUNCHED IN LATE 2021 BY THE FNIH, NIH, AND FDA, THE BGTC AIMS TO GENERATE A STANDARDIZED "PLUG-AND-PLAY" TEMPLATE THAT MAKES IT EASIER TO DEVELOP NEW GENE THERAPIES. RATHER THAN CREATING A CUSTOM THERAPY FOR EACH DISEASE FROM SCRATCH, DEVELOPERS COULD SOON BE ABLE TO USE AND REUSE THIS COMMON TEMPLATE TO PRODUCE THERAPIES MORE QUICKLY AND AT LOWER COST.

THE BGTC IS THE LATEST INITIATIVE TO EMERGE FROM THE FNIH'S HIGHLY SUCCESSFUL ACCELERATING MEDICINES PARTNERSHIP (AMP) PROGRAM. BUILDING ON THE AMP COLLABORATION MODEL, THE BGTC PROGRAM BRINGS TOGETHER 30 PUBLIC AND PRIVATE SECTOR ORGANIZATIONS, INCLUDING MANY RARE DISEASE PATIENT GROUPS, TO SUPPORT A SERIES OF RESEARCH PROJECTS AND CLINICAL TRIALS INTENDED TO REFINE AND STANDARDIZE TRIAL DESIGN, REGULATORY EVALUATION, AND MANUFACTURING PROCESSES, ENABLING THE FIELD TO DELIVER MORE VIABLE TREATMENTS FOR RARE DISEASES TO MORE PATIENTS.

ACCELERATING MEDICINES PARTNERSHIP (AMP) PROGRAMS

THE FNIH LAUNCHED THE FIRST THREE ACCELERATING MEDICINES PARTNERSHIP

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

PROGRAMS TOGETHER WITH THE NIH IN 2014. FOCUSED ON ALZHEIMER'S DISEASE, TYPE 2 DIABETES, AND RHEUMATOID ARTHRITIS AND LUPUS, THE FIRST AMP PROGRAMS GENERATED GENOMIC AND MOLECULAR DATA AND ANALYTICAL APPROACHES THAT HAVE SUBSTANTIALLY ADVANCED OUR UNDERSTANDING OF DRUG TARGETS IN THESE DISEASES.

THESE THREE PARTNERSHIPS HAVE PROVED SO SUCCESSFUL THAT EACH HAS NOT ONLY PRODUCED FOLLOW-ON EFFORTS THAT CONSIDERABLY EXPAND THEIR ORIGINAL RESEARCH AGENDAS, BUT THEY HAVE ALSO INSPIRED COMPLETELY NEW AMP PROGRAMS IN PARKINSON'S DISEASE, SCHIZOPHRENIA, AND GENE THERAPIES.

ACCELERATING MEDICINES PARTNERSHIP AND AMP ARE REGISTERED SERVICE MARKS OF THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

NON-INVASIVE BIOMARKERS OF METABOLIC LIVER DISEASE (NIMBLE)

NON-ALCOHOLIC STEATOHEPATITIS (NASH) IS A SERIOUS LIVER DISEASE ESTIMATED TO AFFECT BETWEEN 9 AND 15 MILLION PEOPLE IN THE U.S. THE DISEASE OFTEN REMAINS UNDIAGNOSED IN ITS EARLY STAGES AND CAN REQUIRE A LIVER TRANSPLANT OR CAUSE LIVER CANCER AND ULTIMATELY DEATH. CURRENTLY, DIAGNOSING EARLY-STAGE NASH REQUIRES A LIVER BIOPSY, A PAINFUL, INVASIVE, AND EXPENSIVE PROCESS.

IN NOVEMBER 2021, THE FNIH BIOMARKERS CONSORTIUM RELEASED THE INITIAL RESULTS FROM ITS NIMBLE PROJECT, WHICH SEEKS TO ASSESS THE SUITABILITY OF SEVERAL NON-INVASIVE, BLOOD-BASED BIOMARKERS FOR USE IN CLINICAL TRIALS OF TREATMENTS FOR NASH. SEVERAL OF THESE BIOMARKERS DID A BETTER JOB OF IDENTIFYING PATIENTS AT RISK OF DEVELOPING NASH OR PROGRESSING

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

Employer identification number
52-1986675

TO CIRRHOSIS THAN CURRENT STANDARD TESTS AND COMPARED FAVORABLY WITH
THE DIAGNOSTIC PERFORMANCE OF LIVER BIOPSY, THE CURRENT REFERENCE
STANDARD.

ALTHOUGH FURTHER CONFIRMATORY STUDY MAY BE REQUIRED, THE NEW BIOMARKERS
EXAMINED BY NIMBLE COULD POTENTIALLY REPLACE THE NEED FOR PATIENTS WHO
HAVE OR WHO MAY BE AT RISK FOR NASH TO UNDERGO BIOPSIES. IF APPROVED BY
THE FDA, TESTS USING THESE NEW MARKERS COULD ENABLE EARLY AND ACCURATE
DIAGNOSIS OF AT-RISK PATIENTS, IMPROVING THE QUALITY OF CARE,
ACCELERATING DRUG DEVELOPMENT, AND REDUCING THE BURDEN IMPOSED BY
CURRENT CLINICAL CARE PRACTICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED:
PARTNERSHIP FOR ACCELERATING CANCER THERAPIES (PACT)

IMMUNOTHERAPIES TREATMENTS THAT STIMULATE THE BODY'S OWN IMMUNE SYSTEM
TO FIGHT CANCER HAVE PROVEN TO BE AN EFFECTIVE AND PROMISING TREATMENT
OPTION FOR CERTAIN CANCERS IN RECENT YEARS. YET THESE IMMUNOTHERAPY
TREATMENTS DO NOT WORK FOR ALL PATIENTS, AND WE LACK A PRECISE
UNDERSTANDING OF WHY. DEVELOPING STANDARDIZED BIOMARKER TESTS TO
UNDERSTAND HOW IMMUNOTHERAPIES WORK IN SOME PATIENTS, AND THUS TO
PREDICT PATIENT RESPONSES TO TREATMENT, IS URGENTLY NEEDED FOR THESE
THERAPIES TO BENEFIT THE MAXIMUM NUMBER OF PEOPLE.

PACT, A FIVE-YEAR PUBLIC-PRIVATE RESEARCH COLLABORATION LAUNCHED IN
2019 BY THE NIH, THE FNIH, THE FDA, AND 12 PHARMACEUTICAL COMPANIES AS
PART OF THE CANCER MOONSHOT, INTEGRATES THE EXPERTISE OF RESEARCHERS AT
FOUR TOP CANCER RESEARCH CENTERS DANA-FARBER CANCER INSTITUTE,

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

STANFORD UNIVERSITY, MD ANDERSON CANCER CENTER, AND MOUNT SINAI MEDICAL CENTER TO DEVELOP THESE ASSAYS AND HARMONIZE THEM FOR USE ACROSS THE CANCER FIELD.

TO DATE, PACT RESEARCHERS HAVE ANALYZED OVER 5,000 SAMPLES FROM 12 CLINICAL TRIALS IN DIFFERENT CANCERS AND USED THE RESULTING DATA TO VALIDATE EXISTING ASSAYS ACROSS ALL FOUR LABORATORIES. SIX EXISTING ASSAYS COMMONLY USED IN ASSESSING IMMUNOTHERAPIES AND COMBINATION THERAPIES ACROSS 15 DIFFERENT CANCERS HAVE BEEN HARMONIZED TO DATE. THE RESULTING STANDARDS HAVE BEEN PUBLISHED IN FOUR MAJOR JOURNAL ARTICLES TO MAKE SURE THESE TESTS CAN BE PERFORMED UNIFORMLY IN LABORATORIES ACROSS THE U.S. AS DATA ANTICIPATED FROM AN ADDITIONAL 35 TRIALS BECOMES AVAILABLE, PACT RESEARCHERS WILL BE ABLE TO USE IT TO HELP DEVELOP NEW BIOMARKERS TO HELP PHYSICIANS SELECT THE MOST OPTIMAL IMMUNOTHERAPY TREATMENTS FOR THEIR PATIENTS.

MUCOSAL HEALING FOR ULCERATIVE COLITIS

IN APRIL 2021, THE FNIH BIOMARKERS CONSORTIUM LAUNCHED ITS MUCOSAL HEALING IN ULCERATIVE COLITIS (UC) PROJECT TO IMPROVE DIAGNOSIS AND TREATMENT OF A DEBILITATING INFLAMMATORY BOWEL DISEASE THAT AFFECTS MORE THAN THREE MILLION PEOPLE WORLDWIDE. THIS THREE-YEAR INITIATIVE AIMS TO GENERATE BEST PRACTICES AND CONSENSUS STANDARDS FOR ASSESSING DISEASE ACTIVITY AT THE TISSUE-LEVEL IN UC CLINICAL TRIALS. THE PROGRAM ALSO HOPES TO DEVELOP CUTTING-EDGE METHODOLOGIES TO MEASURE MUCOSAL HEALING THE BODY'S ABILITY TO RESTORE INTESTINAL LINING DAMAGED BY UC, AND AN IMPORTANT OUTCOME IN CLINICAL TRIALS MORE ACCURATELY IN THE FUTURE.

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

CREATING A MORE PRECISE MEASURE WITH WHICH TO JUDGE THE OUTCOME OF CLINICAL TRIALS PROMISES TO MEANINGFULLY ACCELERATE THE DEVELOPMENT OF NEW THERAPIES FOR PATIENTS WITH UC. THE ABILITY TO USE A COMMON PROTOCOL AND AUTOMATE THE EVALUATION OF MUCOSAL INFLAMMATION AND HEALING WILL ENABLE THESE MEASUREMENTS TO BE APPLIED MORE CONSISTENTLY, PRECISELY, AND RAPIDLY AND MAY REDUCE THE NUMBER OF BIOPSIES NEEDED. THE GOAL IS TO ADVANCE PHYSICIANS' ABILITY TO HELP GUIDE APPROPRIATE TREATMENT TO REDUCE OR EVEN PREVENT RELAPSES AND COMPLICATIONS, IMPROVING THE PATIENT EXPERIENCE.

GENECONVENE

IN THE MIDST OF AN ALREADY-STALLED GLOBAL STRUGGLE AGAINST MALARIA, COVID-19-RELATED DISRUPTIONS TO HEALTH CARE SYSTEMS PROMPTED A DANGEROUS RESURGENCE OF THIS DEADLY DISEASE IN 2020. RECOGNIZING THE URGENT NEED FOR NEW STRATEGIES, IN MAY 2021 THE WORLD HEALTH ORGANIZATION (WHO) WITH SUPPORT FROM FNIH'S GENECONVENE GLOBAL COLLABORATIVE PUBLISHED AN UPDATED GUIDANCE FRAMEWORK TO INFORM RESEARCH AND DEVELOPMENT OF GENETICALLY MODIFIED MOSQUITOES.

MODIFYING THE GENES OF MALARIA-CARRYING MOSQUITOES CAN REDUCE THEIR ABILITY TO REPRODUCE, SO THAT THERE ARE FEWER TO SPREAD THE DISEASE, AND MAY DECREASE THE MOSQUITOES' ABILITY TO TRANSMIT THE MALARIA PARASITE. IF PROVEN SAFE, EFFECTIVE, AND AFFORDABLE, THESE TECHNOLOGIES COULD OFFER A GAME-CHANGING ADDITION TO THE EXISTING ARSENAL OF INTERVENTIONS AGAINST MALARIA. BUT THERE ARE MANY IMPORTANT QUESTIONS FOR DECISION MAKERS TO ADDRESS WHEN EVALUATING WHETHER AND HOW TO MOVE

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

FORWARD WITH RESEARCH AND IMPLEMENTATION.

THE FNIH-LED GENECONVENE INITIATIVE WORKS TO ENSURE THAT ALL STAKEHOLDERS INCLUDING RESEARCHERS, POLICYMAKERS, REGULATORS, AND COMMUNITIES AFFECTED BY MALARIA ARE EQUIPPED WITH THE RIGHT TOOLS TO MAKE INFORMED, RESPONSIBLE DECISIONS ABOUT THESE TECHNOLOGIES. THE NEW WHO GUIDANCE IS A SIGNIFICANT MILESTONE IN THIS EFFORT. IT PROVIDES ANSWERS TO SOME OF THE TOUGHEST QUESTIONS IN THE FIELD, INCLUDING:

- HOW CAN THE POTENTIAL EFFECTIVENESS AND RISKS OF GENETICALLY MODIFIED MOSQUITOES ON REDUCING DISEASE BE EVALUATED?
- WHAT ARE THE KEY ETHICAL CONSIDERATIONS?
- WHICH REGULATORY FRAMEWORKS WILL OVERSEE DECISIONS ABOUT RESEARCH?

LIKE MANY OTHER FNIH COLLABORATIONS, GENECONVENE CENTERS ON A CRITICAL INFLECTION POINT WHERE ADVANCES IN BIOMEDICAL RESEARCH DEPEND ON BRINGING DIVERSE GROUPS TOGETHER TO PURSUE A COMMON GOAL. WITH MALARIA CAUSING MORE THAN 600,000 DEATHS WORLDWIDE IN 2020 ALONE, THERE IS AN URGENT NEED TO EVALUATE THE PROMISE OF GENETICALLY MODIFIED MOSQUITOES BOTH QUICKLY AND RESPONSIBLY.

GENECONVENE ALSO SERVES AS A GLOBAL HUB FOR RELEVANT, TIMELY AND ACCURATE KNOWLEDGE. A KEY RESOURCE FOR THIS WORK IS THE GENECONVENE VIRTUAL INSTITUTE, ALSO LAUNCHED IN 2020. THE VIRTUAL INSTITUTE IS AN ONLINE LIBRARY HOUSING SCHOLARLY LITERATURE, POLICY PAPERS, OPINION PIECES, EDUCATIONAL VIDEOS AND MEDIA COVERAGE. GENECONVENE ALSO HOSTS REGULAR WEBINARS THAT PROVIDE DIVERSE, MULTIDISCIPLINARY PERSPECTIVES ON THE SCIENTIFIC, SOCIAL AND ETHICAL DIMENSIONS OF GENETIC BIOCONTROL

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

Employer identification number
52-1986675

TECHNOLOGIES.

**REALIZING THE IMMENSE PROMISE OF GENETIC BIOCONTROL RESEARCH TO END
MALARIA AND OTHER MOSQUITO-BORNE DISEASES OVER THE LONG TERM WILL
REQUIRE A RIGOROUS EVALUATION OF THE RISKS AND BENEFITS OF EACH STEP
ALONG THE WAY, FROM THE LABORATORY TO FIELD TESTING TO POTENTIAL
IMPLEMENTATION. THROUGH THE GENECONVENE GLOBAL COLLABORATIVE, FNIH IS
COMMITTED TO ENSURING THAT EVERYONE CHARGED WITH MAKING DECISIONS ABOUT
GENETIC BIOCONTROL FROM SCIENTISTS TO POLICYMAKERS TO COMMUNITIES HAS THE
KNOWLEDGE THEY NEED TO MOVE FORWARD SAFELY AND ETHICALLY.**

GENE DRIVE RESEARCH FORUM

**HUNDREDS OF PARTICIPANTS AROUND THE WORLD JOINED A 2021 SERIES OF
VIRTUAL DISCUSSIONS COHOSTED BY GENECONVENE AND MCMASTER UNIVERSITY IN
ONTARIO, CANADA, TO EXPLORE CRITICAL ETHICAL QUESTIONS RELATED TO GENE
DRIVE. TOPICS INCLUDED THE ETHICAL PRINCIPLES THAT SHOULD GOVERN GENE
DRIVE RESEARCH, AND JUSTICE AND EQUITY CONSIDERATIONS FOR APPLYING GENE
DRIVE AT THE LOCAL COMMUNITY LEVEL.**

**THE GENE DRIVE RESEARCH FORUM ORGANIZED BY GENECONVENE DEVELOPED THESE
PANELS, AS WELL AS A COMPANION SERIES COHOSTED BY GENECONVENE AND THE
GENETIC BIOCONTROL OF INVASIVE RODENTS (GBIRD) PARTNERSHIP THAT
FOCUSED ON BEST PRACTICES FOR ENGAGING STAKEHOLDERS TO EXPLORE GENE
DRIVE TECHNOLOGIES TOGETHER.**

COMPREHENSIVE CELLULAR VACCINE IMMUNE MONITORING CONSORTIUM (CCVIMC)

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

IN JULY 2021, THE GATES FOUNDATION RENEWED FOR ANOTHER FIVE YEARS THE REMARKABLE WORK OF THE FNIH COMPREHENSIVE CELLULAR VACCINE IMMUNE MONITORING CONSORTIUM (CCVIMC).

FOCUSED ON SUPPORTING THE DEVELOPMENT OF AN EFFECTIVE VACCINE FOR THE HIV VIRUS THAT CAUSES AIDS, THE CCVIMC CONVENES LEADING SCIENTISTS ACROSS THE GLOBE TO PROVIDE STANDARDIZED MEASUREMENTS FROM CLINICAL AND PRE-CLINICAL STUDIES OF THE DISEASE AND SHARE DATA TO OPTIMIZE VACCINE PLATFORMS BEING DEVELOPED THROUGH THE COLLABORATION FOR AIDS VACCINE DISCOVERY.

GLOBALLY 1.5 MILLION PEOPLE ARE INFECTED WITH HIV ANNUALLY. OVER THE NEXT FIVE YEARS THE CCVIMC WILL CONTINUE TO BUILD ON RESEARCH ENABLING NEW APPROACHES TO HIV VACCINES TO BE STUDIED. THE END GOAL IS DEVELOPMENT OF A SAFE AND BROADLY EFFECTIVE VACCINE THAT WILL PREVENT HIV INFECTION.

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

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

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.

2021 FNIH AWARDS

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

Employer identification number
52-1986675

THE LURIE PRIZE IN BIOMEDICAL SCIENCES

THE LURIE PRIZE IN BIOMEDICAL SCIENCES IS AN ANNUAL AWARD GIVEN TO PROMISING YOUNGER INVESTIGATORS WHO HAVE ACHIEVED GROUNDBREAKING ADVANCES IN BIOMEDICAL SCIENCE. THE PRIZE IS MADE POSSIBLE BY A GENEROUS GIFT FROM NOTED PHILANTHROPIST AND FNIH HONORARY BOARD MEMBER ANN LURIE. IN 2021, THE FNIH HONORED XIAOWEI ZHUANG, PH.D., FOR HER REVOLUTIONARY WORK DEVELOPING SUPER-RESOLUTION MICROSCOPY AND GENOME-SCALE IMAGING THAT REVEALED NEW SPATIAL AND FUNCTIONAL ORGANIZATIONS OF MOLECULES AND CELLS.

DR. ZHUANG'S INNOVATIVE WORK WITH MICROSCOPY HAS ENABLED RESEARCHERS TO VISUALIZE WITH HIGH RESOLUTION THE POSITIONING OF AND INTERACTIONS BETWEEN MOLECULES IN A CELL, AS WELL AS THE SPATIAL ORGANIZATION OF DISTINCT TYPES OF CELLS IN TISSUES. HER DISCOVERIES HAVE MADE A SIGNIFICANT IMPACT ACROSS THE FIELD OF BIOLOGY, WITH SEMINAL APPLICATIONS TO CELL BIOLOGY.

DR. ZHUANG IS A PROFESSOR AT HARVARD UNIVERSITY, A HOWARD HUGHES MEDICAL INSTITUTE INVESTIGATOR, AND CO-FOUNDER OF THE LIFE SCIENCES COMPANY VIZGEN.

TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS

THE TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS WAS ESTABLISHED IN 2018 TO HIGHLIGHT THE ESSENTIAL ROLE OF EARLY CAREER CLINICIAN-SCIENTISTS WHOSE RESEARCH HAS LED OR HAS THE POTENTIAL TO LEAD TO INNOVATIONS IN PATIENT CARE.

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

IN 2021, PIRO LITO, M.D., PH.D., ASSOCIATE MEMBER AND ATTENDING PHYSICIAN AT MEMORIAL SLOAN KETTERING CANCER CENTER, WAS AWARDED THE PRIZE FOR CATALYZING BREAKTHROUGHS IN THE UNDERSTANDING OF ONCOPROTEIN SIGNALING AND THE DEVELOPMENT OF NOVEL THERAPEUTIC APPROACHES FOR CANCERS DRIVEN BY THE MUTANT KRAS PROTEIN.

WORKING AT THE INTERFACE OF BASIC RESEARCH AND CLINICAL PRACTICE, DR. LITO STUDIES HOW MUTATED PROTEINS DRIVE TUMOR GROWTH. HE IS PARTICULARLY INTERESTED IN A PROTEIN CALLED KRAS, WHICH IS COMMONLY MUTATED IN LUNG, COLORECTAL, AND PANCREATIC CANCERS. DR. LITO HAS UNCOVERED HOW MUTANT KRAS TRANSITIONS BETWEEN ITS ACTIVE AND INACTIVE STATES IN CANCER CELLS AND, BY EXPOSING VULNERABLE EVENTS DURING THIS TRANSITION, HE HAS MADE KEY CONTRIBUTIONS TO THE DEVELOPMENT OF NOVEL CANCER THERAPIES THAT ARE CURRENTLY IN CLINICAL TRIALS.

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 OR ORGANIZATIONS THAT HAVE MADE PARTICULARLY SIGNIFICANT CONTRIBUTIONS TO THE FOUNDATION'S EFFORTS TO BUILD, IMPLEMENT, AND NURTURE PUBLIC-PRIVATE PARTNERSHIPS IN SUPPORT OF THE MISSION OF THE NIH.

IN 2021, THE FNIH PRESENTED THE PARTNERSHIP AWARD TO JANSSEN RESEARCH & DEVELOPMENT, LLC, AND TO THE EIGHT CO-CHAIRS OF THE ACCELERATING

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

Employer identification number
52-1986675

COVID-19 THERAPEUTIC INTERVENTIONS AND VACCINES (ACTIV) WORKING GROUPS.

JANSSEN RESEARCH & DEVELOPMENT, LLC, HAS BEEN AN EXEMPLARY PARTNER AND LEADER ACROSS MANY FNIH PROGRAMS, INCLUDING ACTIV, SEVERAL ACCELERATING MEDICINES PARTNERSHIPS, THE BIOMARKERS CONSORTIUM, THE PARTNERSHIP FOR ACCELERATING CANCER THERAPIES (PACT), AND THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI). THE MANY JANSSEN SCIENTISTS WHO HAVE PARTICIPATED IN THESE PARTNERSHIPS HAVE CONSISTENTLY PROMOTED A HIGHLY COLLEGIAL, COLLABORATIVE APPROACH TO PROBLEM-SOLVING WITH AN EMPHASIS ON TEAMWORK AND TRANSPARENT COMMUNICATION THAT ENABLES OPEN, PRECOMPETITIVE SCIENCE.

IN SUPPORT OF FINDING THERAPEUTICS AND VACCINES TO COMBAT COVID-19, THE ACTIV WORKING GROUP CO-CHAIRS SPENT COUNTLESS HOURS COLLABORATING WITH THE FNIH AND NIH TO DESIGN STRATEGIES FOR COMBATING THE COVID-19 PANDEMIC AND EXECUTE THEM WITH UNPRECEDENTED SPEED. THEY PARTICIPATED IN HUNDREDS OF MEETINGS, REPORTING REGULARLY TO THE ACTIV LEADERSHIP TEAM, AND DEVOTED VALUABLE TIME AND EFFORT TO IDENTIFY OPPORTUNITIES FOR AND HELP RESOLVE CHALLENGES TO THE PARTNERSHIP. THEIR ALL-OUT EFFORTS WERE ESSENTIAL TO ENABLING ACTIV TO NAVIGATE THE RAPIDLY CHANGING NATURE OF THE THREATS TO GLOBAL HUMAN HEALTH POSED BY SARS-COV-2.

THE CO-CHAIRS OF THE ACTIV WORKING GROUPS:

**CHRISTINE M. COLVIS, PH.D., DIRECTOR OF DRUG DEVELOPMENT PARTNERSHIP PROGRAMS, NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS)
AT NIH**

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

ELIZABETH DESROSIERS, M.S., P.M.P., EXECUTIVE DIRECTOR OF CLINICAL SCIENCES AND STUDY MANAGEMENT AT MERCK & CO., INC.

ERIC HUGHES, M.D., PH.D., GLOBAL DEVELOPMENT UNIT HEAD OF IMMUNOLOGY, HEPATOLOGY AND DERMATOLOGY, AND CHI-NOVARTIS

KATHRIN JANSEN, PH.D., SENIOR VICE PRESIDENT AND HEAD OF VACCINE RESEARCH AND DEVELOPMENT AT PFIZER

MICHAEL KURILLA, M.D., PH.D., DIRECTOR, DIVISION OF CLINICAL INNOVATION, NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS) AT NIH

DOUGLAS LOWY, M.D., PRINCIPAL DEPUTY DIRECTOR, NATIONAL CANCER INSTITUTE (NCI) AT NIH

SARAH READ, M.D., DEPUTY DIRECTOR, DIVISION OF AIDS, NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID) AT NIH

JOHN YOUNG, PH.D., GLOBAL HEAD OF INFECTIOUS DISEASES AND VICE PRESIDENT AT ROCHE

FUNDING FOR THE CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD IS PROVIDED BY THE CHARLES A. SANDERS LEGACY FUND AT THE FNIH.

EVENTS AND EDUCATION

THE MEETINGS AND EVENTS DEPARTMENT CONCEPTUALIZES, PLANS, EXECUTES AND EVALUATES HIGH-QUALITY, PRODUCTIVE, INNOVATIVE AND ECONOMICAL CONVENINGS THAT ADVANCE THE ORGANIZATION'S MISSION. THESE CONVENINGS INCLUDE, BUT ARE NOT LIMITED TO, RESEARCH PROJECT TEAM MEETINGS AND CONFERENCES, DONOR STEWARDSHIP LECTURES AND SYMPOSIA AND SPECIAL EVENTS. THE DEPARTMENT OVERSEES THE MANAGEMENT OF FNIH HIGHLY RESPECTED AWARDS AND PRIZES.

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

SOME OF THE FNIH'S MARQUEE EVENTS IN 2021 INCLUDED: THE FNIH AWARDS CEREMONY, THE CANCER STEERING COMMITTEE'S ANNUAL SYMPOSIUM, AND THE GENECONVENE GLOBAL COLLABORATIVE WEBINARS SERIES.

THE FNIH SUPPORTS A NUMBER OF EDUCATIONAL AND TRAINING OPPORTUNITIES AT NIH, RANGING FROM HIGH SCHOOL TO POSTGRADUATE FELLOWSHIPS AND TRAINING. MANY OF THESE FELLOWSHIPS AND TRAININGS ARE ESTABLISHED BY INDIVIDUALS WHO SEEK TO SUPPORT THE NEXT GENERATION OF SCIENTISTS. EXAMPLES INCLUDE:

- THE JAYNE KOSKINAS TED GIOVANIS FOUNDATION FOR HEALTH AND POLICY SUPPORTS INTRAMURAL RESEARCH TRAINING AWARDS FOR DESERVING YOUNG SCHOLARS IN THE NIH INTRAMURAL TRAINING PROGRAM.

- THE DEAN R. O'NEILL RENAL CELL CANCER RESEARCH FUND AND THE DR. EDWARD T. RANCIC MEMORIAL FUND FOR CANCER RESEARCH JOINTLY SUPPORT A FELLOW IN THE LABORATORY OF DR. RICHARD CHILDS AT THE NATIONAL HEART, LUNG, AND BLOOD INSTITUTE TO EXPLORE TREATMENTS FOR RENAL CELL CARCINOMA.

- THE ESTATE OF SALLIE ROSEN KAPLAN ESTABLISHED THE SALLIE ROSEN KAPLAN POSTDOCTORAL FELLOWSHIP FOR WOMEN SCIENTISTS IN CANCER RESEARCH (SRK FELLOWSHIP). THE SRK FELLOWSHIP IS A HIGHLY COMPETITIVE, UNPAID, ANNUAL, ONE-YEAR PROGRAM THAT PROVIDES ADDITIONAL MENTORING OPPORTUNITIES, NETWORKING, SEMINARS AND WORKSHOPS TO FEMALE NATIONAL CANCER INSTITUTE POSTDOCTORAL FELLOWS TO HELP THEM PREPARE FOR THE COMPETITIVE JOB MARKET AND HELP THEM TO TRANSITION TO INDEPENDENT RESEARCH CAREERS.

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

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. 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 1A:

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:

MARIA FREIRE, THE FNIH PRESIDENT AND EXECUTIVE DIRECTOR UNTIL SEPTEMBER

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

2021, IS A NON-EXECUTIVE MEMBER OF THE BOARD OF DIRECTORS OF ALEXANDRIA REAL ESTATE. JOEL MARCUS IS THE CHAIRMAN AND CEO OF ALEXANDRIA REAL ESTATE AND A NON-EXECUTIVE MEMBER OF THE FNIH BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 4:

THE FNIH BY-LAWS WERE AMENDED IN MAY 2021 TO MAKE CHANGES TO THE TERMS OF MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

CONFLICTS.

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

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWED AND CONCURRED WITH THE PRESIDENT AND EXECUTIVE DIRECTOR'S DECISIONS ESTABLISHING AND ADJUSTING THE SENIOR EXECUTIVE TEAM'S ANNUAL SALARIES AND RELATED COMPENSATION DECISIONS. THE COMPENSATION COMMITTEE ALSO APPROVED THE COMPENSATION LEVEL OF THE PRESIDENT AND EXECUTIVE DIRECTOR AND RELATED COMPENSATION DECISIONS.

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, OR, 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.