

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b>		<b>D</b> Employer identification number <b>52-1986675</b>
	Doing business as		<b>E</b> Telephone number <b>(301) 402-5311</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>209,200,907.</b>
	<b>11400 ROCKVILLE PIKE</b>	<b>600</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NORTH BETHESDA, MD 20852</b>		<b>H(b)</b> Are all subordinates included? Yes No
<b>F</b> Name and address of principal officer: <b>DONALD M. HILL</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527			
<b>J</b> Website: <b>HTTP://WWW.FNIH.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			<b>L</b> Year of formation: <b>1996</b> <b>M</b> State of legal domicile: <b>MD</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) CONNECTS THE WORLD'S LEADING PUBLIC AND</b>		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>24</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>90</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>24</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>105,993,785.</b>	<b>68,998,263.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>50,000.</b>	<b>50,000.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,523,894.</b>	<b>1,459,757.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>38,012.</b>	<b>77,179.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>107,605,691.</b>	<b>70,585,199.</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,925,571.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>11,200,771.</b>	<b>12,734,826.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>142,183.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>26,276,294.</b>	<b>32,561,709.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>58,402,636.</b>	<b>77,418,110.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>49,203,055.</b>	<b>-6,832,911.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>221,939,759.</b>	<b>End of Year</b> <b>216,582,542.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>10,990,437.</b>	<b>18,255,107.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>210,949,322.</b>	<b>198,327,435.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <i>Julie L. Gerberding AD MPH</i>	Date <b>11/9/2023</b>			
	<b>DR. JULIE L. GERBERDING, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LAKRISHA J. CASTLEBERRY</b>	Preparer's signature <b>LAKRISHA J. CASTLEBE</b>	Date <b>11/09/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01677333</b>
	Firm's name <b>FORVIS, LLP</b>	Firm's address <b>901 EAST CARY STREET, SUITE 1000 RICHMOND, VA 23219</b>	Firm's EIN <b>44-0160260</b>	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.

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**Part III** Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 69,214,470. including grants of \$ 31,578,039.) (Revenue \$ 50,000.)  
**SEE SCHEDULE O, PROGRAM ONE, RESEARCH PROGRAMS**

4b (Code: \_\_\_\_\_) (Expenses \$ 1,173,980. including grants of \$ 543,536.) (Revenue \$ \_\_\_\_\_)  
**SEE SCHEDULE O, PROGRAM TWO, AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS**

4c (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

4e Total program service expenses **70,388,450.**

Form 990 (2022)

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

**Part IV Checklist of Required Schedules**

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

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	46
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		90
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>1a</b>	25		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	24		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MD, VA, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI
- 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, 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, box 6 of 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) DAVID WHOLLEY EXEC. VP, STRATEGY & BUSINESS DEVELO	40.00			X				513,679.	0.	38,966.
(2) MICHAEL SANTOS VICE PRESIDENT OF SCIENCE	40.00				X			348,716.	0.	31,698.
(3) JULIE WOLF-RODDA CHIEF STRATEGIC ALLIANCES & ADVANCEM	40.00				X			329,125.	0.	38,966.
(4) JOSEPH P. MENETSKI VP OF RESEARCH PARTNERSHIPS	40.00				X			301,247.	0.	36,795.
(5) DR. JULIE L. GERBERDING CEO (START MAY 2022)	40.00	X		X				314,575.	0.	9,931.
(6) DONALD M. HILL CHIEF FINANCIAL OFFICER	40.00				X			277,640.	0.	37,972.
(7) KEVIN A. KLOCK SR. VP OF OPERATIONS & LEGAL AFFAIRS	40.00				X			263,184.	0.	34,602.
(8) STACEY ADAM ASSOCIATE VP, RESEARCH PARTNERSHIPS	40.00					X		235,748.	0.	26,042.
(9) STEVEN HOFFMANN ASSOCIATE VP, RESEARCH PARTNERSHIPS	40.00					X		218,627.	0.	30,234.
(10) EVA COYNE VICE PRESIDENT & CONTROLLER	40.00					X		207,270.	0.	32,329.
(11) COURTNEY SILVERTHORN ASSOCIATE VP, RESEARCH PARTNERSHIPS	40.00					X		211,603.	0.	24,500.
(12) DAVID O' BROCHTA SCIENTIFIC PROGRAM MANAGER, TECHNICA	40.00					X		199,952.	0.	31,704.
(13) DR. STEVEN M PAUL CHAIRMAN	1.50	X		X				0.	0.	0.
(14) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.50	X		X				0.	0.	0.
(15) MR. STEVEN C. MAYER TREASURER	2.00	X		X				0.	0.	0.
(16) MRS. WILLIAM MCCORMICK BLAIR JR SECRETARY	1.00	X		X				0.	0.	0.
(17) DR. KATHY BLOOMGARDEN BOARD MEMBER (UNTIL DEC. 2022)	0.50	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) DR. MARIJN DEKKERS BOARD MEMBER	0.50	X					0.	0.	0.	
(19) MR. JAMES H. DONOVAN BOARD MEMBER	0.50	X					0.	0.	0.	
(20) DR. PAUL L. HERRLING BOARD MEMBER	0.50	X					0.	0.	0.	
(21) DR. THOMAS R. INSEL BOARD MEMBER	0.50	X					0.	0.	0.	
(22) DR. JUDY LANSING KOVLER BOARD MEMBER	0.50	X					0.	0.	0.	
(23) DR. RONALD L. KRALL BOARD MEMBER	0.50	X					0.	0.	0.	
(24) DR. FREDA LEWIS-HALL BOARD MEMBER	0.50	X					0.	0.	0.	
(25) JULIE BELL LINDSAY BOARD MEMBER	0.50	X					0.	0.	0.	
(26) DR. EDISON T. LIU BOARD MEMBER	0.50	X					0.	0.	0.	
<b>1b Subtotal</b> .....							3,421,366.	0.	373,739.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							3,421,366.	0.	373,739.	

**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 43

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SWOG CTI, 24 FRANK LLOYD WRIGHT DRIVE, PO BOX 483, ANN ARBOR, MI 48105	CLINICAL TRIAL FOR LUNG MAP PROJECT	7,225,965.
DELOITTE CONSULTING LLP 4022 SELLS DRIVE, HERMITAGE, TN 37076	COVID-19 PROJECT PROFESSIONAL SERVICE	2,408,787.
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVENUE, BOSTON, MA 02215	THE PACT, MRD & CTDNA RESEARCH COLLA	1,593,527.
THE UNIVERSITY OF TEXAS/MD ANDERSON PO BOX 4266, HOUSTON, TX 77210	THE PACT PROJECT RESEARCH COLLABORATI	1,348,679.
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, ONE GUSTAVE L. LEVY PLACE, NEW YORK, NY	THE PACT & THE MUCOSAL HEALING ULCE	1,097,909.

**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 30

SEE PART VII, SECTION A CONTINUATION SHEETS





FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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**Part VIII Statement of Revenue**

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

			(A)	(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	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	221,000.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	2,000,000.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	66,777,263.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 4,121,955.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		68,998,263.			
Program Service Revenue	<b>2 a</b>	ADMINISTRATIVE REVENUE	<b>Business Code</b>				
			900099	50,000.	50,000.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		50,000.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		2,204,173.		2204173.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
					137,517,946.		
<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	138,262,362.				
<b>c</b>	Gain or (loss) .....	<b>7c</b>	-744,416.				
<b>d</b>	Net gain or (loss) .....		-744,416.		-744,416.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 221,000. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		430,525.			
				353,346.			
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....		77,179.		77,179.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		70,585,199.	50,000.	0.	1536936.	

**FOUNDATION FOR THE NATIONAL INSTITUTES  
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**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	31,526,028.	31,526,028.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	107,500.	107,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	488,047.	488,047.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,577,096.	949,715.	1,616,338.	11,043.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,378,822.	5,077,247.	2,300,194.	1,381.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	631,787.	375,329.	245,919.	10,539.
<b>9</b> Other employee benefits	1,446,996.	908,822.	511,386.	26,788.
<b>10</b> Payroll taxes	700,125.	357,994.	342,131.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	231,734.	174,800.	55,515.	1,419.
<b>c</b> Accounting	104,328.	15,750.	88,578.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	190,215.		190,215.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion	22,534.	16,276.	6,258.	
<b>13</b> Office expenses	14,111.	5,007.	9,104.	
<b>14</b> Information technology	128,139.	27,674.	42,410.	58,055.
<b>15</b> Royalties				
<b>16</b> Occupancy	743,745.	179,469.	564,276.	
<b>17</b> Travel	1,584,497.	1,472,506.	79,058.	32,933.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	233,480.		233,480.	
<b>23</b> Insurance	241,849.	133,789.	108,060.	
<b>24</b> 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.)				
<b>a</b> <b>PROGRAM CONTRACTS</b>	23,379,246.	23,379,246.		
<b>b</b> <b>CONSULTANTS</b>	5,078,454.	4,736,266.	342,188.	
<b>c</b> <b>BAD DEBT EXPENSE</b>	200,000.	200,000.		
<b>d</b> <b>RECRUITING</b>	141,708.	127,196.	14,512.	
<b>e</b> All other expenses	267,669.	129,789.	137,855.	25.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	77,418,110.	70,388,450.	6,887,477.	142,183.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**FOUNDATION FOR THE NATIONAL INSTITUTES  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	47,993,053.	<b>2</b>	73,162,269.	
	<b>3</b> Pledges and grants receivable, net .....	67,125,693.	<b>3</b>	49,795,550.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> 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 .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	230,354.	<b>9</b>	255,982.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,044,663.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,473,431.	1,725,769.	<b>10c</b>	1,571,232.
	<b>11</b> Investments - publicly traded securities .....	101,529,635.	<b>11</b>	84,510,224.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	3,335,255.	<b>15</b>	7,287,285.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	221,939,759.	<b>16</b>	216,582,542.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,537,356.	<b>17</b>	8,918,557.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	338,978.	<b>19</b>	783,334.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> 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 .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,114,103.	<b>25</b>	8,553,216.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,990,437.	<b>26</b>	18,255,107.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	28,544,211.	<b>27</b>	27,430,780.	
	<b>28</b> Net assets with donor restrictions .....	182,405,111.	<b>28</b>	170,896,655.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	210,949,322.	<b>32</b>	198,327,435.	
<b>33</b> Total liabilities and net assets/fund balances .....	221,939,759.	<b>33</b>	216,582,542.		

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	70,585,199.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	77,418,110.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-6,832,911.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	210,949,322.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-5,788,976.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	198,327,435.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>	



**FOUNDATION FOR THE NATIONAL INSTITUTES  
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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	60444618.	50623645.	98343956.	105993785	68998263.	384404267
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	60444618.	50623645.	98343956.	105993785	68998263.	384404267
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						133730186
<b>6 Public support.</b> Subtract line 5 from line 4.						250674081

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	60444618.	50623645.	98343956.	105993785	68998263.	384404267
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2057158.	2818334.	1722957.	1346882.	2204173.	10149504.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						394553771
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	114,723.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	63.53 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	59.95 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**FOUNDATION FOR THE NATIONAL INSTITUTES  
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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



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**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors ( <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 <b>Minimum Asset Amount</b> (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 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b> Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			



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

OMB No. 1545-0047

**2022**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,297,080.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>2,520,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>11,181,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>2,025,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>1,750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>4,382,539.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 2,326,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 2,327,521.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,487,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 4,465,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 2,465,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 2,084,811.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ <u>2,816,903.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ <u>2,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**FOUNDATION FOR THE NATIONAL INSTITUTES  
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>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			0.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	1	
2 Aggregate value of contributions to (during year) .....	3,800.	
3 Aggregate value of grants from (during year) .....	17,623.	
4 Aggregate value at end of year .....	203,378.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2022





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

Schedule D (Form 990) 2022

52-1986675 Page **3**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>CHARITABLE GIFT ANNUITY</b>	114,097.
(3) <b>OPERATING LEASE LIABILITY</b>	8,439,119.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,553,216.

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 ...

Schedule D (Form 990) 2022

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

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

1 Total revenue, gains, and other support per audited financial statements		<b>1</b>	65,280,120.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-5,788,976.	
b Donated services and use of facilities	2b	320,766.	
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d	2e		-5,468,210.
3 Subtract line 2e from line 1		<b>3</b>	70,748,330.
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	190,215.	
b Other (Describe in Part XIII.)	4b	-353,346.	
c Add lines 4a and 4b	4c		-163,131.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	70,585,199.

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

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

1 Total expenses and losses per audited financial statements		<b>1</b>	77,902,007.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a	320,766.	
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	353,346.	
e Add lines 2a through 2d	2e		674,112.
3 Subtract line 2e from line 1		<b>3</b>	77,227,895.
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	190,215.	
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b	4c		190,215.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	77,418,110.

**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, 2022 AND 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE -353,346.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSE 353,346.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

Employer identification number  
**52-1986675**

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		426,370.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		21,677.
NORTH AMERICA	0	0	GRANTMAKING		40,000.
<b>3 a</b> Subtotal .....	0	0			488,047.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			488,047.

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	RESEARCH	21,677.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH	426,370.	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 ..... 0

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



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))
		2022 FNIH AWARD CEREMO (event type)	2023 FNIH AWARD CEREMO (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	2,000.	649,525.		651,525.
	<b>2</b> Less: Contributions .....		221,000.		221,000.
	<b>3</b> Gross income (line 1 minus line 2) .....	2,000.	428,525.		430,525.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....		33,133.		33,133.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	2,704.	317,509.		320,213.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				353,346.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				77,179.	

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

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

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

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

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

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

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

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

- 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:

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
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.

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

(I) NAME OF FUNDRAISER: MICHAEL J. WORTH & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 3622 JENIFER STREET NW, WASHINGTON, DC 20015

(II) ACTIVITY: PLANNED GIVING CONSULTING SERVICES (STRENGTHENING PLANNED GI



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NIH/CC - CLINICAL CENTER 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	28,754.	0.			RESEARCH
NIH /NIA 9001 ROCKVILLE PIKE BETHESDA, MD 20893	52-0858116	170(C)(1) GOVERNMENT	2,901,055.	0.			RESEARCH
NIH/NCI 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	5,827,431.	0.			RESEARCH
NIH/NIAID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	5,440,078.	0.			RESEARCH
NIH/NIAMS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	3,700,000.	0.			RESEARCH
NIH/NINDS 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERNMENT	1,078,415.	0.			RESEARCH

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29.
- 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) 2022

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	598,380.	0.			RESEARCH
NIH/OD 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	99,215.	0.			RESEARCH
NIH /NIMH 9000 ROCKVILLE PIKE BETHESDA, MD 20892	52-0858115	170(C)(1) GOVERN	3,779,046.	0.			RESEARCH
RESEARCH TRIANGLE INSTITUTE P.O. BOX 900002 RALEIGH, NC 27675	56-0686338	501(C)(3)	1,041,504.	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)	1,129,930.	0.			RESEARCH
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH STREET 2ND FLOOR SHERIDAN BUILDING - PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	498,980.	0.			RESEARCH
GEORGETOWN UNIVERSITY 3700 O STREET NW WASHINGTON , DC 20057	53-0196603	501(C)(3)	24,734.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA CHAPEL HILL - 104 AIRPORT DRIVE SUITE 2200 CAMPUS BOX 1350 - CHAPEL HILL, NC 27599	80-0543561	501(C)(3)	216,595.	0.			RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY - P.O. BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087	13-5598093	501(C)(3)	287,875.	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
TRUSTEES OF INDIANA UNIVERSITY THE POPLARS BUILDING.400 E. SEVENTH ST - BLOOMINGTON , IN 47405	35-6001673	501(C)(3)	228,729.	0.			RESEARCH
UNIVERSITY OF VIRGINIA P.O. BOX 400195 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	176,560.	0.			RESEARCH
UNIVERSITY OF COLORADO DENVER P.O. BOX 910238 DENVER, CO 80291	84-6000555	501(C)(3)	245,158.	0.			RESEARCH
DUKE UNIV/HUMAN VACCINE INSTITUTE: 2200 WEST MAIN STREET, SUITE 820, ERWIN SQUARE PLAZA - DURHAM, NC 27705	56-0532129	501(C)(3)	179,913.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CTR: - 1100 FAIRVIEW AVE. N. - SEATTLE, WA 98109	23-7156071	501(C)(3)	858,905.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH 200 LOTHROP ST. BIOMEDICAL SCIENCE PITTSBURGH, PA 15213	25-0965591	501(C)(3)	456,993.	0.			RESEARCH
TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREETM M-921 BOSTON, MA 02118	04-2103547	501(C)(3)	593,808.	0.			RESEARCH
JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100 BALTIMORE, MD 21205	15-0595110	501(C)(3)	10,000.	0.			RESEARCH
BRIGHAM & WOMEN'S HOSPITAL 1620 TREMONT STREET, 3RD FLOOR, RM BOSTON, MA 02120	04-2312909	501(C)(3)	50,000.	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
FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SOUTH WASHINGTON, DC 20036	52-1983273	501(C)(3)	138,296.	0.			RESEARCH
UNIVERSITY OF SOUTHERN CALIFORNIA SOTO STREET BUILDING, #2001 SOTO ST LOS ANGELES, CA 90089	91-1642394	501(C)(3)	1,258,000.	0.			RESEARCH
WESTERN MICHIGAN UNIVERSITY: 1903 W. MICHIGAN AVENUE KALAMAZOO, MI 49008	38-6007327	501(C)(3)	17,003.	0.			RESEARCH
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 446 N. FIFTH STREET, SUITE 600 - PHOENIX, AZ 85005	33-1092191	501(C)(3)	86,763.	0.			RESEARCH
LEIDOS BIOMEDICAL RESEARCH, INC 1050 BOYLES STREET FREDERICK, MD 21702	33-0653185	CORPORATE ENTITY	509,908.	0.			RESEARCH
GORDON RESEARCH CONFERENCES 5586 POST ROAD G02 EAST GREENWICH, RI 02818	26-0150662	501(C)(3)	64,000.	0.			RESEARCH

Schedule I (Form 990)



FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
AWARDS	4	107,500.	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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 checked="" 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

Schedule J (Form 990) 2022

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) DAVID WHOLLEY EXEC. VP, STRATEGY & BUSINESS DEVELO	(i)	393,629.	109,250.	10,800.	24,400.	14,566.	552,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL SANTOS VICE PRESIDENT OF SCIENCE	(i)	348,716.	0.	0.	24,400.	7,298.	380,414.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIE WOLF-RODDA CHIEF STRATEGIC ALLIANCES & ADVANCEM	(i)	274,225.	54,900.	0.	24,400.	14,566.	368,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOSEPH P. MENETSKI VP OF RESEARCH PARTNERSHIPS	(i)	265,247.	36,000.	0.	24,229.	12,566.	338,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DR. JULIE L. GERBERDING CEO (START MAY 2022)	(i)	311,515.	0.	3,060.	0.	9,931.	324,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD M. HILL CHIEF FINANCIAL OFFICER	(i)	267,640.	10,000.	0.	22,556.	15,416.	315,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KEVIN A. KLOCK SR. VP OF OPERATIONS & LEGAL AFFAIRS	(i)	255,184.	8,000.	0.	21,336.	13,266.	297,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STACEY ADAM ASSOCIATE VP, RESEARCH PARTNERSHIPS	(i)	225,748.	10,000.	0.	18,844.	7,198.	261,790.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEVEN HOFFMANN ASSOCIATE VP, RESEARCH PARTNERSHIPS	(i)	213,627.	5,000.	0.	17,668.	12,566.	248,861.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) EVA COYNE VICE PRESIDENT & CONTROLLER	(i)	200,270.	7,000.	0.	17,013.	15,316.	239,599.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) COURTNEY SILVERTHORN ASSOCIATE VP, RESEARCH PARTNERSHIPS	(i)	211,603.	0.	0.	16,942.	7,558.	236,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAVID O'BROCHTA SCIENTIFIC PROGRAM MANAGER, TECHNICA	(i)	199,952.	0.	0.	16,288.	15,416.	231,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

WE PROVIDED A STIPEND FOR HOUSING TO OUR CEO. THE TERMS FOR THIS STIPEND  
ARE SET FORTH IN THE CEO'S EMPLOYMENT AGREEMENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	7	4,121,956.	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 3 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) 2022



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

OMB No. 1545-0047

**2022**

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 ORGANIZATIONS TO ACCELERATE BIOMEDICAL BREAKTHROUGHS FOR  
PATIENTS, REGARDLESS OF WHO THEY ARE, WHERE THEY LIVE, OR WHAT DISEASE  
THEY HAVE. TOGETHER WITH LEADING SCIENTISTS AND PROBLEM-SOLVERS, AND A  
SUCCESSFUL TRACK RECORD OF NAVIGATING COMPLEX PROBLEMS, THE FNIH  
ACCELERATES NEW THERAPIES, DIAGNOSTICS, AND POTENTIAL CURES; ADVANCES  
GLOBAL HEALTH AND EQUITY IN CARE; AND CELEBRATES AND TRAINS THE NEXT  
GENERATION OF SCIENTISTS. ESTABLISHED BY CONGRESS IN 1990 TO SUPPORT  
THE MISSION OF THE NATIONAL INSTITUTES OF HEALTH (NIH), THE FNIH IS A  
NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION. FOR MORE INFORMATION  
ABOUT THE FNIH, PLEASE VISIT FNIH.ORG.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

TO CREATE AND LEAD 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 MEDICINES PARTNERSHIP PROGRAM (AMP)**

THE FNIH MANAGES THE ACCELERATING MEDICINES PARTNERSHIP (AMP) PROGRAM  
WITH THE INTERESTS OF THE COLLECTIVE SCIENTIFIC AND MEDICAL RESEARCH  
COMMUNITIES IN MIND. OUR MISSION IS TO IMPROVE UNDERSTANDING OF DISEASE  
PATHWAYS, FACILITATE BETTER SELECTION OF TARGETS FOR TREATMENT, AND

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

Schedule O (Form 990) 2022



Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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IDENTIFY PLATFORMS AND PROCESSES TO ACCELERATE NEW AND EFFECTIVE THERAPIES TO PATIENTS.

ALL AMP PROJECTS OPERATE UNDER THE BROAD PRINCIPLE OF DELIVERING PRE-COMPETITIVE ADVANCEMENTS TO THE RESEARCH AND MEDICAL FIELDS AND ENABLING THE BROADEST POSSIBLE ACCESS AND USE OF AMP RESEARCH DISCOVERIES. A CRITICAL COMPONENT OF EACH PUBLIC-PRIVATE PARTNERSHIP IN THE AMP PROGRAM IS AN AGREEMENT AMONG PARTNERS TO MAKE DATA AND ANALYSES ARISING FROM THE COLLABORATION PUBLICLY ACCESSIBLE TO BENEFIT THE BROADER BIOMEDICAL COMMUNITY. INDIVIDUAL AMP PROJECTS FREQUENTLY ESTABLISH PUBLIC PORTALS TO RAPIDLY DISSEMINATE DATA FROM THEIR RESEARCH EFFORTS, AND AMP-FUNDED PUBLICATIONS ARE REQUIRED TO BE MADE AVAILABLE PUBLICLY WITHIN SPECIFIC TIMEFRAMES.

AT THE CENTER OF THE AMP PROGRAM IS A COMMON GOAL OF ACCELERATING NEW AND EFFECTIVE THERAPIES TO PATIENTS. AMP PROJECTS WORK TOWARDS THIS GOAL BY IDENTIFYING CLINICALLY RELEVANT DISEASE TARGETS, IMPROVING IDENTIFICATION OF PATIENTS MOST LIKELY TO RESPOND TO A PARTICULAR TREATMENT, AND SAFELY REDUCING THE DEVELOPMENT TIMELINES FOR LIFE-SAVING THERAPIES AND IMPROVEMENTS IN PATIENT OUTCOMES.

ACTIV

IN MARCH 2020, AS THE RAPIDLY DEVELOPING THREAT OF THE COVID-19 PANDEMIC BECAME CLEARER, OFFICIALS OF THE NIH AND THE FNIH SPEEDILY ASSEMBLED A GOVERNMENT-INDUSTRY-ACADEMIA COALITION TO COORDINATE RESEARCH AND CLINICAL TESTING EFFORTS TO COUNTER THE VIRUS. THE RESULTING PARTNERSHIP IS CALLED ACTIV (ACCELERATING COVID-19

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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THERAPEUTIC INTERVENTIONS AND VACCINES) AND INCLUDES EIGHT U.S. GOVERNMENT AGENCIES, 20 BIOPHARMACEUTICAL COMPANIES, AND SEVERAL NONPROFIT ORGANIZATIONS, WITH THE MISSION OF DEVELOPING A RESEARCH STRATEGY FOR PRIORITIZING AND SPEEDING DEVELOPMENT OF THE MOST PROMISING COVID-19 VACCINES AND THERAPEUTICS.

ACTIV REPLACED A PLETHORA OF SMALL INDIVIDUAL TRIALS MANY TOO SMALL OR INADEQUATELY DESIGNED TO PRODUCE MEANINGFUL RESULTS WITH A NATIONAL RESEARCH AGENDA FOR DEVELOPING THERAPEUTIC COUNTERMEASURES TO THE PANDEMIC AND PROVIDED SUPPORT FOR VACCINE DEVELOPMENT EFFORTS. ACTIV STANDS AS A MODEL FOR HOW THE BIOMEDICAL RESEARCH COMMUNITY CAN BE EFFECTIVELY MOBILIZED IN RESPONSE TO A GLOBAL PUBLIC HEALTH CRISIS.

#### BIOMARKERS CONSORTIUM

THE BIOMARKERS CONSORTIUM CONVENES GOVERNMENT, INDUSTRY, PATIENTS AND PATIENT ADVOCACY GROUPS, AND NOT-FOR-PROFIT ORGANIZATIONS TO ADDRESS ONE OF THE MOST PRESSING NEEDS IN THE DIAGNOSIS AND TREATMENT OF DISEASE: THE DEVELOPMENT AND THE SEEKING OF REGULATORY APPROVAL FOR DISEASE BIOMARKERS AND SURROGATES. THE BIOMARKERS CONSORTIUM CREATES AND LEADS CROSS-SECTOR EFFORTS THAT VALIDATE AND QUALIFY BIOMARKERS AND OTHER DRUG DEVELOPMENT TOOLS TO ACCELERATE BETTER DECISION MAKING FOR THE DEVELOPMENT OF NEW THERAPEUTICS AND HEALTH TECHNOLOGIES.

THE CORE OPERATIONS OF THE BIOMARKERS CONSORTIUM ARE SUPPORTED THROUGH CONTRIBUTING MEMBERSHIP. ORGANIZATIONS REPRESENTING PRIVATE INDUSTRY (INCLUDING THE PHARMACEUTICAL, BIOTECHNOLOGY, DIAGNOSTICS, AND INFORMATION TECHNOLOGY INDUSTRIES) AND NOT-FOR-PROFIT ORGANIZATIONS

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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(INCLUDING ASSOCIATIONS, ADVOCACY GROUPS, TRADE ORGANIZATIONS, AND PHILANTHROPIC ORGANIZATIONS) THAT WISH TO SUPPORT BIOMARKERS DEVELOPMENT ARE ELIGIBLE TO BECOME CONTRIBUTING MEMBERS.

GENECONVENE

THE GENECONVENE GLOBAL COLLABORATIVE ADVANCES BEST PRACTICES AND INFORMED DECISION MAKING FOR DEVELOPMENT OF GENETIC BIOCONTROL TECHNOLOGIES TO IMPROVE PUBLIC HEALTH. GENECONVENE OFFERS TECHNICAL INFORMATION, ADVICE, TRAINING, AND COORDINATION FOR RESEARCH ON GENE DRIVE AND OTHER GENETIC BIOCONTROL TECHNOLOGIES THAT USE GENETIC VARIANTS OF A TARGET SPECIES, LIKE A DISEASE-TRANSMITTING MOSQUITO, TO CONTROL ITS UNDESIRABLE IMPACTS. EFFORTS TO CONTROL THE SPREAD OF MOSQUITO-BORNE DISEASES SAVE HUNDREDS OF THOUSANDS OF LIVES EVERY YEAR, BUT THE TOOLS AND RESOURCES AVAILABLE ARE NOT SUFFICIENT TO PROTECT EVERYONE.

GENE DRIVE IS RECOGNIZED AS A POTENTIALLY POWERFUL TOOL TO HELP CONTROL MALARIA. GENETIC BIOCONTROL HAS BEEN USED ON DISEASE-TRANSMITTING MOSQUITOES FOR OVER 60 YEARS, BUT SCIENTIFIC ADVANCES IN THE PAST 20 YEARS HAVE DRAMATICALLY IMPROVED THE ABILITY OF RESEARCHERS TO ENGINEER NEW GENETIC BIOCONTROL APPROACHES, INCLUDING GENE DRIVES. GENECONVENE WAS CREATED TO SUPPORT INFORMED DECISION MAKING ON THE OPEN SCIENTIFIC, REGULATORY, AND POLICY QUESTIONS RAISED BY THESE NEW TECHNOLOGIES.

RESEARCH PROGRAMS FOR ACCELERATING NEW THERAPIES

IMPROVING HEART HEALTH WITH THE AMP HEART FAILURE PROGRAM

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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THE ACCELERATING MEDICINES PARTNERSHIP PROGRAM IN HEART FAILURE AMP HF, LAUNCHED ON SEPTEMBER 29, 2022, SEEKS TO ADDRESS A CRITICAL UNMET NEED IN CARDIOVASCULAR HEALTH BY BETTER UNDERSTANDING THE PHENOTYPIC DIVERSITY OF HEART FAILURE WITH PRESERVED EJECTION FRACTION (HFPEF) THAT WILL ALLOW FOR THE IDENTIFICATION OF NOVEL PROTEINS OR GENES WITH THE POTENTIAL TO SERVE AS THERAPEUTIC TARGETS.

BRINGING TOGETHER RESOURCES FROM THE NIH'S NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI), U.S. FOOD AND DRUG ADMINISTRATION (FDA), AND SEVEN INDUSTRY AND NON-PROFIT PARTNERS, THE AMP HF LAUNCHED WITH COMBINED COMMITMENTS TOTALING \$37 MILLION. THE AMP HF INAUGURATION PRECEDED THE HEART FAILURE SOCIETY OF AMERICA'S ANNUAL MEETING AT NATIONAL HARBOR, MARYLAND, WITH REPRESENTATION FROM 17 STAKEHOLDERS FROM INDUSTRY, ACADEMIA, GOVERNMENT, AND NON-PROFIT ORGANIZATIONS.

AT THE INAUGURATION, THE NHLBI'S HEARTSHARE PROGRAM HOSTED A WORKSHOP HIGHLIGHTING THE PROGRESS OF SIX CLINICAL CENTERS IN ITS PROGRAM. THE AMP HF BUILDS ON THE INFRASTRUCTURE CREATED BY HEARTSHARE WHOSE GOALS CLOSELY ALIGN WITH THE AMP HF PROJECT: DECONSTRUCTION OF HFPEF SYNDROME LEADING TO THE DISCOVERY OF POTENTIAL THERAPEUTIC TARGETS. SINCE THE AMP HF LAUNCH, THE HEARTSHARE WEBSITE HAS BEEN REBRANDED BRINGING TOGETHER ALL RESOURCES AND KNOWLEDGE UNDER A SINGLE, UNIFIED PORTAL.

TO LEARN MORE ABOUT THE AMP HF STUDY DESIGN, PLEASE VISIT THIS ARTICLE BY NATURE REVIEWS DRUG DISCOVERY.

REVOLUTIONIZING LIVER DISEASE DIAGNOSIS AND TREATMENT WITH THE NIMBLE

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

**NONALCOHOLIC STEATOHEPATITIS, OR NASH, IS A SERIOUS LIVER CONDITION ASSOCIATED WITH OBESITY AND TYPE 2 DIABETES. IT IMPACTS BETWEEN 9 AND 15 MILLION PEOPLE IN THE UNITED STATES. THE CONDITION, WHICH IS A PROGRESSED VERSION OF NONALCOHOLIC FATTY LIVER DISEASE, IS CAUSED BY A BUILDUP OF FAT IN THE LIVER, LEADING TO INFLAMMATION AND SCARRING. INDIVIDUALS WITH NASH OFTEN SHOW VERY FEW EARLY SYMPTOMS. AS A RESULT, THIS ELUSIVE DISEASE FREQUENTLY REMAINS UNDIAGNOSED. MANY PATIENTS ONLY DISCOVER THEY HAVE THE CONDITION AFTER IT HAS PROGRESSED TO CIRRHOSIS, A LATE-STAGE, IRREVERSIBLE FORM OF LIVER SCARRING, OR DEADLY LIVER CANCER.**

**CURRENTLY, AN INVASIVE AND PAINFUL LIVER BIOPSY IS THE ONLY METHOD AVAILABLE TO DIAGNOSE NASH. UNFORTUNATELY, PATIENTS TEND TO BALK AT UNDERGOING REPEATED BIOPSIES OR ENROLLING IN DRUG DEVELOPMENT TRIALS THAT EMPLOY BIOPSIES. WITH THESE CONCERNS IN MIND, FNIH'S NONINVASIVE BIOMARKERS OF METABOLIC LIVER DISEASE (NIMBLE) INITIATIVE IS WORKING TO STANDARDIZE AND COMPARE THE BEST TOOLS FOR DIAGNOSING NASH, INCLUDING NONINVASIVE AND MORE ACCURATE BLOOD-BASED AND IMAGING BIOMARKERS. THE COMPLETED FIRST STAGE OF THE NIMBLE PROJECT HAS SUCCESSFULLY MADE ADVANCEMENTS TOWARDS NONINVASIVE LIVER TESTING. THE FDA HAS ACCEPTED LETTERS OF INTENT (LOIS) FOR 10 NONINVASIVE BIOMARKERS BEING TESTED IN NIMBLE BOTH BLOOD-BASED AND IMAGING-BASED TO SERVE AS ENRICHMENT TOOLS FOR DIAGNOSING "AT RISK" NASH.**

**NIMBLE STAGE 1 FINDINGS DEMONSTRATE THAT NONINVASIVE BIOMARKERS CAN DIAGNOSE "AT RISK" POPULATIONS THAT ARE LIKELY TO PROGRESS TO**

Name of the organization	FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.	Employer identification number	52-1986675
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CIRRHOSIS. THIS WILL REDUCE THE NUMBER OF PATIENTS WHO NEED TO BE CONFIRMED THROUGH BIOPSY PROCEDURES, WHICH THEN REDUCES THE RISK OF MORBIDITY RESULTING FROM BIOPSIES, ENHANCES PATIENT SAFETY, AND BOOSTS THE EFFICIENCY OF CLINICAL TRIALS.

THIS IDENTIFICATION OF PATIENTS WHO ARE LIKELY IN THE "AT RISK" CATEGORY ALSO INCREASES THE POTENTIAL FOR THEM TO BE RECRUITED TO CLINICAL TRIALS FOR DEVELOPING DISEASE-ALTERING THERAPIES. THIS REDUCES THE USE OF CLINICAL TRIAL RESOURCES SIGNIFICANTLY, RESULTING IN SUBSTANTIAL COST SAVINGS FOR CLINICAL TRIAL SPONSORS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS CONTINUED: NIMBLE'S INNOVATIVE APPROACH HAS ALREADY SHOWN INCREDIBLE POTENTIAL FOR REVOLUTIONIZING MEDICAL RESEARCH AND PATIENT CARE. AS A RESULT OF THE INITIATIVE'S ACHIEVEMENTS, NUMEROUS ABSTRACTS WERE PRESENTED AT THE ANNUAL AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASES (AASLD) CONFERENCE AND THE EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER (EASL) CONFERENCE. MOREOVER, CORRESPONDENCE WAS PUBLISHED IN THE HIGH-IMPACT JOURNAL NATURE MEDICINE HIGHLIGHTING THE PROGRAM'S FINDINGS TO DATE.

STRENGTHENING THE PATIENT VOICE WITH DIGITAL MEASURES WORKSHOPS

OVER THE PAST FEW YEARS, THE FNIH BIOMARKERS CONSORTIUM HAS LAUNCHED A SERIES OF DIGITAL MEASURES WORKSHOPS DESIGNED TO BRING REGULATORS, PAYERS, AND PATIENTS TOGETHER TO STREAMLINE DIGITAL MEASURE DEVELOPMENT AND IMPLEMENTATION PROCESSES. THE FIRST WORKSHOP, WHICH WAS CONDUCTED IN FEBRUARY 2020, WAS INSTRUMENTAL IN HELPING THE U.S. FOOD AND DRUG ADMINISTRATION (FDA) BRING FORWARD THE INNOVATIVE SCIENCE AND

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TECHNOLOGY APPROACHES FOR NEW DRUGS (ISTAND) PROGRAM. THE WORKSHOP ALSO HELPED THE FDA REDEFINE ITS NOMENCLATURE AROUND DIGITAL HEALTH AND BIOMARKERS AND FOCUS ON DIGITAL MEASURES.

THE FNIH BIOMARKERS CONSORTIUM HOSTED ITS SECOND DIGITAL MEASURES WORKSHOP SEPTEMBER 2022 IN ZURICH, SWITZERLAND, WITH A GOAL OF EMPHASIZING PATIENT-CENTRICITY IN SHAPING AND IMPROVING HOW DIGITAL MEASURES ARE IDENTIFIED, DESIGNED, AND IMPLEMENTED. THIS WORKSHOP ESTABLISHED A GLOBAL FOOTPRINT FOR FNIH AND ITS PARTNERS, ENGAGING THE EUROPEAN MEDICINES AGENCY (EMA) AND OTHER INTERNATIONAL PARTNERS IN A WAY THAT HADN'T BEEN PREVIOUSLY POSSIBLE. A THIRD FUTURE WORKSHOP WILL PROVIDE THE CRITICAL LINK BETWEEN NIH, REGULATORS, AND INDUSTRY TO ENSURE THAT ALL PLAYERS HAVE A SEAT AT THE TABLE, THAT PATIENTS ARE INCLUDED, AND THAT THE FIELD CAN COLLECTIVELY IDENTIFY PROCESSES AND CHECKS SO THAT DIGITAL HEALTH LEADS TO USEFUL TOOLS, NOT JUST MORE GADGETS.

RESEARCH PROGRAMS FOR ADVANCING GLOBAL HEALTH

PREVENTING SEPSIS IN LABORING MOTHERS WORLDWIDE

MATERNAL AND NEONATAL SEPSIS IS ONE OF THE TOP THREE CAUSES OF MATERNAL AND NEWBORN DEATHS GLOBALLY. TO ADDRESS THIS PRESSING ISSUE AND URGENT GLOBAL NEED, THE AZITHROMYCIN PREVENTION IN LABOR USE STUDY (A-PLUS) WAS CONDUCTED BY THE EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD)'S GLOBAL NETWORK FOR WOMEN'S AND CHILDREN'S HEALTH RESEARCH AND WAS CO-FUNDED BY NICHD AND THE FNIH, WITH SUPPORT TO THE FNIH PROVIDED BY A GRANT FROM THE BILL & MELINDA

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GATES FOUNDATION. THE STUDY ASSESSED LOW-COST, SUSTAINABLE INTERVENTIONS TO IMPROVE MATERNAL AND CHILD HEALTH IN LOW- AND MIDDLE-INCOME COUNTRIES.

AFTER A RIGOROUS PROCESS OF TRAINING AND PILOT-TESTING, INVESTIGATORS EXAMINED THE SAFETY AND EFFECTIVENESS OF A SINGLE ORAL DOSE OF AZITHROMYCIN ADMINISTERED DURING LABOR (COMPARED TO PLACEBO) IN REDUCING THE RISK OF NEONATAL AND MATERNAL SEPSIS OR DEATH IN LABORING WOMEN. THE RESULTS WERE VERY PROMISING, SUGGESTING THAT AZITHROMYCIN CAN REDUCE THE OCCURRENCE OF MATERNAL SEPSIS AND DEATH BY APPROXIMATELY ONE-THIRD.

FOLLOWING THE STUDY, INVESTIGATORS RAPIDLY ANALYZED THE QUALITY OF THE DATA AND RESULTS TO ENABLE OPEN ACCESS TO THE FINDINGS IN A TIMELY MANNER. AN ABSTRACT WAS SUBMITTED TO THE WORLD'S PREMIER PREGNANCY CONFERENCE, THE SOCIETY FOR MATERNAL-FETAL MEDICINE'S ANNUAL PREGNANCY MEETING (SMFM). THE ABSTRACT WAS ACCEPTED AND BECAME THE #1 LATE-BREAKING PRESENTATION AT THE CONFERENCE IN FEBRUARY 2023. THE STUDY INVESTIGATORS ALSO SUBMITTED A MANUSCRIPT TO THE NEW ENGLAND JOURNAL OF MEDICINE (NEJM), WHICH WAS ACCEPTED AND PUBLISHED AS THE CONFERENCE PRESENTATION WAS BEING DELIVERED.

AS A NEXT STEP, THE A-PLUS INVESTIGATORS WILL FOLLOW UP WITH A SUBSET OF THE MOTHERS AND INFANTS TO EXAMINE POTENTIAL ANTIMICROBIAL RESISTANCE AT MULTIPLE POINTS IN TIME, UP TO A YEAR AFTER INITIAL DELIVERY, AS A FURTHER SAFETY MEASURE. THE STUDY FINDINGS COULD RESULT IN A CHANGE TO THE CURRENT STANDARD OF CARE BY ADDING THIS SIMPLE PREVENTIVE INTERVENTION AN ADJUSTMENT THAT COULD SAVE MILLIONS OF



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**LIVES.**

**REDUCING ANEMIA IN POSTPARTUM WOMEN**

**IRON DEFICIENCY ANEMIA REMAINS A MAJOR CONTRIBUTOR TO MATERNAL ILLNESS  
AND MORTALITY WORLDWIDE, AND DESPITE NUMEROUS EFFORTS, RATES OF ANEMIA  
HAVE NOT DECREASED IN LOW- AND MIDDLE-INCOME COUNTRIES. THANKFULLY,  
INTRAVENOUS IRON TREATMENTS HAVE BEEN DEMONSTRATED TO BE A SAFE,  
EFFECTIVE INTERVENTION TO REDUCE ANEMIA DURING PREGNANCY. HOWEVER,  
INTRAVENOUS IRON TREATMENTS HAVE NOT BEEN COMPREHENSIVELY ASSESSED  
DURING THE POSTPARTUM PERIOD UNTIL NOW.**

**FIRST LAUNCHED IN NOVEMBER 2022, THE PREVENTION OF IRON DEFICIENCY  
ANEMIA POST-DELIVERY (PRIORITY) TRIAL AIMS TO DETERMINE IF A  
SINGLE-DOSE INTRAVENOUS IRON INFUSION IS MORE EFFECTIVE THAN THE  
CURRENT STANDARD OF CARE ORAL IRON SUPPLEMENTATION AMONG POSTPARTUM  
WOMEN WITH MODERATE ANEMIA IN LOW- AND MIDDLE-INCOME COUNTRIES. IN  
ADDITION TO COMPARING OUTCOMES FOR TREATING ANEMIA, RESEARCHERS ARE  
ASSESSING TRIAL PARTICIPANTS FOR IMPORTANT SECONDARY OUTCOMES RELATED  
TO ANEMIA, PARTICULARLY POSTPARTUM DEPRESSION, WHICH CAN AFFECT  
MATERNAL QUALITY OF LIFE, FATIGUE, BREASTFEEDING INITIATION AND  
RETENTION RATES, AND INFANT-MOTHER BONDING.**

**THE STUDY RESULTS ARE EXPECTED TO BE USEFUL FOR INFORMING NATIONAL  
HEALTH POLICIES AND PRACTICES, IMPROVING THE CARE OF WOMEN.**

**ADVISING ON AN HISTORIC GLOBAL PANDEMIC TREATY**

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AT AN HISTORIC GATHERING IN 2021, 173 MEMBER GOVERNMENTS OF THE WORLD HEALTH ORGANIZATION (WHO) RESOLVED TO NEGOTIATE AN INTERNATIONAL AGREEMENT ON PANDEMIC PREPAREDNESS AND RESPONSE. THE FNIH, IN PARTNERSHIP WITH WHO'S COLLABORATING CENTER AT GEORGETOWN UNIVERSITY'S O'NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW, CONVENED DOZENS OF LEADING EXPERTS FROM AROUND THE WORLD TO PROVIDE TECHNICAL ADVICE AND LEARNINGS TO POLICYMAKERS, MEMBER STATES, AND THE PUBLIC. ON THE HEELS OF THE CONSORTIUM'S REPORT ON LEGAL TOOLS FOR PANDEMIC PREPAREDNESS, THE FNIH AND O'NEILL INSTITUTE ALSO BROUGHT TOGETHER THOUGHT LEADERS TO CONSIDER THE NATIONAL SOVEREIGNTY IMPLICATIONS OF A PANDEMIC INSTRUMENT, AND TO ANALYZE THE RANGE OF AGREEMENTS PREVIOUSLY DEPLOYED TO COORDINATE INTERNATIONAL ACTIVITY AND HOW THEY MIGHT INFORM A TREATY ADDRESSING CATASTROPHIC EPIDEMIC EVENTS.

IN ADDITION, THE FNIH'S KEVIN A. KLOCK, WHO CO-CHAIRS THE INITIATIVE WITH THE O'NEILL INSTITUTE'S LAWRENCE O. GOSTIN, PUBLISHED A SERIES OF SUPPORTING PAPERS IN PROMINENT JOURNALS AND OUTLETS, INCLUDING THE LANCET, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, STAT, AND THINK GLOBAL HEALTH.

A THIRD CONVENING, CO-LED WITH THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), COMMENCED IN THE SECOND HALF OF 2022 AND LED TO A 2023 REPORT CALLED ADVANCING A WORLD TOGETHER EQUITABLY, WHICH EXPLORES EXISTING MECHANISMS THAT ASSERT EQUITY AS A PRIORITY AND ANALYZED HOW THEY COULD BE INCORPORATED INTO A TREATY.

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

POWERING SCIENCE: 2022 FNIH AWARDS

THE LURIE PRIZE IN BIOMEDICAL SCIENCES

IN 2022, THE LURIE PRIZE IN BIOMEDICAL SCIENCES RECOGNIZED THE OUTSTANDING ACHIEVEMENTS OF TWO RESEARCHERS STUDYING THE AGING PROCESS, EACH OF WHOSE WORK HAS PARALLELED AND COMPLEMENTED THE OTHER'S OVER THE PAST 20 YEARS. BOTH WINNERS OF THE 10TH ANNUAL LURIE PRIZE IN BIOMEDICAL SCIENCES HAVE ACHIEVED INCREDIBLE MILESTONES IN BIOMEDICAL SCIENCE, AND THE FNIH IS PROUD TO HONOR THEIR EFFORTS.

THE AWARD INCLUDED A \$100,000 HONORARIUM, SPLIT BETWEEN THE TWO WINNERS AND MADE POSSIBLE BY A DONATION TO THE FNIH BY PHILANTHROPIST ANN LURIE, PRESIDENT OF THE ANN AND ROBERT H. LURIE FOUNDATION, PRESIDENT OF LURIE HOLDINGS, INC., AND HONORARY FNIH BOARD MEMBER. A DISTINGUISHED JURY OF BIOMEDICAL RESEARCHERS, CHAIRED BY FNIH BOARD MEMBER SOLOMON H. SNYDER, MD, SELECTED THE 2022 WINNERS.

2022 AWARD RECIPIENT: ANNE BRUNET, PHD, IS THE MICHELE AND TIMOTHY BARAKETT PROFESSOR OF GENETICS AT STANFORD UNIVERSITY. DR. BRUNET EMPLOYS A UNIQUE MULTI-ORGANISMAL APPROACH TO INVESTIGATE THE ABILITY OF ENZYMES TO REGULATE GENES IMPLICATED IN AGING AND HAS IDENTIFIED GENES AND PATHWAYS CRITICAL FOR MAINTAINING NEURAL STEM CELLS THAT MAY HELP PRESERVE BRAIN FUNCTION DURING AGING.

2022 AWARD RECIPIENT: ANDREW DILLIN, PHD, IS A HOWARD HUGHES MEDICAL

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INSTITUTE INVESTIGATOR AND THE THOMAS AND STACEY SIEBEL DISTINGUISHED CHAIR IN STEM CELL RESEARCH AT THE DEPARTMENT OF MOLECULAR AND CELL BIOLOGY AT THE UNIVERSITY OF CALIFORNIA, BERKELEY. DR. DILLIN EXPLORES THE ABILITY OF ORGANISMS TO SUSTAIN PROPER PROTEIN PRODUCTION PROCESSES ESSENTIAL TO MAINTAINING CELLULAR STRUCTURE AND FUNCTION IN AGING

TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS

THE FNIH TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS RECOGNIZES THE OUTSTANDING CONTRIBUTIONS OF EARLY CAREER CLINICIAN-SCIENTISTS WHOSE WORK HAS THE POTENTIAL TO, OR HAS LED TO, INNOVATIONS IN PATIENT CARE. IN SEARCHING FOR POTENTIAL WINNERS, WE SEEK TO HIGHLIGHT TRUE SCIENTIFIC INNOVATORS AND THIS YEAR WAS NO EXCEPTION. CONGRATULATIONS WENT TO TWO 2022 TRAILBLAZER PRIZE WINNERS.

THIS \$10,000 HONORARIUM AND PRIZE, SPLIT BETWEEN THE TWO WINNERS, CELEBRATES THE TRANSFORMATIONAL WORK OF INDIVIDUALS WHOSE RESEARCH TRANSLATES BASIC SCIENTIFIC OBSERVATIONS INTO NEW PARADIGM-SHIFTING APPROACHES FOR DIAGNOSING, PREVENTING, TREATING, OR CURING DISEASE AND DISABILITY. THE TRAILBLAZER PRIZE IS MADE POSSIBLE BY A GENEROUS DONATION FROM JOHN I. GALLIN, MD, AND ELAINE GALLIN, PHD.

2022 AWARD RECIPIENT: ELIEZER VAN ALLEN, MD IS ASSOCIATE PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL, CHIEF OF THE DIVISION OF POPULATION SCIENCES AT THE DANA-FARBER CANCER INSTITUTE, AND ASSOCIATE MEMBER OF THE BROAD INSTITUTE. DR. VAN ALLEN HAS MADE SIGNIFICANT CONTRIBUTIONS TO THE ADVANCEMENT OF THE SCIENCE OF PERSONALIZED CANCER CARE. USING INNOVATIVE COMPUTATIONAL APPROACHES, DR. VAN ALLEN'S RESEARCH IS

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HELPING DETERMINE THE IMPACT OF BOTH INHERITED AND ENVIRONMENTAL FACTORS ON CANCER AND THE INFLUENCE OF GENES ON AN INDIVIDUAL'S RESPONSE TO CANCER TREATMENT.

2022 AWARD RECIPIENT: NIKHIL WAGLE, MD, IS ASSOCIATE PROFESSOR OF MEDICINE AT HARVARD MEDICAL SCHOOL, INSTITUTE MEMBER OF THE BROAD INSTITUTE, AND AN ONCOLOGIST SPECIALIZING IN BREAST CANCER AT THE DANA-FARBER CANCER INSTITUTE. DR. WAGLE DEVELOPED NOVEL GENE SEQUENCING APPROACHES TO PROFILING CANCER MUTATIONS THAT AFFECT TREATMENT RESPONSE AND DRUG RESISTANCE. IN ADDITION, DR. WAGLE DIRECTS COUNT ME IN, AN INNOVATIVE PARTNERSHIP BETWEEN PATIENTS AND RESEARCHERS THAT EMPOWERS PATIENTS TO ACTIVELY PARTICIPATE IN CANCER RESEARCH AND SPEED THE DISCOVERY OF NEW TREATMENTS.

CHARLES A. SANDERS, MD, PARTNERSHIP AWARD

IN HONOR OF FORMER FNIH CHAIRMAN OF THE BOARD, CHARLES A. SANDERS, MD, WE CELEBRATE OUR PARTNERS AND THEIR CONTRIBUTIONS THROUGH THE ANNUAL PARTNERSHIP AWARD. IN KEEPING WITH DR. SANDERS' VISION, THE AWARD RECOGNIZES PERSONS AND/OR ORGANIZATIONS THAT HAVE MADE SIGNIFICANT CONTRIBUTIONS TO OUR WORK IN CREATING, IMPLEMENTING, AND NURTURING PRIVATE-PUBLIC PARTNERSHIPS THAT BUILD BRIDGES TO BREAKTHROUGHS IN IMPROVED THERAPEUTICS, DIAGNOSTICS, AND POTENTIAL CURES. A COMMITTEE COMPRISED OF FNIH BOARD MEMBERS SELECTED TWO PARTNERS FOR 2022, AMGEN AND FRANCIS S. COLLINS, MD, PHD, WHO HAVE SUPPORTED AND ACCELERATED THE WORK OF THE FNIH FOR MANY YEARS.

2022 AWARD RECIPIENT AMGEN: AMGEN'S PARTNERSHIP OVER MANY YEARS HAS HAD

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A STRONG IMPACT ON A DIVERSE SLATE OF FNIH INITIATIVES, FROM CLINICAL TRIALS TO MENTORSHIPS TO EDUCATIONAL PROGRAMS. GENEROUS FINANCIAL AND SCIENTIFIC SUPPORT FROM AMGEN, A MEMBER OF THE FNIH BIOMARKERS CONSORTIUM, HAS ADVANCED FNIH RESEARCH INITIATIVES IN CANCER, IMMUNOTHERAPY, CARDIOMETABOLIC DISEASE, AND PRECISION MEDICINE.

2022 AWARD RECIPIENT FRANCIS COLLINS, MD, PHD: AS NIH DIRECTOR FROM 2009 TO 2021, DR. FRANCIS S. COLLINS ROBUSTLY SUPPORTED THE MISSION OF THE FNIH, ADVANCING A REMARKABLE LIST OF INITIATIVES TO EXPAND SCIENTIFIC KNOWLEDGE AND PAVE THE WAY FOR HUMAN RIGHTS, PRIVACY ISSUES, AND ETHICS. DR. COLLINS PARTNERED WITH THE NIH'S NATIONAL HUMAN GENOME RESEARCH INSTITUTE AND THE GENETIC ASSOCIATION INFORMATION NETWORK (GAIN) TO CREATE A SIGNIFICANT RESOURCE FOR GENETIC RESEARCHERS. HE HELPED ESTABLISH THE NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES (NCATS), PROVIDING A CRITICAL VENUE FOR PRECOMPETITIVE PUBLIC-PRIVATE COLLABORATION TO SPEED THE TRANSFORMATION OF BASIC RESEARCH INTO PATIENT THERAPEUTICS. THIS LED TO THE LAUNCH OF THE FNIH-MANAGED ACCELERATING MEDICINES PARTNERSHIP (AMP) PROGRAM A POWERFUL COLLABORATION BETWEEN THE NIH, THE U.S. FOOD AND DRUG ADMINISTRATION (FDA), AND PUBLIC AND PRIVATE ORGANIZATIONS. HE ALSO MANAGED TWO OF THE LARGEST CRISES CHALLENGING HUMAN HEALTH VIA FNIH INITIATIVES: THE HELPING TO END ADDICTION LONG-TERM INITIATIVE (HEAL) AND ACTIV (ACCELERATING COVID-19 THERAPEUTIC INTERVENTIONS AND VACCINES).

EVENTS AND EDUCATION

THE MEETINGS AND EVENTS DEPARTMENT CONCEPTUALIZES, PLANS, EXECUTES AND EVALUATES HIGH-QUALITY, PRODUCTIVE, INNOVATIVE AND ECONOMICAL

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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.

SOME OF THE FNIH'S MARQUEE EVENTS IN 2022 INCLUDED: THE FNIH AWARDS CEREMONY, THE CANCER STEERING COMMITTEE'S ANNUAL SYMPOSIUM, AND THE GENECONVENE VIRTUAL INSTITUTE WEBINARS SERIES.

IN PARTNERSHIP WITH NIH AND OUR PHILANTHROPIC SUPPORTERS, WE FUND AND ADMINISTER TRAINING PROGRAMS THAT PROVIDE OPPORTUNITIES TO STUDENTS OF SCIENCE, FROM HIGH SCHOOLERS TO POST-DOCTORAL SCHOLARS. HERE ARE A FEW EXAMPLES OF THESE PROGRAMS IN ACTION:

-ANNUALLY, THE MEDICAL RESEARCH SCHOLARS PROGRAM ENROLLS 50 MEDICAL, DENTAL, AND VETERINARY STUDENTS IN A YEAR-LONG RESEARCH TRAINING AND MENTORSHIP PROGRAM, INCLUDING LECTURES, CLINICAL TEACHING ROUNDS, AND A RESEARCH SYMPOSIUM.

-THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE'S HEALTH DISPARITIES IN TRIBAL COMMUNITIES SUMMER INTERNSHIP PROGRAM (HDTC-SIP) PROVIDES STEM EXPOSURE TO STUDENTS FROM UNDERREPRESENTED POPULATIONS.

-THE AMGEN SCHOLARS PROGRAM OFFERS SUMMER TRAINING FOR UNDERGRADUATES TO PARTICIPATE IN CUTTING-EDGE RESEARCH.

-THE PEW LATIN AMERICAN FELLOWS PROGRAM PROVIDES POST-DOCTORAL TRAINING TO YOUNG STUDENT SCIENTISTS FROM LATIN AMERICA.

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WE SUPPORT SCIENTISTS AND PROMOTE THEM THROUGH ANNUAL LECTURES AT THE NATIONAL EYE INSTITUTE, THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE, THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES, THE NATIONAL CENTER FOR COMPLEMENTARY AND INTEGRATIVE HEALTH, AND ELSEWHERE.

MEANWHILE, LEGACY FUNDS FROM INDIVIDUAL BENEFACTORS, SUCH AS THE JAMES T. WENDEL FUND THAT SUPPORTS NEUROLOGICAL RESEARCH IN THE LAB OF NIH'S DR. CARSTEN BONNEMANN, HELP MOVE SCIENTIFIC ACHIEVEMENT FARTHER, FASTER, GIVING HOPE TO FUTURE PATIENTS. THE WILLIAM AND BUFFY CAFRITZ FAMILY FOUNDATION IS ALSO MOVING THE NEEDLE ON NOVEL RESEARCH THROUGH THE PAMELA ANNE CAFRITZ RENAL CELL CARCINOMA AWARD, WHICH SEEKS TO ATTRACT NEW INVESTIGATORS-PARTICULARLY WOMEN-TO KIDNEY CANCER RESEARCH AT THE CENTER FOR CANCER RESEARCH, NATIONAL CANCER INSTITUTE.

INDIVIDUAL PROGRAMS, SUCH AS THE SALLIE ROSEN KAPLAN FUND FOR WOMEN SCIENTISTS IN CANCER RESEARCH AND THE DEEDA BLAIR RESEARCH INITIATIVE FOR DISORDERS OF THE BRAIN, PROVIDE FINANCIAL SUPPORT, MENTORING, AND RECOGNITION TO PROMISING YOUNG SCIENTISTS.

IN 2022, THE 2021 RECIPIENTS OF THE DEEDA BLAIR RESEARCH INITIATIVE FOR DISORDERS OF THE BRAIN USED THEIR AWARD AND RECOGNITION TO MAKE SIGNIFICANT INROADS IN BOTH THEIR RESEARCH AND THEIR PROFESSIONAL STANDING.

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

THE BOARD HAS AN EXECUTIVE COMMITTEE, WHICH CAN MAKE DECISIONS ON BEHALF OF



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THE BOARD (WITH SOME EXCEPTIONS) IN BETWEEN BOARD MEETINGS.

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

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

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

DIRECTORS, OFFICERS AND EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE:

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

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

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

THE COMPENSATION COMMITTEE OF THE BOARD REVIEWED AND CONCURRED WITH THE CEO'S DECISIONS ESTABLISHING AND ADJUSTING THE SENIOR EXECUTIVE TEAM'S ANNUAL SALARIES AND RELATED COMPENSATION DECISIONS. THE COMPENSATION

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**COMMITTEE ALSO APPROVED THE COMPENSATION LEVEL OF THE CEO AND RELATED COMPENSATION DECISIONS.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
MD, VA, AL, AK, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, ME, MA, MI, MN, MS, NV, NH, NJ, NM, NY  
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, 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.**

**FORM 990, PART X, CASH & INVESTMENTS:  
APPROXIMATELY \$122 MILLION OF FNIH'S CASH AND INVESTMENTS ARE INVESTED IN HIGH QUALITY SHORT-TERM FIXED INCOME SECURITIES WHICH ARE COMMITTED TO FNIH'S RESTRICTED ASSETS.**