

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

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

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

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable: C Name of organization FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC. D Employer identification number 52-1986675 E Telephone number (301) 402-5311 G Gross receipts \$ 302,514,473 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: K Form of organization: L Year of formation: M State of legal domicile:

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... 2 Check this box... 3-7a Activities & Governance... 8-12 Revenue... 13-19 Expenses... 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer DR. JULIE L GERBERDING, CHIEF EXECUTIVE OFFICER Date November 12, 2024

Paid Preparer Use Only: Print/Type preparer's name LAKRISHA CASTLEBERRY Preparer's signature LAKRISHA CASTLEBERRY Date 11/08/2024 PTIN P01677333 Firm's name FORVIS MAZARS, LLP Firm's EIN 44-0160260 Firm's address 901 EAST CARY STREET, SUITE 1000, RICHMOND, VA 23219 Phone no. (804) 282-7636

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

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

(CONTINUED ON SCHEDULE O)

**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 \$ 58,235,139 including grants of \$ 19,658,554 ) (Revenue \$ 50,000 )  
SEE SCHEDULE O, PROGRAM ONE, RESEARCH PROGRAMS

(CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 1,369,576 including grants of \$ 612,343 ) (Revenue \$ )  
SEE SCHEDULE O, PROGRAM TWO, AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS

(CONTINUED ON SCHEDULE O)

**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 59,604,715

**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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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. See instructions . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**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>	22	✓	
<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>	23	✓	
<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>	24a		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
<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?	24c		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25a</b> <b>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>	25a		✓
<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>	25b		✓
<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>	26		✓
<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>	27		✓
<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>	28a		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		✓
<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>	28c		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	✓	
<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>	30		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		✓
<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>	32		✓
<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>	33		✓
<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>	34		✓
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
<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>	35b		
<b>36</b> <b>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>	36		✓
<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>	37		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	✓	

**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	1a	58	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	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?	1c	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		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	<b>2a</b>	107		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<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>3b</b>			
<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)?	<b>4a</b>			✓
<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?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<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?	<b>6a</b>			✓
<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>6b</b>			
<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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<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>7h</b>			
<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>8</b>			✓
<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>9a</b>			✓
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			✓
<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	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<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.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<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.	<b>13a</b>			
<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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<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>	<b>14b</b>			
<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.	<b>15</b>			✓
<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.	<b>16</b>			✓
<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.	<b>17</b>			

**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> 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 20		
<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>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>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	✓	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<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>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>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>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<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 . . . . .		✓

**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>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>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>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	✓	
<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>13</b>	Did the organization have a written whistleblower policy? . . . . .	✓	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	✓	
<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>b</b>	Other officers or key employees of the organization . . . . .	✓	
	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>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 AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)
- 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, 11400 ROCKVILLE PIKE, 600, NORTH BETHESDA, MD 20852, (301) 435-6246

**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 dotted 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			
<b>(1)</b> DR. JULIE L. GERBERDING CHIEF EXECUTIVE OFFICER	40.0	✓		✓				613,755	0	43,274
<b>(2)</b> DAVID CARMEL SENIOR VICE PRESIDENT, CHIEF GROWTH AND INNOVATION OFFICER	40.0				✓			400,911	0	40,224
<b>(3)</b> DAVID WHOLLEY CHIEF STRATEGY AND BUSINESS DEVELOPMENT (UNTIL NOV.)	40.0				✓			375,609	0	39,802
<b>(4)</b> MICHAEL SANTOS SENIOR VICE PRESIDENT, CHIEF POPULATION HEALTH SCIENCE OFFICER	40.0				✓			368,742	0	34,416
<b>(5)</b> JOSEPH MENETSKI SENIOR VICE PRESIDENT, CHIEF TRANSLATIONAL SCIENCE OFFICER	40.0				✓			324,692	0	39,943
<b>(6)</b> DONALD HILL SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	40.0				✓			289,166	0	40,393
<b>(7)</b> KEVIN KLOCK SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER AND GENERAL COUNSEL	40.0				✓			283,492	0	37,823
<b>(8)</b> STACEY ADAM ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	40.0					✓		258,208	0	28,555
<b>(9)</b> STEVEN HOFFMANN ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	40.0					✓		240,048	0	33,223
<b>(10)</b> EVA COYNE VICE PRESIDENT -CONTROLLER	40.0					✓		231,174	0	32,796
<b>(11)</b> COURTNEY SILVERTHORN ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	40.0					✓		236,430	0	27,203
<b>(12)</b> ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT (UNTIL NOV.)	40.0					✓		220,316	0	20,295
<b>(13)</b> JULIE WOLF RODDA CHIEF STRATEGIC ALLIANCES AND ADVANCEMENT OFFICER (UNTIL NOV.)	40.0					✓		180,943	0	17,503
<b>(14)</b> DR. STEVEN M PAUL CHAIRMAN	1.5	✓						0	0	0

**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 dotted 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			
(15) DR. SOLOMON H. SNYDER VICE-CHAIRMAN	0.5	<input checked="" type="checkbox"/>						0	0	0
(16) MS. JULIE BELL LINDSAY TREASURER	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) MRS. WILLIAM MCCORMICK BLAIR, JR. SECRETARY	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) JAY BRADNER BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(19) MR. JAMES H. DONOVAN BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(20) DR. JUDY LANSING KOVLER BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(21) DR. RONALD L. KRALL BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(22) DR. FREDA LEWIS-HALL BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(23) DR. EDISON T. LIU BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(24) GILBERT S. OMENN BOARD MEMBER	0.5	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								4,023,486	0	435,450
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								4,023,486	0	435,450

**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 59

	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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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,, P.O. BOX 483, ANN ARBOR, MI 48105	CLINICAL TRIAL FOR LUNG MAP PROJECT	3,519,264
THE TRUSTEES OF COLUMBIA UNIVERSITY, 154 HAVEN AVENUE, 2ND FLOOR, NEW YORK, NY 10032	AMP AD 2.0 PROJECT RESEARCH COLLABORATION	2,050,540
EMORY UNIVERSITY, 1599 CLIFTON ROAD NE, 4TH FLOOR, ATLANTA, GA 30322	AMP AD 2.0 PROJECT RESEARCH COLLABORATION	1,923,678
DANA -FARBER CANCER INSTITUTE, 451 BROOKLINE AVENUE, BOSTON, MA 02216	THE PACT, MRD AND CTDNA RESEARCH COLLABORATI	1,808,688
DELOITTE CONSULTING LLP, 4022 SELLS DRIVE, HERMITAGE, TN 37076	COVID-19 PROJECT PROFESSIONAL SERVICES	1,699,092

**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 40

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .	333,929				
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	1,250,000				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	54,508,268				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 6,019,419				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	56,092,197				
	<b>Program Service Revenue</b>	<b>2a</b>	ADMINISTRATIVE REVENUE ----- Business Code 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 . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	50,000				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	4,421,167			4,421,167	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
			<b>6a</b>				
	<b>6b</b>	Less: rental expenses					
	<b>6c</b>	Rental income or (loss)	0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	241,379,578			
			(ii) Other				
			<b>7a</b>				
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	241,038,353		
	<b>7c</b>	Gain or (loss) . . . . .	341,225	0			
	<b>d</b>	Net gain or (loss) . . . . .	341,225			341,225	
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>333,929</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	571,531			
			<b>8b</b>	Less: direct expenses . . . . .	510,332		
<b>8a</b>			Net income or (loss) from fundraising events . . . . .	61,199		61,199	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
		<b>9b</b>	Less: direct expenses . . . . .				
		<b>9a</b>	Net income or (loss) from gaming activities . . . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b>	Less: cost of goods sold . . . . .				
		<b>10a</b>	Net income or (loss) from sales of inventory . . . . .				
<b>Miscellaneous Revenue</b>	<b>11a</b>	----- Business Code					
	<b>b</b>	-----					
	<b>c</b>	-----					
	<b>d</b>	All other revenue . . . . .	0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .	0				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .	60,965,788	50,000	0	4,823,591		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	19,846,427	19,846,427		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	402,500	402,500		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	21,970	21,970		
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,130,688	844,776	2,285,912	
<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 . . . . .	9,734,008	6,558,766	3,138,422	36,820
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	583,866	330,553	242,375	10,938
<b>9</b>	Other employee benefits . . . . .	2,107,570	1,277,093	785,497	44,980
<b>10</b>	Payroll taxes . . . . .	909,183	442,389	466,794	
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	402,168	323,560	72,647	5,961
<b>c</b>	Accounting . . . . .	119,100	17,325	101,775	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	202,355		202,355	
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	0	0	0	0
<b>12</b>	Advertising and promotion . . . . .	91,619	87,280	3,868	471
<b>13</b>	Office expenses . . . . .	53,990	4,411	49,579	
<b>14</b>	Information technology . . . . .	178,584	57,476	118,585	2,523
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	735,836	181,754	554,082	
<b>17</b>	Travel . . . . .	2,172,051	1,860,586	242,530	68,935
<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 . . . . .	214,733		214,733	
<b>23</b>	Insurance . . . . .	241,927	131,491	110,436	
<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>	<u>PROGRAM CONTRACTS</u> . . . . .	22,630,837	22,621,565	9,272	
<b>b</b>	<u>CONSULTANTS</u> . . . . .	5,085,754	4,117,010	925,735	43,009
<b>c</b>	<u>BAD DEBT EXPENSE</u> . . . . .	868,750	868,750		
<b>d</b>	<u>RECRUITING</u> . . . . .	246,367	96,050	150,317	
<b>e</b>	All other expenses . . . . .	(335,540)	(487,017)	146,806	4,671
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	69,644,743	59,604,715	9,821,720	218,308
<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) . . . . .				

**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 . . . . .	73,162,269	<b>2</b>	33,349,260
	<b>3</b> Pledges and grants receivable, net . . . . .	49,795,550	<b>3</b>	42,017,805
	<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>	0
	<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>	0
	<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 . . . . .	255,982	<b>9</b>	366,589
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,158,809		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1,688,166	1,571,232	<b>10c</b> 1,470,643
	<b>11</b> Investments—publicly traded securities . . . . .	84,510,224	<b>11</b>	120,900,511
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	7,287,285	<b>15</b>	8,008,560
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	216,582,542	<b>16</b>	206,113,368	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,918,557	<b>17</b>	4,105,123
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	783,334	<b>19</b>	408,334
	<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>	0
	<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 . . . . .	8,553,216	<b>25</b>	8,063,333
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	18,255,107	<b>26</b>	12,576,790
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	27,430,780	<b>27</b>	32,672,601
	<b>28</b> Net assets with donor restrictions . . . . .	170,896,655	<b>28</b>	160,863,977
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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 . . . . .	198,327,435	<b>32</b>	193,536,578
<b>33</b> Total liabilities and net assets/fund balances . . . . .	216,582,542	<b>33</b>	206,113,368	

**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>	60,965,788
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	69,644,743
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(8,678,955)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	198,327,435
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,888,098
<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>	193,536,578

**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>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>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>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>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.	✓	

**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 dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) CHARLES A. REINHART,, III ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(26) DAME JILLIAN SACKLER ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(27) DR. CHARLES A. SANDERS ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(28) MR. FRED SEIGEL ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(29) DR. ELLEN V. SIGAL ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(30) MR. RUSSELL W. STEENBERG ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(31) DR. PAUL STOFFELS ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(32) JAMES WEISS ----- BOARD MEMBER	0.5 -----	✓						0	0	0
(33) DR. ELIAS ZERHOUNI ----- BOARD MEMBER	0.5 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

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

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

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

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

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	50,623,645	98,343,956	105,993,785	68,998,263	56,092,197	380,051,846
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	50,623,645	98,343,956	105,993,785	68,998,263	56,092,197	380,051,846
<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) . . . . .						120,629,819
<b>6 Public support.</b> Subtract line 5 from line 4						259,422,027

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 . . . . .	50,623,645	98,343,956	105,993,785	68,998,263	56,092,197	380,051,846
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,818,334	1,722,957	1,346,882	2,204,173	4,421,167	12,513,513
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10						392,565,359
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	100,000
<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 2023 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	66.08 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	63.53 %
<b>16a 33 1/3% support test—2023.</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—2022.</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—2023.</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—2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2023.** 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—2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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>		
5b	<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?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> 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? If "Yes," then in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<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? If "Yes" or "No," provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<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).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<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—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>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 (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2023 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018 . . . . .			
<b>b</b> From 2019 . . . . .			
<b>c</b> From 2020 . . . . .			
<b>d</b> From 2021 . . . . .			
<b>e</b> From 2022 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019 . . . . .			
<b>b</b> Excess from 2020 . . . . .			
<b>c</b> Excess from 2021 . . . . .			
<b>d</b> Excess from 2022 . . . . .			
<b>e</b> Excess from 2023 . . . . .			



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Table with 2 columns: Name of the organization (FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.) and Employer identification number (52-1986675)

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [x] 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

- [x] 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>
---	---

**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	----- ----- -----	\$ 13,959,675	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 4,447,329	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 3,651,389	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,610,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 2,357,112	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 2,320,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <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
7	----- ----- -----	\$ ----- 1,529,855	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ ----- 1,488,655	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ ----- 1,300,060	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ ----- 1,130,743	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number  
**52-1986675**

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

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

**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 information once. See instructions.) \$ \_\_\_\_\_  
 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

**2023**

**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>
---	---

**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. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

**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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

<b>Limits on Lobbying Expenditures</b> (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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
<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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

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

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

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

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.

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	FNIH CONSULTED ITS CONGRESSIONAL COMMITTEES OF JURISDICTION ON PUBLIC HEALTH LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization (FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.) and Employer identification number (52-1986675)

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

Table with 3 columns: Line number, (a) Donor advised funds, and (b) Funds and other accounts. Includes rows for total number, aggregate values, and yes/no questions.

Part II Conservation Easements

Table with 2 columns: Line number and description. Includes questions about conservation easements, a table for 'Held at the End of the Tax Year', and yes/no questions.

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

Table with 2 columns: Line number and description. Includes questions about reporting art and historical treasures, and revenue/asset amounts.

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

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

**Part IV Escrow and Custodial Arrangements**

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	20,829,215	24,511,134	20,878,035	14,897,505	12,514,811
<b>b</b> Contributions	1,847,034	(85,775)	3,154,350	5,648,998	1,788,682
<b>c</b> Net investment earnings, gains, and losses	523,194	(788,802)	544,664	419,982	705,900
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	259,144	2,807,342	65,915	88,450	111,888
<b>g</b> End of year balance	22,940,299	20,829,215	24,511,134	20,878,035	14,897,505

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 77.72 %
  - b** Permanent endowment 22.28 %
  - c** Term endowment 0.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> Unrelated organizations?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> Related organizations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,869,159	720,537	1,148,622
<b>d</b> Equipment				
<b>e</b> Other		1,289,650	967,629	322,021
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,470,643

**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> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

**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> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

**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, line 15, col. (B)) . . . . .	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY	108,473
(3) OPERATING LEASE LIABILITY	7,954,860
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	8,063,333

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



**Part XIII**

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	FUNDRAISING DIRECT EXPENSE	- 510,332
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	FUNDRAISING DIRECT EXPENSE	510,332

**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.

Return Reference - Identifier	Explanation
<p>SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS</p>	<p>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.</p> <p>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.</p>
<p>SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE</p>	<p>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, 2023 AND 2022.</p>

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

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.

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 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
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	GRANTMAKING	21,970
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			21,970
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			21,970

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	RESEARCH	21,970	WIRE TRANSFER			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

**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 . . . . . 1

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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).

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE, AND ANY OTHER SIGNIFICANT CHANGES. FINANCIAL REPORTING IS REQUIRED ANNUALLY FOR ALL OF THE GRANTEEES, 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 GRANTEEES ARE COMPLYING WITH GRANT, LEGAL, FINANCIAL, AND REGULATORY REQUIREMENTS.
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	SUB-SAHARAN AFRICA -CASH
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	SUB-SAHARAN AFRICA -CASH

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization

Employer identification number

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

52-1986675

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> MBP CONSULTING, LLC, 20 UNITY COURT., BOSTON, MA 02113	FUNDRAISING CONSULTANCY		✓	0	94,313	(94,313)
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b>				0	94,313	(94,313)

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

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

**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
		2023 FNHI AWARD CEREMONY (event type)	2024 FNHI AWARD CEREMONY (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	905,460			905,460
	<b>2</b> Less: Contributions . . . . .	333,929			333,929
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	571,531	0	0	571,531
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .	78,860			78,860
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	422,773	8,699		431,472
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				510,332
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				61,199	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	<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: \_\_\_\_\_

\_\_\_\_\_



**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

**2023**

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> NIH/CC - CLINICAL CENTER 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	25,500				RESEARCH
<b>(2)</b> NIH/NIA 9001 ROCKVILLE PIKE, BETHESDA, MD 20893	52-0858116	170(C)(1) GOV'T UNIT	21,728				RESEARCH
<b>(3)</b> NIH/NCI 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	1,277,547				RESEARCH
<b>(4)</b> NIH/NIAID 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	2,370,985				RESEARCH
<b>(5)</b> NIH/NIAMS 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	7,500,000				RESEARCH
<b>(6)</b> NIH/NINDS 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	645,712				RESEARCH
<b>(7)</b> NIH/NHLBI 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	979,704				RESEARCH
<b>(8)</b> NIH/OD 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	102,930				RESEARCH
<b>(9)</b> NIH/NIMH 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	3,068,409				RESEARCH
<b>(10)</b> NIH/NEI 9000 ROCKVILLE PIKE, BETHESDA, MD 20892	52-0858115	170(C)(1) GOV'T UNIT	1,200				RESEARCH
<b>(11)</b> RESEARCH TRIANGLE INSTITUTE P.O. BOX 900002, RALEIGH, NC 27675	56-0686338	501(C)(3)	614,891				RESEARCH
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 24

**3** Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) 2023



## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) UNIVERSITY OF ALABAMA AT BIRMINGHAM DEPT. OF PEDIATRIC ADMIN. LOWDER BL, BIRMINGHAM , AL 35233	63-6001138	501(C)(3)	856,050				RESEARCH
(13) GEORGETOWN UNIVERSITY 125 SOUTH 9TH STREET 2ND FLOOR SHER, PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	44,855				RESEARCH
(14) UNIVERSITY OF NORTH CAROLINA CHAPEL HILL 3700 O STREET NW, WASHINGTON , DC 20057	53-0196603	501(C)(3)	165,406				RESEARCH
(15) THE TRUSTEES OF COLUMBIA UNIVERSITY 104 AIRPORT DRIVE SUITE 2200 CAMPUS, CHAPEL HILL, NC 27599	80-0543561	501(C)(3)	147,571				RESEARCH
(16) TRUSTEES OF INDIANA UNIVERSITY P.O. BOX 29789 GENERAL POST OFFICE, NEW YORK, NY 10087	13-5598093	501(C)(3)	133,249				RESEARCH
(17) UNIVERSITY OF VIRGINIA THE POPLARS BUILDING.400 E. SEVENTH, BLOOMINGTON , IN 47405	35-6001673	501(C)(3)	229,524				RESEARCH
(18) UNIVERSITY OF COLORADO DENVER P.O. BOX 400195, CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	35,939				RESEARCH
(19) DUKE UNIV/HUMAN VACCINE INSTITUTE: 1100 FAIRVIEW AVE. N., SEATTLE, WA 98109	23-7156071	501(C)(3)	55,960				RESEARCH
(20) FRED HUTCHINSON CANCER RESEARCH CTR: 200 LOTHROP ST. BIOMEDICAL SCIENCE , PITTSBURGH, PA 15213	25-0965591	501(C)(3)	683,642				RESEARCH
(21) TRUSTEES OF BOSTON UNIVERSITY 85 EAST NEWTON STREET M-921, BOSTON, MA 02118	04-2103547	501(C)(3)	663,875				RESEARCH
(22) JOHNS HOPKINS UNIVERSITY 615 N. WOLFE ST, W1100, BALTIMORE, MD 21205	15-0595110	501(C)(3)	23,454				RESEARCH
(23) FRIENDS OF CANCER RESEARCH 1800 M STREET NW, SUITE 1050 SOUTH, FREDERICK, MD 21702	52-1983273	501(C)(3)	138,296				RESEARCH
(24) GORDON RESEARCH CONFERENCES 5586 POST ROAD G02, EAST GREENWICH, RI 02818	26-0150662	501(C)(3)	60,000				RESEARCH

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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 REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE, AND ANY OTHER SIGNIFICANT CHANGES. FINANCIAL REPORTING IS REQUIRED ANNUALLY FOR ALL OF THE GRANTEEES, 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 GRANTEEES ARE COMPLYING WITH GRANT, LEGAL, FINANCIAL, AND REGULATORY REQUIREMENTS.</p> <p>FELLOWS SELECTED FOR FOUNDATION FELLOWSHIPS ARE SELECTED THROUGH NATIONWIDE AND INTERNATIONAL COMPETITIONS.</p>

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2023**

**Open to Public Inspection**

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

Employer identification number

52-1986675

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </p>		
<p><b>b</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 . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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? . . . . .</p>	<b>2</b>	
<p><b>3</b> 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.</p> <p> <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 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<input checked="" type="checkbox"/>
	<b>4b</b>	<input checked="" type="checkbox"/>
	<b>4c</b>	<input checked="" type="checkbox"/>
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<input checked="" type="checkbox"/>
	<b>5b</b>	<input checked="" type="checkbox"/>
<p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<input checked="" type="checkbox"/>
	<b>6b</b>	<input checked="" type="checkbox"/>
<p><b>7</b> 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 . . . . .</p>	<b>7</b>	<input checked="" type="checkbox"/>
<p><b>8</b> 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 . . . . .</p>	<b>8</b>	<input checked="" type="checkbox"/>
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	DR. JULIE L. GERBERDING CHIEF EXECUTIVE OFFICER	(i)	513,755	100,000	0	26,400	16,874	657,029	0
		(ii)	0	0	0	0	0	0	0
2	DAVID CARMEL SENIOR VICE PRESIDENT, CHIEF GROWTH AND INNOVATION OFFICER	(i)	397,411	3,500	0	26,400	13,824	441,135	0
		(ii)	0	0	0	0	0	0	0
3	DAVID WHOLLEY CHIEF STRATEGY AND BUSINESS DEVELOPMENT (UNTIL NOV.)	(i)	312,942	25,250	37,417	26,400	13,402	415,411	0
		(ii)	0	0	0	0	0	0	0
4	MICHAEL SANTOS SENIOR VICE PRESIDENT, CHIEF POPULATION HEALTH SCIENCE OFFICER	(i)	358,742	10,000	0	26,400	8,016	403,158	0
		(ii)	0	0	0	0	0	0	0
5	JOSEPH MENETSKI SENIOR VICE PRESIDENT, CHIEF TRANSLATIONAL SCIENCE OFFICER	(i)	314,692	10,000	0	26,119	13,824	364,635	0
		(ii)	0	0	0	0	0	0	0
6	DONALD HILL SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER	(i)	279,166	10,000	0	23,519	16,874	329,559	0
		(ii)	0	0	0	0	0	0	0
7	KEVIN KLOCK SENIOR VICE PRESIDENT, CHIEF OPERATING OFFICER AND GENERAL COUNSEL	(i)	273,492	10,000	0	22,999	14,824	321,315	0
		(ii)	0	0	0	0	0	0	0
8	STACEY ADAM ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	(i)	243,208	15,000	0	20,639	7,916	286,763	0
		(ii)	0	0	0	0	0	0	0
9	STEVEN HOFFMANN ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	(i)	230,048	10,000	0	19,399	13,824	273,271	0
		(ii)	0	0	0	0	0	0	0
10	EVA COYNE VICE PRESIDENT -CONTROLLER	(i)	223,374	7,800	0	18,743	14,053	263,970	0
		(ii)	0	0	0	0	0	0	0
11	COURTNEY SILVERTHORN ASSOCIATE VICE PRESIDENT, SCIENCE PARTNERSHIPS TRANSLATIONAL SCIENCE	(i)	227,930	8,500	0	18,927	8,276	263,633	0
		(ii)	0	0	0	0	0	0	0
12	ROBERT BALTHASER VICE PRESIDENT OF ADVANCEMENT (UNTIL NOV.)	(i)	161,737	2,500	56,079	13,092	7,203	240,611	0
		(ii)	0	0	0	0	0	0	0
13	JULIE WOLF RODDA CHIEF STRATEGIC ALLIANCES AND ADVANCEMENT OFFICER (UNTIL NOV.)	(i)	126,016	10,000	44,927	11,005	6,498	198,446	0
		(ii)	0	0	0	0	0	0	0
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

**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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	✓	12	6,019,419	MARKET VALUE
21				
22				
23				
24				
25				
26				
27				
28				

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	0
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	Yes	No
30a		✓
31		✓
32a		✓
33		

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	DRUGS AND MEDICAL SUPPLIES - THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

Department of Treasury Internal  
Revenue Service

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

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

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

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

Employer Identification Number  
**52-1986675**

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	SCIENTISTS AT THE NATIONAL INSTITUTES OF HEALTH (NIH) WITH THEIR COUNTERPARTS IN LIFE SCIENCES COMPANIES, ACADEMIA, PATIENT ORGANIZATIONS, FOUNDATIONS, AND REGULATORY AGENCIES (INCLUDING THE FOOD AND DRUG ADMINISTRATION AND EUROPEAN MEDICINES AGENCY). THROUGH TEAM SCIENCE, THE FNIH SOLVES COMPLEX HEALTH CHALLENGES AND ACCELERATES BREAKTHROUGHS FOR PATIENTS, REGARDLESS OF WHO THEY ARE OR WHAT HEALTH THREATS THEY FACE. THE FNIH CONTRIBUTES TO THE DEVELOPMENT OF NEW THERAPIES, DIAGNOSTICS, AND POTENTIAL CURES; ADVANCES GLOBAL HEALTH AND EQUITY IN CARE; AND CELEBRATES AND HELPS TRAIN THE NEXT GENERATIONS OF SCIENTISTS. ESTABLISHED BY CONGRESS IN 1990 TO SUPPORT THE MISSION OF THE NIH, THE FNIH IS A NOT-FOR-PROFIT 501(C)(3) CHARITABLE ORGANIZATION. FOR MORE INFORMATION ABOUT THE FNIH, PLEASE VISITFNIH.ORG.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	TO CREATE AND LEAD ALLIANCES AND PUBLIC-PRIVATE PARTNERSHIPS THAT ADVANCE BREAKTHROUGH BIOMEDICAL DISCOVERIES AND IMPROVE THE QUALITY OF PEOPLE'S LIVES

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>PROGRAM ONE - RESEARCH PROGRAMS -</p> <p>ACCELERATING MEDICINES PARTNERSHIP PROGRAM (AMP)</p> <p>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 IDENTIFY PLATFORMS AND PROCESSES TO ACCELERATE NEW AND EFFECTIVE THERAPIES TO PATIENTS.</p> <p>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.</p> <p>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.</p> <p>BIOMARKERS CONSORTIUM</p> <p>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.</p> <p>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 (INCLUDING ASSOCIATIONS, ADVOCACY GROUPS, TRADE ORGANIZATIONS, AND PHILANTHROPIC ORGANIZATIONS) THAT WISH TO SUPPORT BIOMARKERS DEVELOPMENT ARE ELIGIBLE TO BECOME CONTRIBUTING MEMBERS.</p> <p>GENECONVENE</p> <p>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 - 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.</p> <p>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.</p> <p>IN 2023, GENECONVENE MEMBERS PUBLISHED THE FOLLOWING:</p> <ul style="list-style-type: none"> <li>- AN ARTICLE IN A SPECIAL COLLECTION VOLUME (ORGANIZED BY GENECONVENE GLOBAL COLLABORATIVE) OF TRANSGENIC RESEARCH FOCUSING ON THE REGULATORY REQUIREMENTS FOR IMPLEMENTING GENE DRIVE TECHNOLOGIES IN NATIONAL OR REGIONAL PUBLIC HEALTH PROGRAMS.</li> <li>- AN ARTICLE IN FRONTIERS IN BIOENGINEERING AND BIOTECHNOLOGY CONSIDERING THE APPROVAL PROCEDURES AND MARKET ENTRY STRATEGIES FOR IMPLEMENTING GENE DRIVE-MODIFIED MOSQUITOES.</li> <li>- AN ASSESSMENT BY A NEUTRAL THIRD PARTY, CSIRO, OF RISKS ASSOCIATED WITH THE RELEASE OF GENETICALLY MODIFIED MOSQUITOES BY THE TARGET MALARIA PROJECT.</li> <li>- A MULTI-COUNTRY STUDY IN MALARIA JOURNAL EXPLORING THE INSIGHTS AND RECOMMENDATIONS OF KEY STAKEHOLDERS ACROSS AFRICA ON THE POTENTIAL OF GENE DRIVE-MODIFIED MOSQUITOES FOR MALARIA CONTROL AND ELIMINATION.</li> </ul> <p>MEMBERS ALSO:</p> <ul style="list-style-type: none"> <li>- SUPPORTED TRAINING ACTIVITIES ON OPERATIONALIZATION OF BIOSAFETY OVERSIGHT AND GENETICALLY MODIFIED ORGANISM DECISION MAKING PROCESSES AT AFRICAN INSTITUTIONS.</li> <li>- ADVISED THE UNITED NATIONS CONVENTION ON BIOLOGICAL DIVERSITY ON DEVELOPING GUIDANCE FOR RISK ASSESSMENT OF ENGINEERED GENE DRIVE-MODIFIED MOSQUITOES.</li> </ul> <p>RESEARCH PROGRAMS FOR ACCELERATING NEW THERAPIES</p> <p>NIMBLE RESULTS SET STAGE FOR IMPROVED DIAGNOSIS, TREATMENT OF LIVER DISEASE TO DIAGNOSE METABOLIC DYSFUNCTION-ASSOCIATED STEATOHEPATITIS (MASH), A LEADING</p>

Return Reference - Identifier	Explanation
	<p>CAUSE OF LIVER-RELATED MORTALITY, PATIENTS MUST UNDERGO A LIVER BIOPSY, A PAINFUL AND EXPENSIVE PROCEDURE THAT CARRIES SOME RISK OF DEATH FOR PATIENTS. THE BIOMARKERS CONSORTIUM'S NONINVASIVE BIOMARKERS OF METABOLIC LIVER DISEASE (NIMBLE) PROJECT AIMS TO IDENTIFY NONINVASIVE BLOOD-BASED AND IMAGING BIOMARKERS TO ASSESS THEIR PERFORMANCE IN DIAGNOSING MASH, COMPARED TO LIVER BIOPSY, AND TO EVALUATE THEIR SUITABILITY FOR MONITORING TREATMENT RESPONSE IN CLINICAL TRIALS. BY EXPANDING DIAGNOSTIC OPTIONS, MORE HEALTHCARE PROFESSIONALS AND FACILITIES WOULD BE ABLE TO DIAGNOSE MASH WITH GREATER SAFETY, AND THE USE OF NONINVASIVE TESTS MAY ASSIST ENROLLMENT IN FUTURE STUDIES.</p> <p>- FOUR NONINVASIVE BLOOD TESTS FOR MASH AND ADVANCED LIVER DISEASE WERE IDENTIFIED FOR ASSESSMENT IN NIMBLE 2. STUDY RESULTS PUBLISHED IN NATURE MEDICINE.</p> <p>- SIX IMAGING BIOMARKERS SHOWN TO HAVE THE POTENTIAL TO MEASURE LIVER FAT, FIBROSIS, AND BODY COMPOSITION IN THOSE AT RISK FOR MASH. STUDY RESULTS PUBLISHED IN RADIOLOGY.</p> <p>EXPANDING ACCESS TO GENE THERAPY FOR SICKLE CELL DISEASE WORLDWIDE</p> <p>THE FDA RECENTLY APPROVED TWO TREATMENTS THAT USE GENE-EDITING TECHNOLOGIES TO MITIGATE THE INHERITED GENE MUTATION THAT CAUSES SICKLE CELL DISEASE (SCD). THESE THERAPIES INVOLVE PROCURING A PATIENT'S OWN BONE MARROW CELLS TO REPAIR THE DEFECTIVE GENE OUTSIDE THE BODY (EX VIVO) AND THEN TRANSPLANTING THE MODIFIED CELLS BACK INTO THE PATIENT'S BLOOD. THE FNIH HAS SUPPORTED, AND CONTINUES TO SUPPORT, THE UNDERLYING GENE-EDITING RESEARCH AT NIH'S NATIONAL HEART, LUNG, AND BLOOD INSTITUTE (NHLBI) THAT HELPED LAY THE FOUNDATION FOR THIS BREAKTHROUGH.</p> <p>STILL, ACCESS TO THESE THERAPIES REMAINS LIMITED FOR PEOPLE IN LOW- AND MIDDLE-INCOME COUNTRIES THAT MAY NOT HAVE A CELL-PROCESSING CENTER AND RELATED RESOURCES NECESSARY FOR EX VIVO GENE THERAPY. THIS IS WHERE THE FNIH IS SEEKING TO BROADEN ACCESS TO CRITICAL GENE EDITING THERAPIES FOR PATIENTS WITH SCD. IN PARTNERSHIP WITH THE NHLBI, THE FNIH LAUNCHED A PROJECT TO EXPLORE TECHNIQUES FOR ADMINISTERING GENE THERAPY STRATEGIES ENTIRELY INSIDE A PATIENT'S BODY (IN VIVO), WHICH WOULD ELIMINATE THE NEED FOR AN ADVANCED HEALTHCARE INFRASTRUCTURE AND MAKE SCD TREATMENT MORE BROADLY AVAILABLE.</p> <p>BGTC LAUNCHES CLINICAL TRIAL PORTFOLIO</p> <p>THERE ARE MORE THAN 10,000 KNOWN RARE GENETIC DISEASES, AFFECTING MORE THAN 30 MILLION AMERICANS AND THEIR FAMILIES, BUT THERE IS TYPICALLY LITTLE TO NO COMMERCIAL INTEREST IN DEVELOPING TREATMENTS FOR A DISORDER THAT MAY IMPACT ONLY A DOZEN OR SO PATIENTS, LEAVING MANY SUCH PATIENTS WITH LITTLE OR NO HOPE FOR BENEFICIAL TREATMENTS.</p> <p>GENE THERAPIES HOLD PROMISE FOR TREATING SUCH PATIENTS, BUT PROGRESS IS SLOWED BY UNCERTAINTIES ABOUT MANUFACTURING AND A CLEAR REGULATORY PATH. PART OF THE AMP PROGRAM, THE BESPOKE GENE THERAPY CONSORTIUM (BGTC) PARTNERSHIP, NOW IN ITS SECOND YEAR, BRINGS EXPERTS ACROSS THE BIOSCIENCES ECOSYSTEM TOGETHER TO DEFINE THE BEST WAYS TO SAFELY ADVANCE THESE TREATMENTS AND ENCOURAGE INCREASED INVESTMENTS IN THEIR DEVELOPMENT.</p> <p>BGTC ANNOUNCED IN 2023 THE EIGHT RARE DISEASES THAT WILL COMPRISE THE PROGRAM'S INITIAL CLINICAL TRIAL PORTFOLIO, WHICH WILL PIONEER A NOVEL APPROACH TO THE DEVELOPMENT OF ADENO-ASSOCIATED VIRUS (AAV) GENE THERAPY FOR RARE DISEASES. THE GOAL IS TO DEMONSTRATE THAT MANUFACTURING AND TESTING STANDARDS CAN PROVIDE A STREAMLINED APPROVAL PATHWAY FOR FIRST-IN-HUMAN CLINICAL TRIALS.</p>

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION</p>	<p>NEW PUBLIC-PRIVATE PARTNERSHIP SUPPORTS DEVELOPMENT OF PEDIATRIC MEDICAL DEVICES</p> <p>DESPITE EFFORTS TO SUPPORT INNOVATION IN PEDIATRIC MEDICAL DEVICES, CHALLENGES REMAIN IN DEVELOPING THESE TECHNOLOGIES FOR CHILDREN, INCLUDING CONCERNS ABOUT DEVICE LONGEVITY AND LONG-TERM EXPOSURE TO IMPLANTED MATERIALS.</p> <p>THE FNIH ANNOUNCED THE LAUNCH OF A PROJECT DESIGN PHASE TO ADDRESS THE GAP IN AVAILABILITY OF THESE DEVICES. THE PROJECT IS SUPPORTED BY A PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE NIH, THE U.S. FOOD AND DRUG ADMINISTRATION, THE BIOMEDICAL ADVANCED RESEARCH AND DEVELOPMENT AUTHORITY, AND PARTNERS FROM THE PRIVATE SECTOR.</p> <p>A FULL-SCALE PEDIATRIC MEDICAL DEVICE PUBLIC-PRIVATE PARTNERSHIP PROJECT WILL FOLLOW THE DESIGN PHASE, WITH THE GOAL OF DEVELOPING A SUSTAINABLE INFRASTRUCTURE FOR CREATING AND COMMERCIALIZING THESE DEVICES.</p> <p>STRENGTHENING THE PATIENT VOICE</p> <p>THE FNIH PUTS PATIENTS FIRST. WHEN THEIR PERSPECTIVES ARE INCORPORATED INTO OUR WORK, THE RESULT WILL BE FASTER MEDICAL BREAKTHROUGHS FOR SOME OF TODAY'S MOST PRESSING HEALTH CHALLENGES. TO DO THIS, WE WORK CLOSELY WITH OUR PATIENT AMBASSADORS, MADE UP OF PEOPLE WITH LIVED EXPERIENCE OF A DISEASE, AND OUR PATIENT ENGAGEMENT COUNCIL, COMPRISED OF REPRESENTATIVES OF PATIENT-CENTRIC ORGANIZATIONS. THE COUNCIL CONVENED ITS FIRST PATIENT SUMMIT IN 2023. SIX PATIENT AMBASSADORS, TEN MEMBERS OF THE COUNCIL, AND FNIH STAFF MEMBERS WHO ATTENDED THE DAY-LONG EVENT IDENTIFIED AND DISCUSSED STRATEGIES TO BETTER INVOLVE AND ENGAGE PEOPLE WITH HEALTH CHALLENGES IN FNIH PROJECTS.</p> <p>RESEARCH PROGRAMS FOR ADVANCING GLOBAL HEALTH</p> <p>AWARD-WINNING A-PLUS STUDY: IMPROVING OUTCOMES FOR LABORING WOMEN WORLDWIDE</p> <p>MATERNAL SEPSIS AFFECTS AN ESTIMATED 6 MILLION WOMEN PER YEAR AND IS THE THIRD MOST COMMON CAUSE OF MATERNAL MORTALITY GLOBALLY. THE AZITHROMYCIN PREVENTION IN LABOR USE STUDY (A-PLUS), A GROUNDBREAKING MULTINATIONAL CLINICAL TRIAL, DEMONSTRATED THAT ONE DOSE OF AZITHROMYCIN, A LOW-COST, GENERIC, ORAL ANTIBIOTIC, GIVEN DURING LABOR TO WOMEN PLANNING TO DELIVER VAGINALLY COULD REDUCE THE OCCURRENCE OF LIFE-THREATENING SEPSIS.</p> <p>INITIAL STUDY RESULTS, PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE AND PRESENTED AT THE SOCIETY FOR MATERNAL-FETAL MEDICINE'S PREGNANCY MEETING 2023, SHOWED THAT AZITHROMYCIN USE CUT THE RISK OF MATERNAL SEPSIS BY 35% AND COULD PREVENT UP TO 2 MILLION SUCH CASES PER YEAR.</p> <p>GLOBAL PANDEMIC TREATY: FNIH CONVENES, INFORMS LEADERS</p> <p>THE MEMBER COUNTRIES OF THE WORLD HEALTH ORGANIZATION (WHO) CONTINUED NEGOTIATION OF A PANDEMIC AGREEMENT TO "ADDRESS GAPS IN PREVENTING, PREPARING FOR, AND RESPONDING TO HEALTH EMERGENCIES [THROUGH] A COMPREHENSIVE AND COHERENT APPROACH TO STRENGTHEN THE GLOBAL HEALTH ARCHITECTURE ... WITH A WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACH, PRIORITIZING THE NEED FOR EQUITY." THE FNIH IN 2023 CONTINUED ITS WORK TO INFORM WHO AND THE GLOBAL COMMUNITY AS IT CONSIDERS THE TREATY.</p> <p>THE FNIH, IN PARTNERSHIP WITH WHO'S COLLABORATING CENTER AT GEORGETOWN UNIVERSITY'S O'NEILL INSTITUTE FOR NATIONAL AND GLOBAL HEALTH LAW, CONVENED TWO HIGH-LEVEL GLOBAL CONSULTATIONS TO PROVIDE TECHNICAL ADVICE AND INFORMATION ON KEY TOPICS IDENTIFIED BY THE WHO'S INTERGOVERNMENTAL NEGOTIATING BODY (INB) AS CRITICAL FOR THE TREATY'S SUCCESS.</p> <p>- IN COLLABORATION WITH UNAIDS, CONVENED AN EXPERT GROUP TO CONSIDER EXISTING MODELS THAT ASSERT EQUITY AS A PRIORITY AND ANALYZE THEM FOR POSSIBLE INCLUSION IN THE TREATY. ATTENDEES INCLUDED: INB CO-CHAIR PRECIOUS MATSOSO AND SENIOR WHO OBSERVERS ASSISTING THE INB. REPORT OF THE CONVENING: ADVANCING A WORLD TOGETHER EQUITABLY</p> <p>- IN COLLABORATION WITH THE UNIVERSITY OF CAPE TOWN, ORGANIZED A GLOBAL MEETING ON THE DEVELOPMENT AND DEPLOYMENT OF EMERGENCY COUNTERMEASURES, INCLUDING VACCINES, DIAGNOSTICS, AND TREATMENTS. THE EXPERT GROUP EXAMINED CASE STUDIES FOR COUNTERMEASURE DEVELOPMENT, PANDEMIC CLINICAL TRIAL CAPABILITIES, AND ACCESS AND BENEFIT SHARING. REPORT OF THE CONVENING: EMERGENCY COUNTERMEASURE DEVELOPMENT AND DEPLOYMENT</p> <p>THOUGHT PIECES PROVIDING INSIGHTS INTO PANDEMIC PREPAREDNESS WERE PUBLISHED IN HASTINGS CENTER REPORTS AND HEALTH AFFAIRS FOREFRONT.</p>

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<p>FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION</p>	<p>PROGRAM TWO - AWARDS, EVENTS, EDUCATION/TRAINING PROGRAMS -</p> <p>POWERING SCIENCE: 2023 FNIH AWARDS</p> <p>THE LURIE PRIZE IN BIOMEDICAL SCIENCES</p> <p>THE 2023 LURIE PRIZE IN BIOMEDICAL SCIENCES RECOGNIZED THE OUTSTANDING ACHIEVEMENTS OF TWO RESEARCHERS, EACH OF WHOM HAS MADE IMPORTANT AND DISTINCT DISCOVERIES IN THE FIELD OF MITOCHONDRIAL SCIENCE. BOTH AWARDEES ACHIEVED MILESTONES IN BIOMEDICAL SCIENCE BY EXPLORING THE CHARACTERISTICS AND FUNCTIONS OF MITOCHONDRIA IN HUMAN PHYSIOLOGY AND DISEASE.</p> <p>THE AWARD INCLUDED A \$100,000 HONORARIUM, SPLIT BETWEEN THE TWO AWARDEES 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 2023 WINNERS.</p> <p>2023 AWARD RECIPIENT: NAVDEEP S. CHANDEL, PHD, IS THE DAVID W. CUGELL PROFESSOR OF MEDICINE, BIOCHEMISTRY, AND MOLECULAR GENETICS AT NORTHWESTERN UNIVERSITY FEINBERG SCHOOL OF MEDICINE. THE CHANDEL RESEARCH TEAM HAS SHOWN THAT MITOCHONDRIA DO MUCH MORE THAN SUPPLY ENERGY TO CELLS. HIS RESEARCH TEAM HAS REVEALED HOW MITOCHONDRIA FUNCTION AS SIGNALING ORGANELLES THAT CONTROL THE BODY'S NORMAL FUNCTIONS AND IMPACT DISEASES, INCLUDING CANCER AND INFLAMMATION.</p> <p>2023 AWARD RECIPIENT: VAMSI MOOTHA, MD, IS AN INVESTIGATOR OF THE HOWARD HUGHES MEDICAL INSTITUTE, INVESTIGATOR IN THE DEPARTMENT OF MOLECULAR BIOLOGY AT MASSACHUSETTS GENERAL HOSPITAL, A MEMBER OF THE BROAD INSTITUTE OF MIT AND HARVARD, AND A PROFESSOR OF SYSTEMS BIOLOGY AND MEDICINE AT HARVARD MEDICAL SCHOOL. ALTHOUGH MITOCHONDRIA CONTAIN THEIR OWN DNA THAT ENCODES JUST 13 PROTEINS, THE MOOTHA RESEARCH TEAM HAS IDENTIFIED THE OTHER 99% OF MITOCHONDRIAL PROTEINS ENCODED BY NUCLEAR DNA AND COMPILED THEIR FINDINGS IN A WIDELY USED REFERENCE TOOL USED TO DISCOVER NEW PROTEIN FUNCTIONS AND DISEASE GENES.</p> <p>TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS</p> <p>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.</p> <p>THE AWARD 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, TO THE FNIH.</p> <p>2023 AWARD RECIPIENT: VINOD BALACHANDRAN, MD, IS A PHYSICIAN-SCIENTIST IN THE IMMUNO-ONCOLOGY SERVICE OF THE HUMAN ONCOLOGY AND PATHOGENESIS PROGRAM AND A SURGICAL ONCOLOGIST AT MEMORIAL SLOAN KETTERING CANCER CENTER, WHERE HE IS ALSO IMMUNOLOGY GROUP LEADER IN THE DAVID M. RUBENSTEIN CENTER FOR PANCREATIC CANCER RESEARCH. DR. BALACHANDRAN DISCOVERED THAT RARE LONG-TERM SURVIVORS OF PANCREATIC CANCER HAVE UNIQUE TUMORS ENRICHED IN NEOANTIGENS - FOREIGN PROTEINS ARISING FROM CANCER MUTATIONS - WHICH MAY TRIGGER IMMUNE CELLS TO KEEP PANCREATIC CANCERS IN CHECK. HE IS NOW TRANSLATING THESE LABORATORY DISCOVERIES INTO NEW IMMUNOTHERAPIES FOR PANCREATIC CANCER, INCLUDING THE FIRST CLINICAL TRIALS OF PERSONALIZED MRNA VACCINES THAT TARGET NEOANTIGENS TO PROVOKE THE PATIENT'S IMMUNE SYSTEM TO RECOGNIZE THEIR INDIVIDUAL CANCER.</p> <p>CHARLES A. SANDERS, MD, PARTNERSHIP AWARD</p> <p>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 PUBLIC-PRIVATE PARTNERSHIPS THAT BUILD BRIDGES TO BREAKTHROUGHS IN IMPROVED THERAPEUTICS, DIAGNOSTICS, AND POTENTIAL CURES. A COMMITTEE COMPRISED OF FNIH BOARD MEMBERS SELECTED THREE PARTNERS FOR 2023 WHO HAVE SUPPORTED AND ACCELERATED THE WORK OF THE FNIH FOR MANY YEARS.</p> <p>2023 AWARD RECIPIENT: THE NATIONAL INSTITUTES OF HEALTH'S EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT (NICHD). THE NICHD AND THE FNIH WORKED TOGETHER TO MANAGE PROGRAMS INITIATED BY NICHD'S GLOBAL NETWORK FOR WOMEN'S AND CHILDREN'S HEALTH RESEARCH WITH ADDITIONAL SUPPORT FROM THE BILL &amp; MELINDA GATES FOUNDATION. THESE COLLABORATIONS CENTERED ON TWO CLINICAL TRIALS IN CRITICAL AREAS OF MATERNAL HEALTH: THE AZITHROMYCIN PREVENTION IN LABOR USE STUDY (A-PLUS) AND THE PREVENTION OF IRON DEFICIENCY ANEMIA POST-DELIVERY (PRIORITY) TRIAL.</p> <p>2023 AWARD RECIPIENT: GSK. GSK HAS BEEN A MAJOR FNIH PARTNER, SUPPORTING MORE THAN 35 PROJECTS. AS LONGSTANDING PARTNERS OF THE BIOMARKERS CONSORTIUM, GSK HAS HELPED ACCELERATE AND ADVANCE DISCOVERY, DEVELOPMENT, AND REGULATORY APPROVAL FOR BIOMARKERS THAT SUPPORT NEW DRUG THERAPEUTICS, PREVENTIVE MEDICINE, AND DIAGNOSTICS. GSK ALSO HAS SUPPORTED AMP PROGRAMS, TUBERCULOSIS RESEARCH, AND FAMILIES STAYING AT THE EDMOND J. SAFRA FAMILY LODGE, WHICH HELPS GUESTS REMAIN NEAR LOVED ONES BEING TREATED AT THE NIH CLINICAL CENTER.</p> <p>2023 AWARD RECIPIENT: THE O'NEILL FAMILY. FOR 20 YEARS, THE O'NEILL FAMILY HAS PARTNERED</p>

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	<p>WITH THE FNIH TO RAISE VISIBILITY AND FUNDS FOR KIDNEY CANCER RESEARCH. THE DEAN R. O'NEILL RENAL CELL CANCER RESEARCH FUND SUPPORTS RESEARCH FELLOWSHIPS IN THE LABORATORY OF DR. RICHARD CHILDS AT THE NIH'S NATIONAL HEART, LUNG, AND BLOOD INSTITUTE TO SEARCH FOR A CURE FOR RENAL CELL CARCINOMA. TO DATE, FELLOWSHIPS HAVE SUPPORTED THE WORK OF TEN DISTINGUISHED SCIENTISTS.</p> <p>EVENTS AND EDUCATION</p> <p>THE MEETINGS AND EVENTS DEPARTMENT CONCEPTUALIZES, PLANS, EXECUTES AND EVALUATES HIGH-QUALITY, PRODUCTIVE, INNOVATIVE AND ECONOMICAL CONVENINGS THAT ADVANCE THE ORGANIZATION'S MISSION. THESE CONVENINGS INCLUDE, BUT ARE NOT LIMITED TO, RESEARCH PROJECT TEAM MEETINGS AND CONFERENCES, DONOR STEWARDSHIP LECTURES AND SYMPOSIA, AND SPECIAL EVENTS. THE DEPARTMENT OVERSEES THE MANAGEMENT OF THE FNIH'S HIGHLY RESPECTED AWARDS AND PRIZES.</p> <p>IN COLLABORATION WITH THE NIH AND OUR GENEROUS DONORS AND PARTNERS, WE MANAGE TRAINING INITIATIVES THAT OFFER EDUCATIONAL OPPORTUNITIES TO SCIENCE STUDENTS, RANGING FROM HIGH SCHOOL TO POST-DOCTORAL SCHOLARS, CROSSING BOUNDARIES AND CULTURES. THEY LEARN THROUGH INTENSIVE TRAINING, COLLABORATIVE ENGAGEMENT, MENTORING, AND HANDS-ON RESEARCH.</p> <p>LEGACY FUNDS FROM INDIVIDUAL BENEFACTORS AND FOUNDATIONS HELP MOVE SCIENTIFIC ACHIEVEMENT FARTHER, FASTER, AND GIVE HOPE TO FUTURE PATIENTS. INDIVIDUAL PROGRAMS PROVIDE FINANCIAL SUPPORT, MENTORING, AND RECOGNITION TO PROMISING YOUNG SCIENTISTS.</p> <p>HERE IS A JUST A SAMPLE OF HOW THE FNIH POWERS SCIENCE:</p> <ul style="list-style-type: none"> <li>- THE MEDICAL RESEARCH SCHOLARS PROGRAM IS A ONE-YEAR INTENSIVE TRAINING PROGRAM ON THE NIH CAMPUS OFFERING MEDICAL, DENTAL AND VETERINARY STUDENTS OPPORTUNITIES TO BECOME ENGAGED IN RESEARCH EARLY IN THEIR CAREERS. THE GOAL IS TO TRAIN THE BEST AND BRIGHTEST STUDENTS TODAY TO PRODUCE THE LEADING CLINICIANS AND RESEARCHERS OF TOMORROW. THE FNIH HAS SUPPORTED A TOTAL OF 572 SCHOLARS SINCE THE PROGRAM WAS ESTABLISHED.</li> <li>- THE DEEDA BLAIR RESEARCH INITIATIVE FOR DISORDERS OF THE BRAIN ANNOUNCED IN 2023 ITS SECOND ROUND OF AWARDS TO DRIVE INNOVATION IN MENTAL HEALTH RESEARCH. FOUR AWARDEES EACH RECEIVED \$100,000.</li> <li>- 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.</li> <li>- FOR A COMPLETE LIST OF ALL THE WAYS THE FNIH IS POWERING SCIENCE, GO TO THE FNIH WEBSITE.</li> </ul>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE BOARD HAS AN EXECUTIVE COMMITTEE, WHICH CAN MAKE DECISIONS ON BEHALF OF THE BOARD (WITH SOME EXCEPTIONS) IN BETWEEN BOARD MEETINGS.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	THE FNIH BY-LAWS WERE AMENDED IN OCTOBER 2023 TO CREATE A CATEGORY OF BOARD MEMBERSHIP FOR FOUNDING DIRECTORS.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	<p>DIRECTORS, OFFICERS AND EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT THEY HAVE:</p> <ul style="list-style-type: none"> <li>O RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY</li> <li>O READ, UNDERSTOOD AND AGREED TO COMPLY WITH THE POLICY</li> <li>O 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</li> <li>O NO ACTUAL OR APPARENT CONFLICTS OF INTEREST OTHER THAN THOSE DISCLOSED IN THE STATEMENT.</li> </ul> <p>THEY MUST ALSO MAKE CERTAIN NOTIFICATIONS IN PARTICULAR CIRCUMSTANCES. THE CONFLICT OF INTEREST POLICY ALSO HAS MECHANISMS FOR HANDLING SUCH CONFLICTS.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	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 COMMITTEE ALSO APPROVED THE COMPENSATION LEVEL OF THE CEO AND RELATED COMPENSATION DECISIONS.
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	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 COMMITTEE ALSO APPROVED THE COMPENSATION LEVEL OF THE CEO AND RELATED COMPENSATION DECISIONS.
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV

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FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	ALL SUCH DOCUMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE FNIH WEBSITE.
FORM 990, PART X, COLUMN (B) - 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.
FORM 990, PART XII, LINE 2C - CHANGE OF OVERSIGHT PROCESS OR SELECTION PROCESS	PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.