

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A** For the **2008** calendar year, or tax year beginning and ending

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>9650 ROCKVILLE PIKE 3411</b></p> <p>City or town, state or country, and ZIP + 4 <b>BETHESDA, MD 20814</b></p>	<p><b>D</b> Employer identification number <b>52-1986675</b></p> <p><b>E</b> Telephone number <b>(301)402-5311</b></p> <p><b>G</b> Gross receipts \$ <b>698,111,642.</b></p> <p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		<p><b>J</b> Website: ▶ <b>HTTP://WWW.FNIH.ORG</b></p>	
<p><b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p><b>L</b> Year of formation: <b>2001</b> <b>M</b> State of legal domicile: <b>MD</b></p>	
<p><b>Part I Summary</b></p>			

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH (FNIH) WAS ESTABLISHED BY THE UNITED STATES</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float:right">3 27</span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float:right">4 27</span></p> <p><b>5</b> Total number of employees (Part V, line 2a) <span style="float:right">5 51</span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float:right">6 0</span></p> <p><b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) <span style="float:right">7a 0.</span></p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float:right">7b 0.</span></p>	
<b>Revenue</b>	<p><b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float:right">56,897,459. 81,264,504.</span></p> <p><b>9</b> Program service revenue (Part VIII, line 2g) <span style="float:right">349,698. 564,709.</span></p> <p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float:right">8,187,286. 3,677,341.</span></p> <p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float:right">65,434,443. 85,506,554.</span></p> <p><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float:right">43,618,088. 48,393,442.</span></p>	
<b>Expenses</b>	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float:right">4,094,546. 4,978,439.</span></p> <p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float:right">13,743,633. 18,766,226.</span></p> <p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float:right">61,456,267. 72,138,107.</span></p> <p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float:right">136,718.</span></p> <p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <span style="float:right">61,456,267. 72,138,107.</span></p> <p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <span style="float:right">3,978,176. 13,368,447.</span></p> <p><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float:right">51,523,392. 65,018,304.</span></p> <p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float:right">51,523,392. 65,018,304.</span></p>	
<b>Net Assets or Fund Balances</b>	<p><b>20</b> Total assets (Part X, line 16) <span style="float:right">156,961,113. 130,392,717.</span></p> <p><b>21</b> Total liabilities (Part X, line 26) <span style="float:right">105,437,721. 65,374,413.</span></p> <p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float:right">51,523,392. 65,018,304.</span></p>	

**Part II Signature Block**

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

Sign Here ▶ *Amy McGuire Porter* Signature of officer 11/16/09 Date

▶ **AMY MCGUIRE PORTER, EXECUTIVE DIRECTOR**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ *Rob J. ... CPA* Date **11/16/09** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **GOODMAN & COMPANY, LLP**  
**111 ROCKVILLE PIKE, 6TH FLOOR**  
**ROCKVILLE, MD 20850**

EIN ▶ Preparer's identifying number (see instructions)

Phone no. ▶ **240-403-3700**

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

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Form 990 (2008)

52-1986675 Page 2

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

**FNIH'S MISSION IS TO SUPPORT THE NATIONAL INSTITUTES OF HEALTH IN ITS MISSION AND TO ADVANCE COLLABORATION WITH BIOMEDICAL RESEARCHERS FROM UNIVERSITIES, INDUSTRY, AND NONPROFIT ORGANIZATIONS.**

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code: ) (Expenses \$ 66918132. including grants of \$ 48393442.) (Revenue \$ 83753510.)

**PUBLIC-PRIVATE PARTNERSHIPS ARE ESSENTIAL TO ACCELERATING SCIENTIFIC DISCOVERY FOR HUMAN HEALTH. THE FOCUS OF THE FOUNDATION FOR NIH IS TO CREATE AND MANAGE PRODUCTIVE CROSS-SECTOR COLLABORATIONS TO SUPPORT BIOMEDICAL RESEARCH.**

**FOR EXAMPLE, THE GRAND CHALLENGES IN GLOBAL HEALTH (GCGH) INITIATIVE WAS ESTABLISHED IN 2003 TO ADDRESS AND OVERCOME SCIENTIFIC OBSTACLES TO SOLVING THE MAJOR HEALTH CHALLENGES OF THE DEVELOPING WORLD AND TO CREATE "DELIVERABLE TECHNOLOGIES"-HEALTH TOOLS-THAT ARE NOT ONLY EFFECTIVE, BUT ALSO INEXPENSIVE TO PRODUCE, EASY TO DISTRIBUTE, AND SIMPLE TO USE IN DEVELOPING COUNTRIES.**

4b (Code: ) (Expenses \$ 1,225,728. including grants of \$ ) (Revenue \$ <2019411.>)

**FELLOWSHIPS AND TRAINING PROGRAMS**

**FELLOWSHIP PROGRAMS PROVIDE EDUCATIONAL OPPORTUNITIES FOR SCHOLARS OF ALL LEVELS, ENABLING THEM TO TRAIN IN BIOMEDICAL RESEARCH AT THE NIH. ON-GOING EDUCATIONAL PROGRAMS INCLUDED 1) THE CLINICAL RESEARCH TRAINING PROGRAM (CRTP), WHICH ALLOWS THIRD YEAR MEDICAL AND DENTAL STUDENTS TO CONDUCT A YEAR OF CLINICAL RESEARCH GUIDED BY LEADING NIH SCIENTISTS; 2) THE NEUROSCIENCE FELLOWSHIP PROGRAM, WHICH ALLOWS A YOUNG PHYSICIAN TO EXPLORE THE BIOLOGICAL MECHANISMS THAT CONTROL DEVELOPMENT AND TREATMENT OF PSYCHIATRIC DISORDERS SO AS TO MORE EFFECTIVELY INFLUENCE THE FUTURE OF DIAGNOSIS AND TREATMENT, FUNDS TWO YEARS OF COLLABORATIVE RESEARCH WITH LEADING SCIENTISTS AT THE NATIONAL INSTITUTE OF MENTAL HEALTH; 3) NATIONAL CENTER FOR COMPLEMENTARY AND**

4c (Code: ) (Expenses \$ 112,226. including grants of \$ ) (Revenue \$ 38,503.)

**CAPITAL PROJECTS**

**THE FOUNDATION'S CAPITAL PROJECTS ENHANCE THE RESEARCH ENVIRONMENT AT NIH, SUPPORTING AND PROMOTING THE IMPORTANT DISCOVERIES THAT RESULT FROM NIH'S LEADING-EDGE WORK. THE EDMOND J. SAFRA FAMILY LODGE, FOR EXAMPLE, OPENED IN 2005 TO SERVE AS A COMFORTABLE HOME-AWAY-FROM-HOME FOR FAMILIES THAT COME TO NIH'S CAMPUS IN BETHESDA, MARYLAND TO ACCOMPANY PATIENTS WHO ARE PARTICIPATING IN CLINICAL TRIALS OR RECEIVING TREATMENT AT NIH'S CLINICAL CENTER. SO FAR, THE LODGE HAS HOSTED MORE THAN 30,000 FAMILY MEMBERS AND CAREGIVERS OF ADULT PATIENTS FROM ALL OVER THE WORLD.**

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 565,620. including grants of \$ ) (Revenue \$ 671,098.)

4e Total program service expenses \$ 68,821,706. (Must equal Part IX, Line 25, column (B).)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Form 990 (2008)

52-1986675 Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any accounts where 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"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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 checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 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"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<input type="checkbox"/>	<input type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<input type="checkbox"/>	<input type="checkbox"/>
25a <b>Section 501(c)(3) and 501(c)(4) 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> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2008)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	<b>34</b>	<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35</b>	<b>X</b>
<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> .....	<b>36</b>	<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	<b>X</b>

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Form 990 (2008)

52-1986675 Page 5

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	22	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	51	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10 Section 501(c)(7) organizations.</b> Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11 Section 501(c)(12) organizations.</b> Enter: N/A			
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	

Form 990 (2008)

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

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
<b>1a</b>	Enter the number of voting members of the governing body .....	1a	27
<b>b</b>	Enter the number of voting members that are independent .....	1b	27
<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? .....	2	X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	3	X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	4	X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....	5	X
<b>6</b>	Does the organization have members or stockholders? .....	6	X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	7a	X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	7b	X
<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? .....	8a	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	8b	X
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	9a	X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	9b	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	10	X
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	11	X

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	12a	X
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	12b	X
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	12c	X
<b>13</b>	Does the organization have a written whistleblower policy? .....	13	X
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	14	X
<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? .....	15a	X
<b>b</b>	Other officers or key employees of the organization? .....	15b	X
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	16a	X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	16b	

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ► <u>MD, VA, NY</u>
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► <u>JULIE TUNE - 301-402-5311</u> <u>9650 ROCKVILLE PIKE, BETHESDA, MD 20814</u>

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Form 990 (2008)

52-1986675 Page 7

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
CHARLES A. SANDERS CHAIRMAN	0.20	X					0.	0.	0.	
PAUL M. MONTRONE TREASURER	0.10	X					0.	0.	0.	
JOHN EDWARD PORTER VICE CHAIRMAN	0.10	X					0.	0.	0.	
MRS. WILLIAM MCCORMICK B SECRETARY	0.10	X					0.	0.	0.	
KATHY BLOOMGARDEN, PH.D. BOARD MEMBER	0.10	X					0.	0.	0.	
MRS. WILLIAM N. CAFRITZ BOARD MEMBER	0.10	X					0.	0.	0.	
MARK D. EIN BOARD MEMBER	0.10	X					0.	0.	0.	
JOSEPH M. FECZKO, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
MILES GILBURNE BOARD MEMBER	0.10	X					0.	0.	0.	
CAROLINE KOVAC, PH.D. BOARD MEMBER	0.10	X					0.	0.	0.	
SHERRY LANSING BOARD MEMBER	0.10	X					0.	0.	0.	
MARTIN J. MURPHY, JR., M BOARD MEMBER	0.10	X					0.	0.	0.	
PETER NEUPERT BOARD MEMBER	0.10	X					0.	0.	0.	
STEVEN M. PAUL, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
PHILIP A. PIZZO, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
JILLIAN SACKLER, D.B.E. BOARD MEMBER	0.10	X					0.	0.	0.	
LILY SAFRA BOARD MEMBER	0.10	X					0.	0.	0.	

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

Form 990 (2008)

52-1986675 Page 8

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

(A) Name and title	(B) Average hours per week	(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			
KURT L. SCHMOKE BOARD MEMBER	0.10	X					0.	0.	0.	
ELLEN V. SIGAL, PH.D. BOARD MEMBER	0.10	X					0.	0.	0.	
SOLOMON H. SNYDER, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
STEPHEN P. SPIELBERG, M. BOARD MEMBER	0.10	X					0.	0.	0.	
SAMUEL O. THIER, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
PATRICK C. WALSH, M.D. BOARD MEMBER	0.10	X					0.	0.	0.	
ANNE WOJCICKI BOARD MEMBER	0.10	X					0.	0.	0.	
PAUL BERG, PH.D. DIRECTOR EMERITUS	0.10	X					0.	0.	0.	
LUTHER W. BRADY, M.D. HONORARY DIRECTOR	0.10	X					0.	0.	0.	
AMY MCGUIRE PORTER EXECUTIVE DIRECTOR	40.00			X			229,066.	0.	0.	
<b>1b Total</b>							<b>1,848,352.</b>	<b>0.</b>	<b>0.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 10

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

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE BOSTON CONSULTING GROUP P.O. BOX 75200, CHICAGO, IL 60675	CONSULTING	3,751,756.
MEDICOM DIGITAL, 212 THIRD AVENUE NORTH SUITE 295, MINNEAPOLIS, MN 55401	DVLPMT OF WEB-BASED TUTORIALS RELATED T	340,400.
MASS/INST OF TECH, CASHIER NE49-3077. #77 MASS AVENUE, CAMBRIDGE, MA 02139	GENOTYPING STUDY SAMPLES USING THE AF	152,475.
KPMG DEPT 0922. PO BOX 12001, DALLAS, TX 75312	CONSULTING	148,183.
CSP HUMAN RESOURCE SERVICES 241 LATHROP WAY, SACRAMENTO, CA 95815	CONSULTING	139,937.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 8

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2008)

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Form 990 (2008)

52-1986675 Page 9

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns .....	1a					
	b	Membership dues .....	1b					
	c	Fundraising events .....	1c					
	d	Related organizations .....	1d					
	e	Government grants (contributions)	1e	500,000.				
	f	All other contributions, gifts, grants, and similar amounts not included above .....	1f	80,764,504.				
	g	Noncash contributions included in lines 1a-1f: \$ .....						
	h	<b>Total.</b> Add lines 1a-1f .....		81,264,504.				
	Program Service Revenue	2 a	<b>ADMINISTRATIVE FEES</b>	Business Code 561000	564,709.	564,709.		
b								
c								
d								
e								
f		All other program service revenue .....						
g		<b>Total.</b> Add lines 2a-2f .....		564,709.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) .....		3698901.			3,698,901.	
	4	Income from investment of tax-exempt bond proceeds .....						
	5	Royalties .....						
	6 a	Gross Rents .....	(i) Real	(ii) Personal				
			b	Less: rental expenses .....				
			c	Rental income or (loss) .....				
			d	Net rental income or (loss) .....				
	7 a	Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
			b	Less: cost or other basis and sales expenses .....	612,583,528.			
			c	Gain or (loss) .....	612,605,088.			
			d	Net gain or (loss) .....	<21560.>	<21,560.>	<21,560.>	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	a					
			b	Less: direct expenses .....				
			c	Net income or (loss) from fundraising events .....				
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	a					
b			Less: direct expenses .....					
c			Net income or (loss) from gaming activities .....					
10 a	Gross sales of inventory, less returns and allowances .....	a						
		b	Less: cost of goods sold .....					
		c	Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue		Business Code						
11 a								
b								
c								
d	All other revenue .....							
e	<b>Total.</b> Add lines 11a-11d .....							
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			85,506,554.	543,149.	0.	3,698,901.	

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

Form 990 (2008)

52-1986675 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	38,172,949.	38,172,949.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....	10,220,493.	10,220,493.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	1,848,352.	1,066,576.	772,158.	9,618.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,933,935.	1,197,651.	678,159.	58,125.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	929,591.	541,400.	370,578.	17,613.
10 Payroll taxes .....	266,561.	118,073.	148,488.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	156,131.	131,702.	24,429.	
c Accounting .....	47,915.		47,915.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	21,369.	21,185.	184.	
13 Office expenses .....	132,217.	91,795.	40,422.	
14 Information technology .....	158,632.	51,712.	94,408.	12,512.
15 Royalties .....				
16 Occupancy .....	335,400.	143,155.	192,245.	
17 Travel .....	388,855.	379,206.	6,148.	3,501.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	658,194.	580,650.	77,524.	20.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	36,964.		36,964.	
23 Insurance .....	118,749.	66,073.	52,676.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>PROGRAM CONTRACTS</b> .....	11,909,720.	11,909,720.		
b <b>CONSULTANTS</b> .....	3,754,256.	3,384,409.	355,784.	14,063.
c <b>SPECIAL EVENTS</b> .....	246,894.	234,960.	11,934.	
d <b>PRINTING AND PHOTOCOPYI</b> .....	243,512.	190,745.	52,317.	450.
e <b>SERVICE CHARGES</b> .....	181,514.	100,843.	80,671.	
f All other expenses .....	375,904.	218,409.	136,679.	20,816.
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>72,138,107.</b>	<b>68,821,706.</b>	<b>3,179,683.</b>	<b>136,718.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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

Form 990 (2008)

52-1986675 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing .....		1		
	2 Savings and temporary cash investments .....	133,460,106.	2	59,009,682.	
	3 Pledges and grants receivable, net .....	12,742,992.	3	16,886,576.	
	4 Accounts receivable, net .....	3,063.	4		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			6	
	7 Notes and loans receivable, net .....			7	
	8 Inventories for sale or use .....			8	
	9 Prepaid expenses and deferred charges .....	399,121.	9	336,509.	
	10a Land, buildings, and equipment: cost basis ...	10a 503,742.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 319,266.	33,847.	10c	184,476.
	11 Investments - publicly traded securities .....			11	
	12 Investments - other securities. See Part IV, line 11 .....	10,321,984.	12	53,975,474.	
	13 Investments - program-related. See Part IV, line 11 .....			13	
	14 Intangible assets .....			14	
	15 Other assets. See Part IV, line 11 .....			15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	156,961,113.	16	130,392,717.		
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	1,641,253.	17	552,390.	
	18 Grants payable .....		18		
	19 Deferred revenue .....	95,852,136.	19	56,695,432.	
	20 Tax-exempt bond liabilities .....		20		
	21 Escrow account liability. Complete Part IV of Schedule D .....	7,944,332.	21	8,126,591.	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			22	
	23 Secured mortgages and notes payable to unrelated third parties .....			23	
	24 Unsecured notes and loans payable .....			24	
	25 Other liabilities. Complete Part X of Schedule D .....			25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	105,437,721.	26	65,374,413.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27 Unrestricted net assets .....	5,423,815.	27	6,038,559.	
	28 Temporarily restricted net assets .....	42,647,655.	28	55,524,753.	
	29 Permanently restricted net assets .....	3,451,922.	29	3,454,992.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30 Capital stock or trust principal, or current funds .....		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	32 Retained earnings, endowment, accumulated income, or other funds .....		32		
33 <b>Total net assets or fund balances</b> .....	51,523,392.	33	65,018,304.		
34 <b>Total liabilities and net assets/fund balances</b> .....	156,961,113.	34	130,392,717.		

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....	2a	X
b	Were the organization's financial statements audited by an independent accountant? .....	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....	3a	X
b	If "Yes," did the organization undergo the required audit or audits? .....	3b	

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**2008**  
**Open to Public Inspection**

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? .....	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<input type="checkbox"/>	<input type="checkbox"/>
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

FOUNDATION FOR THE NATIONAL INSTITUTES

Schedule A (Form 990 or 990-EZ) 2008 OF HEALTH, INC.

52-1986675 Page 2

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,373,160.	48,322,165.	69,189,169.	56,897,459.	81,264,504.	265,046,457.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	468,002.	439,275.	457,262.	587,451.	584,653.	2,536,643.
4 <b>Total.</b> Add lines 1 - 3	9,841,162.	48,761,440.	69,646,431.	57,484,910.	81,849,157.	267,583,100.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						89,111,222.
6 <b>Public Support.</b> Subtract line 5 from line 4.						178,471,878.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,841,162.	48,761,440.	69,646,431.	57,484,910.	81,849,157.	267,583,100.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,749,485.	6,545,560.	9,282,615.	8,171,307.	3,698,901.	30,447,868.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						298,030,968.
12 Gross receipts from related activities, etc. (see instructions)					12	2,976,554.

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

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	59.88 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	40.07 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 .....

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**  
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	2	
2 Aggregate contributions to (during year) .....	7,375.	
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....	56,837,034.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

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

3 Using the organization's accession and other records, check any of the following that are a 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 programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3777493.				
b Contributions	10,445.				
c Investment earnings or losses	104,761.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	101,206.				
g End of year balance	3791493.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  91.00 %
- c Term endowment  9.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		356,517.	274,293.	82,224.
e Other		147,225.	44,973.	102,252.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				184,476.



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

Schedule D (Form 990) 2008

52-1986675 Page 4

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	85,506,554.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,138,107.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,368,447.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	126,465.
9	Total adjustments (net). Add lines 4-8	9	126,465.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	13,494,912.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	86,256,445.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	126,465.
b	Donated services and use of facilities	2b	623,426.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	749,891.
3	Subtract line 2e from line 1	3	85,506,554.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	85,506,554.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	72,761,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	623,426.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	623,426.
3	Subtract line 2e from line 1	3	72,138,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	72,138,107.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART IV, LINE 2B: AS OF 12/31/2008, THE FNIH HELD \$8,126,591 IN AGENCY**

**FUNDS FOR FUTURE DISTRIBUTION TO THE NATIONAL INSTITUTES OF HEALTH (NIH).**

**THESE FUNDS ARE DESIGNATED BY THE FUNDER(S) FOR SPECIFIC PROJECTS AT THE**

**NIH, AND WILL BE DISBURSED AS NEEDED.**

**PART V, LINE 4: THE FOUNDATION'S ENDOWMENTS CONSIST OF INDIVIDUAL**

**DONOR-RESTRICTED ENDOWMENT FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES.**

**(E.G. VARIETY OF RESEARCH AND EDUCATIONAL INITIATIVES AT THE FOUNDATION**

Schedule D (Form 990) 2008

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part XIV** Supplemental Information (continued)

FOR THE NIH) NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND  
REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED GAIN ON INVESTMENTS

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" to Form 990, Part IV, line 14b.

**1 For grantmakers.** 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 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA & THE PACIFIC	0	0	GRANTMAKING		2,617,480.
EUROPE	0	0	GRANTMAKING		5,084,503.
NORTH AMERICA	0	0	GRANTMAKING		2,470,166.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		48,344.
<b>Totals</b> .....					10,220,493.

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

Schedule F (Form 990) 2008

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Schedule F (Form 990) 2008

52-1986675

Page 2

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	NOVEL THERAPEUTICS THAT BOOST INNATE IMMUNITY TO TREAT INFECTIOUS DISEASES	2,097,848	WIRE TRANSFER	0.		
		EUROPE	DEVELOP A GENETIC STRATEGY TO DEplete OR INCAPACITATE INSECTS	2,114,219	WIRE TRANSFER	0.		
		NORTH AMERICA	INNATE AND MUCOSAL IMMUNITY	255,254	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	MODIFYING MOSQUITO POPULATION AGE STRUCTURE TO ELIMINATE DENGUE	2,617,480	WIRE TRANSFER	0.		
		EUROPE	IMMUNE CORRELATES	332,049	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SUPPORTING SCIENTIFIC RESEARCH	48,344	WIRE TRANSFER	0.		
		EUROPE	NON-HUMAN PRIMATE CORE	107,669	WIRE TRANSFER	0.		
		EUROPE	CLADE SPECIFIC T CELL RESPONSES	64,542	WIRE TRANSFER	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country 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 11

SEE PART IV FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2008



**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: PROGRAM AND GRANTS MANAGEMENT STAFF INVEST CONSIDERABLE EFFORT IN PROVIDING SCIENTIFIC, ADMINISTRATIVE, AND FISCAL OVERSIGHT FOR FNIH GRANTS. SCIENTIFIC AND TECHNICAL PROGRESS IS MONITORED THROUGH SEMI-ANNUAL AND ANNUAL REPORTS FROM THE GRANTEEES AS WELL AS THROUGH DIRECT CONTACT WITH INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS, AND FOLLOW UP TO PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC QUESTIONS OR ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT SUBMISSIONS COVER A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES AND OVERALL PROGRESS 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.

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: MODIFYING MOSQUITO POPULATION AGE STRUCTURE TO ELIMINATE DENGUE TRANSMISSION



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EMORY UNIVERSITY	58-0566256	501(C)(3)	2,753,693.	0.			IMMUNOLOGICAL STRATEGIES FOR CURING CHRONIC HEPATITIS VIRUS INFECTIONS
TRUSTEES OF COLUMBIA UNIV OF THE CITY OF NY - 701 WEST 168TH STREET HHSC1014 - NEW YORK, NY 10032	13-5598093	501(C)(3)	926,725.	0.			MOLECULAR APPROACHES TO ALTER OLFACTORY-DRIVEN BEHAVIORS OF INSECT DISEASE VECTORS
VIRGINIA POLYTECHNIC INST AND STATE UNIV - PRICE HALL VIRGINIA TECH - BLACKSBURG, VA 24061	54-0721690	VA POLYTECHNIC	580,933.	0.			MOLECULAR DESIGN OF SELECTIVE ANTICHOLINESTERASES FOR MOSQUITO CONTROL
UNIVERSITY OF CALIFORNIA, RIVERSIDE	95-6006142	UNIV OF CALIF	776,648.	0.			TARGETED MUCOSAL VACCINE DELIVERY TECHNOLOGY
IAVI	13-3870223	501(C)(3)	2,098,821.	0.			CTV SCIENTIFIC CORE LABORATORIES
VANDERBILT UNIVERSITY 465 21ST AVE SOUTH NASHVILLE, TN 37235	62-0476822	501(C)(3)	1,970,383.	0.			DISRUPTION OF MALARIA TRANSMISSION

**2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **21.**

**3** Enter total number of other organizations ..... ▶ **3.**

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

Schedule I (Form 990) 2008

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: PROGRAM AND GRANTS MANAGEMENT STAFF INVEST  
 CONSIDERABLE EFFORT IN PROVIDING SCIENTIFIC, ADMINISTRATIVE, AND FISCAL  
 OVERSIGHT FOR FNIH GRANTS. SCIENTIFIC AND TECHNICAL PROGRESS IS MONITORED  
 THROUGH SEMI-ANNUAL AND ANNUAL REPORTS FROM THE GRANTEEES AS WELL AS THROUGH  
 DIRECT CONTACT WITH INVESTIGATORS BOTH BY TELECONFERENCE AND SITE VISITS,  
 AND FOLLOW UP TO PROGRESS REPORTS AND SITE VISITS WHERE SCIENTIFIC  
 QUESTIONS OR ADMINISTRATIVE ISSUES ARE IDENTIFIED. SCIENTIFIC REPORT  
 SUBMISSIONS COVER A WIDE RANGE OF ITEMS INCLUDING INDIVIDUAL OBJECTIVES AND  
 OVERALL PROGRESS REVIEW, MILESTONE ACHIEVEMENT, PROJECT PLAN UPDATE, AND

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

Employer identification number  
**52-1986675**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HENRY JACKSON FOUNDATION (USMHRP)	52-1317896	501(C)(3)	171,337.	0.			PROFICIENCY TESTING
UNIVERSITY OF NOTRE DAME P.O BOX 369 NOTRE DAME, IN 465560369	35-0868188	501(C)(3)	516,270.	0.			DEVELOPING NOVEL TRANSGENIC STRATEGIES
NIAID	52-0858115	NIAID, NIH	1,373,326.	0.			SUPPORTING SCIENTIFIC RESEARCH
UNIVERSITY OF CALIFORNIA, IRVINE 3205 MCGAUGH HALL IRVINE, CA 926973900	95-2540117	UNIV OF CALIF	3,907,980.	0.			GENETIC STRATEGIES FOR CONTROL OF DENGUE VIRUS TRANSMISSION
BECTON, DICKINSON AND COMPANY	22-0760120		30,123.	0.			PROFICIENCY TESTING
THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK, NY 10021	13-1624158	501(C)(3)	4,703,491.	0.			IMPROVED VACCINE EFFICACY
DUKE UNIVERSITY DEPT OF SURGERY, BOX 2926 DURHAM, NC 27710	56-0532129	501(C)(3)	667,965.	0.			PROFICIENCY TESTING CENTRAL
SEATTLE BIOMEDICAL RESEARCH INSTITUTE - 307 WESTLAKE AVE N, SUITE 500 - SEATTLE, WA 98109	91-0961784	501(C)(3)	9,483,733.	0.			PROTECTIVE IMMUNITY AGAINST SEVERE MALARIA IN YOUNG CHILDREN P. FALCIPARUM SPOOROZITE

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶

3 Enter total number of other organizations ..... ▶

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

Employer identification number  
**52-1986675**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 10301 NEUROSCIENCES HOSPITAL - CHAPEL HILL, NC 275997160	56-6001393	UNC CHAPEL HILL	1,560,033.	0.			CLINICAL MANAGEMENT OF METABOLIC PROBLEMS IN PATIENTS WITH SCHIZOPHRENIA
TRANSFORM PHARMACEUTICALS, INC. 29 HARTWELL AVE LEXINGTON, MA 02421	04-3490963		2,017,156.	0.			OPTIMIZATION OF VACCINE STABILITY THROUGH HIGH THROUGHPUT FORMULATION
ATKIV-DRY LLC 6060 SPINE ROAD BOULDER, CO 80301	75-2993463		2,864,101.	0.			DEVELOP NEEDLE-FREE DELIVERY SYSTEMS OF VACCINES
FRED HUTCHINSON CANCER RESEARCH CENTER	23-7156071	501(C)(3)	503,042.	0.			CLADE SPECIFIC T CELL RESPONSES
BETH ISRAEL DEACONESS MEDICAL CENTER	04-2103881	501(C)(3)	597,967.	0.			NON HUMAN PRIMATE NEW ASSAY
UNIVERSITY OF CA AT SAN FRANCISCO 3333 CALIFORNIA ST, SUITE 315 SAN FRANCISCO, CA 94118	94-6036493	UNIV OF CALIF	717,500.	0.			BIOTECHNOLOGY RESOURCE FOR INNOVATION AND DEVELOPMENT IN GENOMEDICINE
SLIPPERY UNIVERSITY	25-1513539	501(C)(3)	13,000.	0.			ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN
HUDSON VALLEY CEREBRAL PALSY ASSOCIATION	14-1813412	501(C)(3)	13,000.	0.			ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Employer identification number  
**52-1986675**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MIAMI-DADE COUNTY PUBLIC SCHOOLS	59-6000572	MIAMI-DADE COUNTY P	6,500.	0.			ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN
INDIANA UNIVERSITY		INDIANA UNIV	65,275.	0.			SUPPORTING SCIENTIFIC RESEARCH

2 Enter total number of Section 501(c)(3) and government organizations ..... ▶  
3 Enter total number of other organizations ..... ▶

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

**Part IV** Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SEATTLE BIOMEDICAL RESEARCH INSTITUTE  
(H) PURPOSE OF GRANT OR ASSISTANCE: PROTECTIVE IMMUNITY AGAINST SEVERE MALARIA IN YOUNG CHILDREN  
P. FALCIPARUM SPOROZOITE VACCINE

NAME OF ORGANIZATION OR GOVERNMENT: SLIPPERY UNIVERSITY  
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN AND YOUTH WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT:  
HUDSON VALLEY CEREBRAL PALSY ASSOCIATION  
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN AND YOUTH WITH DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI-DADE COUNTY PUBLIC SCHOOLS  
(H) PURPOSE OF GRANT OR ASSISTANCE: ENHANCE PHYSICAL ACTIVITY, GOOD NUTRITION, FITNESS AND HEALTHY LIFESTYLES IN CHILDREN AND YOUTH WITH



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.

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

Employer identification number  
**52-1986675**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If line 1a is 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	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a:		
<b>a</b> Receive a severance payment or change of control payment?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	<b>X</b>
<b>Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III.	<b>5b</b>	<b>X</b>
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6b</b>	<b>X</b>
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>

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

Schedule J (Form 990) 2008

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

Schedule J (Form 990) 2008

52-1986675

Page 2

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
AMY MCGUIRE PORTER	(i)	204,066.	25,000.	0.	0.	0.	229,066.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID WHOLLEY	(i)	238,334.	0.	2,600.	0.	0.	240,934.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
STEPHANIE JAMES	(i)	216,877.	0.	0.	0.	0.	216,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAN CARUCCI	(i)	184,721.	0.	0.	0.	0.	184,721.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ANN ASHBY	(i)	151,800.	0.	0.	0.	0.	151,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHAEL GOTTLIEB	(i)	188,356.	0.	0.	0.	0.	188,356.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHUCK PUCIE	(i)	170,099.	0.	0.	0.	0.	170,099.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID LEE	(i)	153,510.	0.	6,500.	0.	0.	160,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE TUNE	(i)	154,630.	0.	500.	0.	0.	155,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JULIE WOLF-RODDA	(i)	151,359.	0.	0.	0.	0.	151,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

52-1986675

Part III Supplemental Information

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

PART I, LINE 7: THE FOUNDATION EXECUTIVE COMMITTEE DECIDED TO GIVE TO THE EXECUTIVE DIRECTOR A MERIT

Multiple horizontal lines for supplemental information.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
**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>
--------------------------	---	--------------------------------	-------------------

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

**CONGRESS TO SUPPORT THE MISSION OF THE NATIONAL INSTITUTES OF HEALTH: IMPROVING HEALTH THROUGH SCIENTIFIC DISCOVERY. IN 2008, THE FNIH EMBARKED ON TWO MAJOR NEW INITIATIVES, LAUNCHED SEVERAL NEW PROGRAMS, ORGANIZED FIVE MAJOR EVENTS AS WELL AS NUMEROUS SMALLER ONES AND CONTINUED ITS SUPPORT OF MORE THAN 100 OTHER PROGRAMS. ALSO, FOR THE THIRD YEAR IN A ROW, THE FOUNDATION FOR THE NIH, INC. EARNED A FOUR-STAR RANKING FROM CHARITY NAVIGATOR, AN INDEPENDENT NONPROFIT EVALUATOR, AND WAS RECOGNIZED BY IT AS THE NUMBER-ONE CHARITY FOR MEDICAL RESEARCH.**

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

**A PARTNERSHIP BETWEEN THE FOUNDATION FOR NIH, THE BILL & MELINDA GATES FOUNDATION, THE WELLCOME TRUST, AND THE CANADIAN INSTITUTES OF HEALTH RESEARCH, THIS \$436.6 MILLION INITIATIVE FUNDS OVER 40 PROJECTS THAT VARIOUSLY SEEK TO TACKLE ONE OF 14 MAJOR SCIENTIFIC CHALLENGES THAT, IF SOLVED, COULD LEAD TO IMPORTANT ADVANCES IN PREVENTING, TREATING, AND CURING DISEASES OF THE DEVELOPING WORLD.**

**EACH YEAR, OVER 300 SCIENTISTS MEET TO REVIEW PROGRESS, SHARE IDEAS AND FORGE NEW PARTNERSHIPS TO ULTIMATELY REDUCE THE TECHNICAL BARRIERS TO IMPROVED HEALTH IN THE DEVELOPING WORLD.**

**SIX YEARS INTO ITS WORK, THE INITIATIVE IS SEEING PROMISING PROGRESS IN UNDERSTANDING THE BASIS FOR SEVERE MALARIA IN CHILDREN, THE DEVELOPMENT OF NEW INSECT-CONTROL MEASURES, THE DEVELOPMENT OF NEW APPROACHES TO**

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

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

Employer identification number  
**52-1986675**

DRUG DEVELOPMENT, THE TREATMENT OF CHRONIC INFECTIOUS DISEASES, THE IMPROVEMENT OF THE NUTRITIONAL VALUE OF CROPS AND MORE.

ESTABLISHED IN LATE 2006, THE BIOMARKERS CONSORTIUM LAST YEAR SOLIDIFIED ITS MEMBERSHIP BASE AND HAS LAUNCHED A TOTAL OF FOUR PROJECTS BY THE END OF 2008. THIS GROUNDBREAKING PUBLIC-PRIVATE PARTNERSHIP WORKS TO IDENTIFY AND VALIDATE BIOLOGICAL MARKERS (BIOMARKERS) THE CRITICAL FIRST STEP IN UNDERSTANDING DISEASE PROCESSES AND ULTIMATELY PREVENTING, DETECTING, AND TREATING THEM.

A BIOMARKER IS A BIOLOGICAL MEASUREMENT OR SET OF MEASUREMENTS THAT DESCRIBES A PHYSIOLOGICAL STATE. BLOOD PRESSURE, FOR EXAMPLE, IS A WIDELY ACCEPTED BIOMARKER FOR CARDIOVASCULAR HEALTH. LAB TESTS AND X-RAYS LOOK FOR BIOMARKERS TO DIAGNOSE SPECIFIC MEDICAL CONDITIONS OR INJURIES. BIOMARKERS ARE ALSO IMPORTANT IN ASSESSING THE SAFETY AND EFFECTIVENESS OF DRUGS AND THERAPIES.

IDENTIFYING, EVALUATING, AND UTILIZING BIOMARKERS CAN BE A COMPLEX, TIME-CONSUMING, AND COSTLY PROCESS-MAKING A COLLABORATIVE, MULTI-DISCIPLINARY APPROACH IMPERATIVE. THE FOUNDATION FOR NIH IS UNIQUELY POSITIONED WITHIN THE BIOMEDICAL COMMUNITY TO CREATE AND MANAGE SUCH A PARTNERSHIP. FOUR STEERING COMMITTEES FOCUSED ON DISTINCT DISEASE AREAS-CANCER, INFLAMMATION AND IMMUNITY, METABOLIC DISORDERS, AND NEUROSCIENCE-GUIDE THE GROUP'S WORK. EACH COMPRISES DOZENS OF EXPERTS FROM THE PUBLIC, PRIVATE, AND NON-PROFIT SECTORS, ACADEMIA, AND ADVOCACY GROUPS.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

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

Employer identification number

**52-1986675**

THE CONSORTIUM'S PROJECTS LAUNCHED TO DATE INCLUDE TWO PROJECTS DESIGNED TO DETERMINE WHETHER A PROMISING IMAGING TECHNOLOGY, FDG-PET, CAN MEASURE THE EFFECTIVENESS OF CONVENTIONAL CYTOTOXIC DRUGS AGAINST TWO TYPES OF TUMORS-LYMPHOMA AND LUNG CANCER. CONDUCTED BY THE NATIONAL CANCER INSTITUTE (NCI), THE STUDIES COULD HAVE ENORMOUS IMPACT ON PATIENTS' CASE MANAGEMENT AND ACCELERATE DRUG DEVELOPMENT.

OTHER PROJECTS INCLUDE A PROJECT LOOKING AT ADIPONECTIN, A POTENTIAL BIOMARKER FOR TYPE 2 DIABETES, IN WHICH FOUR PHARMACEUTICAL COMPANIES ARE SHARING THEIR PHASE II DATA AND AGGREGATING THE DATA. ANOTHER PROJECT IS THE ALZHEIMER'S DISEASE PLASMA PROTEOMICS PROJECT, WHICH IS WORKING TO IDENTIFY POTENTIAL ALZHEIMER'S DISEASE BIOMARKERS.

FIRST DESCRIBED MORE THAN 100 YEARS AGO, ALZHEIMER'S DISEASE HAS NO CURE OR LASTING, EFFECTIVE TREATMENT. MORE THAN 4 MILLION PEOPLE IN THE UNITED STATES SUFFER FROM IT AND ITS INCIDENCE IS PROJECTED TO INCREASE DRAMATICALLY OVER THE NEXT 20 YEARS.

THE GOAL OF THE ALZHEIMER'S DISEASE NEUROIMAGING INITIATIVE (ADNI) IS TO ALTER THAT PROGNOSIS. THE NIH'S LARGEST PUBLIC-PRIVATE PARTNERSHIP ON BRAIN RESEARCH, THIS SIX-YEAR STUDY TRACKS NORMAL, MILDLY COGNITIVELY IMPAIRED, AND ALZHEIMER'S DISEASE BRAIN CHANGES TO MEASURE PROGRESSION OF THE CONDITION.

THE INITIATIVE COMPLETED ENROLLMENT IN AUGUST 2007.USING MRI AND PET

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

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

Employer identification number  
**52-1986675**

IMAGING AND LABORATORY AND COGNITIVE TESTS, THE STUDY MONITORS 821 PARTICIPANTS OVER TWO TO THREE YEARS, BUILDING A COMPREHENSIVE DATABASE AS IT GOES. THIS CATALOG WILL SERVE AS AN IMPORTANT PUBLIC RESOURCE TO SPUR FURTHER RESEARCH. ALREADY, MANY OF THE TOOLS AND METHODS DEVELOPED BY THE STUDY ARE FUELING EFFORTS IN JAPAN, THE EUROPEAN UNION, AND AUSTRALIA.

CONDUCTED BY THE NATIONAL INSTITUTE ON AGING (NIA) IN CONJUNCTION WITH MORE THAN A DOZEN OTHER FEDERAL AGENCIES AND PRIVATE-SECTOR COMPANIES AND ORGANIZATIONS, THIS \$67 MILLION EFFORT HAS RELIED ON THE FOUNDATION FOR NIH TO RAISE OVER \$27 MILLION, TO DATE (FROM 19 COMPANIES AND TWO NON-PROFIT ORGANIZATIONS.)

PART OF A MAJOR INTERNATIONAL EFFORT TO FIND AN AIDS VACCINE, THE COMPREHENSIVE T CELL VACCINE IMMUNE MONITORING CONSORTIUM (CTC-VIMC) WORKS TO STANDARDIZE CERTAIN LABORATORY TESTING PRACTICES ACROSS CLINICAL TRIALS. THIS IS A KEY STEP IN SPEEDING AND SIMPLIFYING THE TESTING OF NEW VACCINE CANDIDATES. SUBSTANTIAL PROGRESS WAS MADE IN 2007.

THE CTC-VIMC IS FUNDED BY A \$33 MILLION, FIVE-YEAR GRANT FROM THE BILL & MELINDA GATES FOUNDATION AS PART OF THE COLLABORATION FOR AIDS VACCINE DISCOVERY. IT IS DIRECTED BY THE VACCINE RESEARCH CENTER OF THE NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES (NIAID), AND IS ADMINISTERED BY THE FOUNDATION FOR NIH.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number  
52-1986675

THE ABILITY TO RELIABLY AND CONSISTENTLY MEASURE T CELL RESPONSES TO  
VACCINE CANDIDATES IS CRITICAL TO AIDS VACCINE DEVELOPMENT. THE  
CONSORTIUM IS CREATING TWO PROCEDURES TO DO THIS-INITIALLY IN FOUR  
LABORATORIES AND THEN EXPANDING TO SEVEN OTHERS IN KEY INTERNATIONAL  
LOCATIONS. THIS WILL ENABLE THE COMPARISON OF RESULTS OF DIFFERENT  
VACCINES FROM DIFFERENT CLINICAL TRIALS AND ACCELERATE THE DEVELOPMENT  
OF EFFECTIVE VACCINES AGAINST HIV.

MAL-ED: A NETWORK FOR THE STUDY OF MALNUTRITION AND ENTERIC DISEASES  
POOR NUTRITION IS LINKED TO MORE THAN HALF OF CHILD DEATHS WORLDWIDE  
AND TO ACUTE AND CHRONIC MORBIDITY FOR CHILDREN IN THE DEVELOPING  
WORLD. THE MAL-ED PROGRAM WILL STUDY THE RELATIONSHIPS BETWEEN  
MALNUTRITION AND ENTERIC INFECTIONS, AND THEIR CONSEQUENCES. IT IS A  
FIVE-YEAR MULTI-SITE PROJECT ADMINISTERED BY THE FOUNDATION FOR NIH AND  
THE FOGARTY INTERNATIONAL CENTER, SUPPORTED BY A GRANT FROM THE BILL &  
MELINDA GATES FOUNDATION OF APPROXIMATELY \$30 MILLION.

MALNUTRITION AND DIARRHEAL DISEASES ARE LINKED IN A COMPLEX, VICIOUS  
CYCLE: UNDER-NUTRITION CONTRIBUTES TO THE SEVERITY OF DISEASE CAUSED BY  
INTESTINAL INFECTIONS, AND INFECTION AFFECTS THE GUT'S CAPACITY TO  
ABSORB NUTRIENTS, THUS CONTRIBUTING TO FURTHER MALNUTRITION. BY  
DEVELOPING A CLEARER PICTURE OF THIS RELATIONSHIP, THE STUDY HOPES TO  
FACILITATE THE DESIGN OF BETTER INTERVENTION STRATEGIES.

THE STUDY WILL BE CONDUCTED ACROSS EIGHT SITES, ALL USING THE SAME OR  
HARMONIZED PROTOCOLS, IN AN EFFORT TO ANSWER THREE QUESTIONS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number  
52-1986675

\* WHETHER SPECIFIC ENTERIC PATHOGENS OR COMBINATIONS OF PATHOGENS HAVE STRONGER ASSOCIATIONS WITH MALNUTRITION THAN OTHERS;

\* WHETHER THERE IS A PARTICULARLY VULNERABLE PERIOD IN INFANCY/ EARLY CHILDHOOD DURING WHICH SPECIFIC ENTERIC INFECTIONS CAUSE GREATER MORBIDITY; AND

\* WHETHER RESULTS FROM ONE LOCALE CAN BE EXTRAPOLATED TO OTHER POPULATIONS BASED ON COMMON ENVIRONMENTAL AND BIOLOGICAL DETERMINANTS.

MAL-ED WILL CONDUCT EPIDEMIOLOGICAL, MICROBIOLOGICAL, PHYSIOLOGICAL, IMMUNOLOGICAL AND PSYCHOLOGICAL TESTS; INTEGRATE THE DATA AND DEVELOP MODELS AND TOOLS FOR OTHER RESEARCHERS TO USE. THE MAL-ED NETWORK WILL ALSO COLLABORATE WITH OTHER PROJECTS TO DETERMINE GENETIC FACTORS AND THE CONTRIBUTION OF NORMAL GUT FLORA TO SUSCEPTIBILITY TO MALNUTRITION AND ITS CONSEQUENCES.

A NEW FOUNDATION INITIATIVE IS THE OBSERVATIONAL MEDICAL OUTCOMES PARTNERSHIP (OMOP), A TWO-YEAR RESEARCH EFFORT DESIGNED TO PROTECT HUMAN HEALTH BY IMPROVING THE MONITORING OF DRUGS FOR SAFETY AND EFFECTIVENESS.

THE PROJECT, DRAWING ON THE EXPERTISE AND RESOURCES OF THE U.S. FOOD AND DRUG ADMINISTRATION, OTHER FEDERAL AGENCIES, ACADEMIC INSTITUTIONS, THE PHARMACEUTICAL INDUSTRY AND NON-PROFIT ORGANIZATIONS, WILL ASSESS THE FEASIBILITY AND UTILITY OF USING "OBSERVATIONAL" HEALTH-CARE DATA, CHIEFLY HEALTH-CARE CLAIMS AND ELECTRONIC PATIENT RECORDS, TO IDENTIFY AND EVALUATE ASSOCIATIONS BETWEEN DRUGS AND HEALTH-RELATED OUTCOMES. IT

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

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

Employer identification number  
**52-1986675**

WILL ASSESS VARIOUS TYPES OF DATA FROM ACROSS THE UNITED STATES,  
DEVELOP TOOLS AND METHODS TO ANALYZE THE DATA AND EVALUATE HOW THE  
ANALYSES CAN CONTRIBUTE TO DECISION-MAKING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS  
ALTERNATIVE MEDICINE DIRECTOR'S FELLOWSHIP, WHICH TRAINS AN INNOVATIVE  
SCIENTIST TO BECOME A FUTURE LEADER IN THE FIELD OF COMPLEMENTARY AND  
ALTERNATIVE MEDICINE; 4) SALLIE ROSEN KAPLAN FELLOWSHIP FOR WOMEN  
SCIENTISTS IN CANCER RESEARCH, WHICH ENCOURAGES PROMISING FEMALE  
SCIENTISTS TO WORK IN CUTTING EDGE CANCER RESEARCH; AND 5) THE PUBLIC  
HEALTH INFORMATICS TRAINING PROGRAM, TO EXPAND THE CAPACITY OF THE  
ACADEMIC WORLD FOR TRAINING AND, THUS, DEVELOPING A PIPELINE FOR PUBLIC  
HEALTH INFORMATICIANS, WHO WILL APPLY THEIR INFORMATICS TRAINING TO  
IMPROVING PUBLIC HEALTH PRACTICE.

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

MEMORIALS, AWARDS AND EVENTS

MEMORIALS, AWARDS, AND EVENTS AT THE FOUNDATION ENCOURAGE SHARING OF  
SCIENTIFIC IDEAS AND FOSTER COMMUNICATION AMONG RESEARCHERS AND ACROSS  
DISCIPLINES. THE NORMAN P. SALZMAN MEMORIAL FUND, THE FIRST FUND OF ITS  
KIND AT THE FOUNDATION, SUPPORTS AN ANNUAL SYMPOSIUM IN VIROLOGY AND  
FUNDS A CASH AWARD, WHICH IS PRESENTED TO AN NIH POSTDOCTORAL FELLOW  
AND HIS OR HER MENTOR TO HIGHLIGHT INNOVATIVE RESEARCH IN THE FIELD OF  
VIROLOGY. THE ROBERT WHITNEY NEWCOMB MEMORIAL FUNDS AN ANNUAL LECTURE  
AND HIGH SCHOOL INTERNSHIPS ON NEUROSCIENCE RESEARCH, FURTHERING THE  
WORK OF FORMER NIH SCIENTIST ROBERT WHITNEY NEWCOMB. THE BERNARD OSHER

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

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

Employer identification number  
**52-1986675**

**FOUNDATION/NCCAM PRACTITIONER RESEARCH CAREER DEVELOPMENT AWARD ENABLES AWARDEES TO FOCUS THEIR RESEARCH SKILLS THROUGH COURSE WORK, TUTORIALS, AND BIOMEDICAL RESEARCH PROJECTS. THE JOHN LAWS DECKER MEMORIAL FUNDS AN ANNUAL LECTURE HONORING THE RECIPIENT OF NIH'S GREAT TEACHER AWARD, WHICH RECOGNIZES AN INDIVIDUAL FOR EXCELLENCE IN MENTORING HEALTHCARE PROFESSIONALS, EXCELLENCE IN TEACHING ON ISSUES RELATED TO DIRECT PATIENT CARE, AND OUTSTANDING CONTRIBUTIONS TO THE ADVANCEMENT OF CLINICAL RESEARCH. IN ADDITION, THE CAROLINE DAWSON HELLER MEMORIAL AND THE TRACY'S TOY BOX MEMORIAL FUND BOTH PROVIDE TOYS AND GAMES FOR THE PLAYROOM OF THE EDMOND J. SAFRA FAMILY LODGE.**

**IN A PARTNERSHIP WITH THE MCKNIGHT BRAIN RESEARCH FOUNDATION (MBRF), THE NATIONAL INSTITUTE ON AGING (NIA) CONVENED A COGNITIVE AGING SUMMIT IN OCTOBER TO FURTHER THE UNDERSTANDING OF COGNITIVE AND BEHAVIORAL CHANGES ASSOCIATED WITH NORMAL AGING. FACILITATED BY THE FOUNDATION FOR NIH, THE SUMMIT ASSEMBLED EXPERTS FROM A VARIETY OF SCIENTIFIC DISCIPLINES TO DISCUSS THE LATEST ADVANCES, EXPLORE NEW AVENUES FOR POTENTIAL RESEARCH, AND RAISE AWARENESS ABOUT THE IMPORTANCE AND VALUE OF RESEARCH IN THE PROCESS OF LEARNING AND IN THE MAINTENANCE OF COGNITIVE HEALTH WITH AGE.**

**SUMMIT PARTICIPANTS IDENTIFIED RESEARCH OPPORTUNITIES THAT COULD BE PURSUED THROUGH FUTURE PARTNERSHIPS, AND A PROGRAM OF RESEARCH GRANTS TO BE JOINTLY FUNDED BY NIA AND MBRF WAS APPROVED AND IS SCHEDULED TO BEGIN IN 2009. EACH ORGANIZATION HAS COMMITTED AT LEAST \$1 MILLION PER YEAR FOR A PERIOD OF FIVE YEARS IN SUPPORT OF THIS IMPORTANT RESEARCH**

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number  
52-1986675

PARTNERSHIP.

EXPENSES \$ 565620. INCLUDING GRANTS OF \$ 0. REVENUE \$ 671098.

CONTINUATION FROM FORM 990, PART III, LINE 4A, PROGRAM SERVICE

ACCOMPLISHMENTS:

TO FULFILL ITS MANDATE OF BEING BOTH EFFICIENT AND COLLABORATIVE, THE  
PARTNERSHIP IS DESIGNED IN A THREE-TIERED STRUCTURE. IT WILL COMPRISE A  
CENTRAL RESEARCH CORE, MANAGED BY THREE PRINCIPAL INVESTIGATORS, WHICH  
WILL DESIGN AND MANAGE THE EXPERIMENTS; A NETWORK OF INSTITUTIONS THAT  
WILL CONTRACT TO CARRY OUT SPECIFIC TASKS; AND AN EXTENDED RESEARCH  
CONSORTIUM--AN AFFILIATION OF NON-FUNDED BUT COMPLEMENTARY RESEARCHERS  
WHO MAY SHARE THE PARTNERSHIP'S DATA AND TOOLS TO CONDUCT PARALLEL  
RESEARCH. TO PROMOTE TRANSPARENCY AND PARTICIPATION, OMOP'S TOOLS AND  
FINDINGS WILL BE PLACED IN THE PUBLIC DOMAIN AS QUICKLY AS POSSIBLE VIA  
THE PARTNERSHIP WEB SITE AT WWW.OMOP.FNIH.ORG, IN ADDITION TO  
PUBLICATION IN APPROPRIATE SCIENTIFIC JOURNALS.

IN 2008, THE GENETIC ASSOCIATION INFORMATION NETWORK(GAIN) COMPLETED  
ITS WORK, POSTING GENOTYPES AND PHENOTYPES FROM THE 18,000 SAMPLES IT  
MAPPED TO A NATIONAL LIBRARY OF MEDICINE DATABASE (DBGAP) THAT WAS ALSO  
FUNDED BY THE PROGRAM. THE DATABASE MAKES POSSIBLE FURTHER STUDY BY THE  
RESEARCH COMMUNITY IN IDENTIFYING GENETIC CAUSES FOR SIX COMMON  
DISEASES: ATTENTION DEFICIT HYPERACTIVITY DISORDER, DIABETIC  
NEPHROPATHY IN TYPE I DIABETES, MAJOR DEPRESSION, PSORIASIS,  
SCHIZOPHRENIA AND BIPOLAR DISORDER. NIH APPROVED 174 REQUESTS FROM

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**52-1986675**

**QUALIFIED RESEARCHERS FOR GAIN DATA IN 2008, AND HAS FULFILLED MORE  
THAN 350 SUCH REQUESTS SINCE THE BEGINNING OF THE PROJECT.**

**GAIN SUPPORTED AND FUNDED DEVELOPMENT OF DATA AND ANALYSES THAT ALLOW  
COMPARISON AND COMBINATION OF RESULTS ACROSS DIFFERENT GENOTYPING  
PLATFORMS. GAIN'S PRINCIPAL INVESTIGATORS (PIS) ALSO WORKED WITH KNOWN  
EXPERTS IN GENOME-WIDE ASSOCIATION STUDIES (GWAS) TO ESTABLISH AND  
REFINE STRATEGIES TO ANALYZE THE DATA.**

**THE THIRD AND FINAL GAIN ANALYSIS WORKSHOP, HELD IN NOVEMBER IN  
BETHESDA, MARYLAND, HIGHLIGHTED THE INITIAL RESULTS OF GENETIC  
ASSOCIATION STUDIES BASED ON GAIN AND REVIEWED CURRENT ANALYTICAL  
APPROACHES. THE FIRST FOUR PUBLICATIONS FROM GAIN BY THE PIS AND THEIR  
TEAMS, ON ATTENTION DEFICIT HYPERACTIVITY DISORDER, DEPRESSION,  
PSORIASIS AND DIABETIC NEPHROPATHY, HAVE NOW APPEARED IN PROMINENT  
SCIENTIFIC JOURNALS. ADDITIONAL PAPERS, BOTH FROM THE PIS AND OTHER  
RESEARCHERS, ARE EXPECTED IN 2009.**

**AS A RESULT OF THE RESOURCES AND POLICY FRAMEWORKS MADE AVAILABLE BY  
GAIN, GLAXOSMITHKLINE HAS DEPOSITED THE GENOTYPES AND PHENOTYPES FROM A  
LARGE GWAS STUDY ON MULTIPLE SCLEROSIS INTO DBGAP. IDEALLY, THIS WILL  
BE JUST ONE OF MANY DEPOSITS OF DATA FROM SIMILAR STUDIES FROM EXTERNAL  
SOURCES.**

**FORM 990, PART VI, SECTION A, LINE 2: THE VICE CHAIRMAN OF THE BOARD OF  
DIRECTORS AND THE EXECUTIVE DIRECTOR ARE MARRIED. THE VICE CHAIRMAN**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number  
52-1986675

RECUSES HIMSELF FROM DISCUSSIONS AND DECISIONS ABOUT THE EXECUTIVE  
DIRECTOR'S PERFORMANCE AND COMPENSATION.

FORM 990, PART VI, SECTION A, LINE 4: THE BYLAWS WERE RESTATED AND  
AMENDED TO REFLECT CHANGES THAT WERE MADE TO THE CORPORATION'S GOVERNING  
STATUTE (SECTION 499 OF THE PUBLIC HEALTH SERVICE ACT, 42 U.S.C. SECTION  
209B)(THE "ACT") EFFECTIVE AS OF SEPTEMBER 27, 2007. THE CHANGES, AMONG  
OTHER THINGS, (I) CREATED AND IDENTIFIED EX OFFICIO MEMBERS OF THE BOARD OF  
DIRECTORS OF THE CORPORATION (THE "BOARD"); (II) CLARIFIED OTHER MATTERS  
WITH RESPECT TO APPOINTMENTS TO AND VACANCIES ON THE BOARD; AND (III)  
RESOLVED INCONSISTENCIES WITHIN THE ACT.

FORM 990, PART VI, SECTION A, LINE 10: BEGINNING WITH THE 2009 TAX YEAR,  
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 FINAL FORM 990 AS COMPLETED BY THE  
CHIEF FINANCIAL OFFICER.

BOARD DIRECTORS SHALL BE PROVIDED WITH AT LEAST TEN BUSINESS DAYS TO REVIEW  
THE FORM AND RAISE QUESTIONS, MAKE SUGGESTIONS, AND ADDRESS ANY POTENTIAL  
PROBLEMS OR CONCERNS WITH THE CHIEF FINANCIAL OFFICER.

A SPECIAL MEETING OF THE GOVERNANCE COMMITTEE WILL BE CALLED TO REVIEW THE  
SUGGESTED CHANGES FROM THE BOARD DIRECTORS AND TO APPROVE THE FINAL VERSION  
OF THE FORM 990 FOR SUBMISSION.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

FOUNDATION FOR THE NATIONAL INSTITUTES  
OF HEALTH, INC.

Employer identification number  
52-1986675

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION REQUIRES DIRECTORS, OFFICERS, VOLUNTEER COMMITTEE MEMBERS, AND STAFF MEMBERS TO DISCLOSE REAL AND APPARENT CONFLICTS OF INTEREST FOR THEMSELVES AND THEIR FAMILY MEMBERS AND TO ANNUALLY SIGN A STATEMENT OF COMPLIANCE.

AFTER A CONFLICT OR AN APPARENT CONFLICT OF INTEREST HAS BEEN DISCLOSED, THE BOARD OF DIRECTORS OR THE BOARD COMMITTEE, OR THEIR DESIGNEE, IN THE ABSENCE OF THE INTERESTED PERSON, SHALL DETERMINE IF THE CONFLICT OF INTEREST OR THE APPEARANCE OF A CONFLICT OF INTEREST EXISTS AND IS MATERIAL AND WILL DECIDE HOW IT IS TO BE MANAGED OR ELIMINATED.

FORM 990, PART VI, SECTION B, LINE 15: IN 2008, A CONSULTANT WAS HIRED TO REVIEW, ANALYZE AND DEVELOP A PROCESS OF DETERMINING SALARIES FOR ALL EMPLOYEES OF THE ORGANIZATION. ALL EMPLOYEES WERE INTERVIEWED AND POSITION DESCRIPTIONS DEVELOPED OR AMENDED AS NEEDED. USING MARKET DATA, THE CONSULTANT DEVELOPED PAY BANDS FOR ALL POSITIONS. FINAL RECOMMENDATIONS WERE REVIEWED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AND DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD USING LOCAL MARKET DATA.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE POSTED TO THE ORGANIZATION'S WEBSITE.

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH, INC.

FORM 990 PAGE 10

52-1986675

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

Table with 13 rows for Section 179 election details, including maximum amount (250,000), total cost, threshold cost (800,000), and final deduction (36,964).

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, resulting in a total of 36,964.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions, including deductions for assets placed in service before 2008.

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, and residential/nonresidential real property.

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction. Includes rows for 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Summary, including listed property amount, total amount (36,964), and section 263A costs.

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

Form 4562 (2008)

52-1986675 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

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

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

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

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

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

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

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

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

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

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year:					
<b>43</b> Amortization of costs that began before your 2008 tax year					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report					<b>44</b>