	99	\mathbf{D}	Return	of Organization	Exempt	From I	nco	me Tax	,	OMB No. 1545-0047
Form	33	JU	i i i i i i i i i i i i i i i i i i i	organization	Evenibr	1 10111			•	2023
			Under section 501(c),	527, or 4947(a)(1) of the In	iternal Reven	ue Code (e	kcept p	orivate foun	dations)	2020
Departi	nent of t	the Treasury	Do not ente	er social security numbers	on this form	as it may b	e mad	e public.		Open to Public
		ue Service	Go to w	ww.irs.gov/Form990 for ins	structions and	d the latest	inform	nation.		Inspection
A F	or the	2023 calend	lar year, or tax year begir	nning		, 2023,	and en	ding	_	, 20
B c	neck if a	pplicable:	C Name of organization Fr	iends of Patients	at the N	IH Inc.			D Empl	oyer identification number
	dress c	hange	Doing business as						-	52-1449492
N	ame cha	ange	Number and street (or P.O. bo	ox if mail is not delivered to street add	dress)		Room/s	suite	E Telepl	none number
	itial retu	-	PO Box 34139		ŗ					(301)402-0193
E		rn/terminated		, country, and ZIP or foreign postal c	ode				G Gross	
F	nended		Bethesda, MD 2						\$	419,718
F		n pending	F Name and address of principa		ams			H(a) Is this a		for subordinates? Yes X No
<u> </u>	•	1 5	Same as C abov							es included?
I Ta	x-exem	pt status: X	501(c)(3) 501(c) () (insert no.) 4947(a))(1) or 5	27				st. See instructions
	ebsite:		.friendsatnih.org					H(c) Group		
				ociation Other	1	Year of format	ion 1			al domicile: MD
Par		Summar						/01	olulo or log	
	1		2	ion or most significant activit	ties: To p	rovide a	aaia	tange to	nati	ents and their
	•	,	0	ment at the NIH Cl			19919	Lance LC	pati	ents and there
Ce		Tamilles	undergoing treat	ment at the NIH CI	LINICAL CO	encer.				
nar										
Governance	2	Chock this h		discontinued its operations o	r disposed of	more than 2	5% of i	te not accote		
ŝ	2			erning body (Part VI, line 1a)					. 3	10
õ	-								4	12
ties	4			rs of the governing body (Pa						12
Activities &	5			n calendar year 2023 (Part V					5	2
Act	6		,	necessary)					6	20
				Part VIII, column (C), line 12					7a	0
	d	Net unrelate	d business taxable income	from Form 990-T, Part I, line	e 11 • • • •		· · ·		7b	0
								Prior Year		Current Year
đ	8			1h) • • • • • • • • • • • •				223	3,749	265,021
Revenue	9			e 2g) • • • • • • • • • • • •						0
eve	10			A), lines 3, 4, and 7d)					9,837	11,428
Ř	11		,	nes 5, 6d, 8c, 9c, 10c, and 1	,				L,008	91,715
	12		•	(must equal Part VIII, column	. , , ,		_		1,594	368,164
	13			IX, column (A), lines 1-3)				105	5,021	137,614
	14		,	X, column (A), line 4)						0
s		-		e benefits (Part IX, column (125	5,671	145,765
Expenses				column (A), line 11e)						0
edy			sing expenses (Part IX, co							
ш	17	•		nes 11a-11d, 11f-24e) •••					9,751	90,223
	18			equal Part IX, column (A), li),443	373,602
	19	Revenue les	s expenses. Subtract line	18 from line 12				(5	5,849)	(5,438)
Net Assets or Fund Balances							Be	ginning of Curi	rent Year	End of Year
sets Balar	20		\					727	7,523	776,374
nd E	21								5,697	19,805
	22			ine 21 from line 20 • • • •				691	L,826	756,569
Par		<u> </u>	Ire Block							
				urn, including accompanying schedul ficer) is based on all information of w				knowledge and b	elief, it is	
140, 0		and complete. De			mon proparor nao	any knowledge	•			
<u>.</u>		Heid	i Williams							
Sigr		Signature of office	cer				_		Da	ie
Here)	Heid	<u>i Williams, Ch</u> ief	Executive Officer						
	[Type or print na								
		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN
Paid	l	John Mu	llins	John Mullins		11-08-20	24	self-en	nployed	P01429307
Prep	arer		Mullins	•				Firm's EIN	-	
	Only			consin Avenue				Phone no.		

Bethesda MD 20814

May the IRS discuss this return with the preparer shown above? See instructions

No

X Yes

202-770-6371

OMB No. 1545-0047

Form	1990 (2023) Friends of Patients at the NIH Inc.	52-1449492	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	To provide assistance to patients and their families undergoing treatment at	the NIH Cli	inical
	Center.		
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	x 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	x No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	-	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 293,127 including grants of \$ 137,614) (Revenue	\$)
τa	See SERVICES page for a description of this program service.	Ψ)
	bee bekviteb page for a description of this program service.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		•	/
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 293,127		

EEA

Ра	t 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)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 5		X
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		v
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<u>x</u>
11				
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44.5		
	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX · · · · · · · · · · · · · · · · · ·	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ••••••	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
		4 1		Ā

Friends of Patients at the NIH Inc.

52-1449492

Page 3

Form 990 (2	2023)
Part IV	Ch

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Par	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	38	x	L
rar	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	

Form	990 (2023) Friends of Patients at the NIH Inc. 52-1449	192	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	Tu		
D.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		v
5a ⊾		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
C C		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	x	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	-		
11	Section 501(c)(12) organizations. Enter:			
а	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.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	44-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		x
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
17	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	47		
	If "Yes," complete Form 6069.	17		

-	m 990 (2023) Friends of Patients at the NIH Inc. 52-144			age 6
Pa	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	v, and f	or a "l	No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule	D. See	instru	ctions.
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	2		
	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1 ,	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
-	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		 X
6	Did the organization become aware during the year of a significant diversion of the organization's assets:	6		
_		0		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	70		
		7a		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	-		
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		I	
<u></u> 17	List the states with which a copy of this Form 990 is required to be filed Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
10				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)			
40				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	The Organization (301)402-0193, PO Box 34139, Bethesda, MD 20827			

Form 990 (2023)

Form 990 (202	3) Friends of Patients at the NIH Inc.	52-1449492	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		🗌
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensate	ed Employees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending wit	th or within the	
organization's	tax year.		

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

			mpe			arry cu	nen		llusiee.	
					(C)					
(A)	(B)	(do r	not ch		sition	han one		(D)	(E)	(F)
Name and title	Average	•				s both a		Reportable	Reportable	Estimated amount
	hours per week	offic	er and	d a dir	rector	/trustee))	compensation from the	compensation from related	of other compensation
	(list any							organization (W-2/	organizations (W-2/	from the
	hours for	or di	Insti	Office	Key	High	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	recto	tutio	Ĕŗ	emp	lest o	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		e	bens				
			õ			ated				
(1)Heidi Williams	40.00									
Chief Executive Officer				x				120,518	0	0
(2)Dan Lonnerdal	4.00									
Federal Liaison		х						0	0	0
(3)Stephen Patrick McGowan	4.00									
Director		x						0	0	0
(4)Julie Wolf-Rodda	4.00									
Director		x						0	0	0
(5)Randy Schools	4.00									
Director		х						0	0	0
(6)Jeff_Vigne	4.00									
Director		х						0	0	0
(7)Edouard Benjamin Jr.	4.00									
Director		x						0	0	0
(8)David_Liola	4.00									
Director		х						0	0	0
(9)Rich_LaFleur	4.00									
Director		x						0	0	0
(10)Don_Hill	4.00									
Treasurer		x		x				0	0	0
(11)Andrew Derr	4.00									
First Vice President		х		x				0	0	0
(12)Jay Shah	4.00									
President		х		x				0	0	0
(13)Jerry Sachs	4.00									
Second Vice President		х		x				0	0	0
<u>(14)</u>	L									

	990 (2023) Friends of Patie	nts at th	ne NI	нI	Inc	•					2-1449			age 8
Part	VII Section A. Officers, Directors,	Trustees,	Key	Em		-	es, ai	na	Hignest Comp	ensated		loyees	i (contir	nued)
	(A) Name and title	(B) Average hours per week	box	, unle	Po: leck n ss pe	rson i	than one is both a r/trustee	n	(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organizatior	able ation ated	cor	(F) ated amo of other mpensatio rom the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	ISC/	orga	nization a	
(15)														
<u>(16)</u>														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
<u>(25)</u>														
1b c	Subtotal		· · · · · ·	 	 	 	· · · · · ·							
d 2	Total (add lines 1b and 1c) Total number of individuals (including but reportable compensation from the organized	not limited to	o thos	e lis	ted	abo	ove) v	vho	120,518 received more t	nan \$100	0 0,000 of			0
3	Did the organization list any former officer, dire				20.0	or bic	nhost c	om	nensated				Yes	1 No
4	employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the sum o	ule J for such i	individu	ıal				••				3		x
-	organization and related organizations greater t	han \$150,000	? If "Ye	es," c	comp							4		v
5	Did any person listed on line 1a receive or accru for services rendered to the organization? <i>If "Ye</i>	ue compensat	ion froi	m an	ıy un							5		x
Secti	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rep												s tax y	/ear.
	(A) Name and business add	ress							(B) Description of servic	es		(C) Compens	ation	
								-						
														-
	Total number of independent contractory	(includie e les	It pet	line :4		to +1		ict-	d abova) whe					
2	Total number of independent contractors received more than \$100,000 of compense						iose l	iste	above) Who					

Form 99					nts	at the NIH I	inc.		52-14494	92 Page 9
Part	VIII	Statement of Rev		-						-
		Check if Schedule C) COI	ntains a res	pons	e or note to any	line in this Part (A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
	4.	Fordersted some since			4-			function revenue	business revenue	from tax under sections 512–514
	1a b	Federated campaigns • Membership dues • • •			1a 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c c	Fundraising events			1c					
n G	d	Related organizations .		-	1d					
Gifts ar A	e	Government grants (cont		-	1e	82,830				
ns, c	f	All other contributions, gif	ts, g	rants,						
utio er S		and similar amounts not i	ncluo	ded above	1f	182,191				
oth Oth	g	Noncash contributions inc								
Con		lines 1a-1f		L	1g					
	h	Total. Add lines 1a-1f	•••		••	Business Code	265,021			
	2a					Busilless Code				
Program Service Revenue	b									
Ser	c									
eve	d									
ogra	е									
Å		All other program service i								
	g	Total. Add lines 2a-2f .								
	3	Investment income (includ other similar amounts)					11 400			11 400
	4	Income from investment of					11,428			11,428
	5	Royalties		-	•					
		···· , -·····		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss)			• •					
	7a	Gross amount from		(i) Securitie	S	(ii) Other				
		sales of assets other than inventory •••	72							
	Ь	Less: cost or other basis	10							
ne	-	and sales expenses	7b							
ven	c	Gain or (loss)								
Re	d	Net gain or (loss) • • • •	• •							
Other Revenue	8a	Gross income from fundra	ising							
ō		events (not including \$								
		of contributions reported o 1c). See Part IV, line 18				142.000				
	h	Less: direct expenses			8a 8b					
		Net income or (loss) from					91,715			91,715
		Gross income from gaming		5						
		activities. See Part IV, line	19		9a					
		Less: direct expenses .			9b					
	C	Net income or (loss) from	gami	ng activities	<u></u>					
	10a	Gross sales of inventory, le			10-					
	h	returns and allowances • Less: cost of goods sold			10a 10b					
		Net income or (loss) from :								
	\vdash			. si inventory		Business Code				
SN	11a									
nue	b									
cella	c									
Miscellanous Revenue		All other revenue								
		Total. Add lines 11a-11d								
	12	Total revenue. See instrue	ction	s	• •	<u>.</u>	368,164	0	0	103,143

23) Friends of Patients at the NIH Inc. Statement of Functional Expenses Part IX

	501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response or r		÷	· · · · · · · · · · · ·	· · ·
	clude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	nd 10b of Part VIII.		expenses	general expenses	expenses
	ants and other assistance to domestic organizations				
and	I domestic governments. See Part IV, line 21 • • •				
	ants and other assistance to domestic				
	viduals. See Part IV, line 22 • • • • • • • • • • • • •	137,614	137,614		
3 Gra	ants and other assistance to foreign				
orga	anizations, foreign governments, and				
	eign individuals. See Part IV, lines 15 and 16 • • • •				
	nefits paid to or for members				
5 Cor	mpensation of current officers, directors,				
	stees, and key employees ••••••	120,518	96,414	13,257	10,84
6 Cor	mpensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B) • • • • • •				
	er salaries and wages • • • • • • • • • • • • • • • • • • •	10,896	8,717	1,198	98:
	nsion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
9 Oth	er employee benefits	3,726	2,981	410	33
0 Pay	/roll taxes • • • • • • • • • • • • • • • • • • •	10,625	8,500	1,169	95
	es for services (nonemployees):				
a Mar	nagement				
b Leg	jal				
c Acc	counting	19,250	6,789	934	11,52
d Lob	bying				
e Pro	fessional fundraising services. See Part IV, line 17 · ·				
f Inve	estment management fees • • • • • • • • • • • • • •				
g Oth	er. (If line 11g amount exceeds 10% of line 25, column				
(A),	, amount, list line 11g expenses on Schedule O.) ••	55,036	19,411	2,669	32,95
2 Adv	vertising and promotion				
3 Offi	ce expenses	10,369	8,246	1,129	99-
4 Info	ormation technology				
5 Roy	/alties				
6 Occ	cupancy				
7 Tra	vel	162	130	18	1
8 Pay	ments of travel or entertainment expenses				
for a	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings	656	525	72	5:
0 Inte	erest				
1 Pay	/ments to affiliates				
2 Dep	preciation, depletion, and amortization •••••	1,500	1,200	165	13
3 Inst	urance	3,250	2,600	358	29
4 Oth	er expenses. Itemize expenses not covered				
abo	ove (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column				
(A),	, amount, list line 24e expenses on Schedule O.)				
a					
b					
с					
d					
	other expenses				
	al functional expenses. Add lines 1 through 24e • •	373,602	293,127	21,379	59,09
6 Joi	nt costs. Complete this line only if the	,			
orga	anization reported in column (B) joint costs				
	n a combined educational campaign and draising solicitation. Check here				
	by by bound at the second				

Form 990 (2023)	Friends	of	Patients	at	the	NIH	Inc.	
Part X Balance S	heet							

Page 11

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this P	Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing	· · ·	113,773	1	93,500
	2	Savings and temporary cash investments	· · ·		2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	· · ·	37,003	4	46,016
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons	· · ·		5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	-		6	
s	7	Notes and loans receivable, net	-		7	
Assets	8	Inventories for sale or use	· · ·		8	
As	9	Prepaid expenses and deferred charges	· · ·		9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 27	,042			
	b		5,113	7,429	10c	20,929
	11	Investments - publicly traded securities	· · ·	568,818	11	615,429
	12	Investments - other securities. See Part IV, line 11	- F		12	
	13	Investments - program-related. See Part IV, line 11	-		13	
	14	Intangible assets	-		14	
	15	Other assets. See Part IV, line 11	H	500	15	500
	16	Total assets. Add lines 1 through 15 (must equal line 33)		727,523	16	776,374
	17	Accounts payable and accrued expenses	-	35,697	17	19,805
	18	Grants payable	E E		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	· · ·		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	· · ·		21	
Liabilities	22	Loans and other payables to any current or former officer, director,				
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%				
Lial		controlled entity or family member of any of these persons	H		22	
	23	Secured mortgages and notes payable to unrelated third parties	E E E		23	
	24	Unsecured notes and loans payable to unrelated third parties	· · ·		24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
			F		25	
	26	Total liabilities. Add lines 17 through 25		35,697	26	19,805
ú		Organizations that follow FASB ASC 958, check here X				
Cê		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions	F	566,001	27	633,983
Ä	28	Net assets with donor restrictions	· · ·	125,825	28	122,586
nu		Organizations that do not follow FASB ASC 958, check here				
Net Assets or Fund Balances		and complete lines 29 through 33.				
ts o	29	Capital stock or trust principal, or current funds	F		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund	H		30	<u> </u>
t As	31	Retained earnings, endowment, accumulated income, or other funds	F		31	
Net	32	Total net assets or fund balances	F	691,826	32	756,569
	33	Total liabilities and net assets/fund balances		727,523	33	776,374

EEA

Form 990 (2023)

Form	1990 (2023) Friends of Patients at the NIH Inc.	52-144949	2	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		368,	164
2	Total expenses (must equal Part IX, column (A), line 25)	2		373,	602
3	Revenue less expenses. Subtract line 2 from line 1	3		(5,	438)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		691,	826
5	Net unrealized gains (losses) on investments	5		70,	181
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		756,	569
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🗶 Accrual 📋 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			— • • • •		(0000)

Form 990 (2023)

SCHE	DU	LE	A
(Form	990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047
2023

					Open to Public				
		venue Service	Go to	www.irs.gov/For	m990 for instructions a	nd the late	est inform		Inspection
Name	of th	e organization						Employer identification	on number
	_		nts at the NI					52-14494	
Par	tl	Reason	for Public Cha	rity Status. (A	l organizations mus	st comple	ete this p	part.) See instruc	tions.
The c	rgar	nization is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check	only one b	ox.)		
1		A church, conv	ention of churches,	or association of ch	urches described in sec t	tion 170(b)(1)(A)(i).		
2		A school desci	ibed in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990)	.)			
3		A hospital or a	cooperative hospita	l service organizatio	on described in section 1	70(b)(1)(A	A)(iii).		
4		A medical rese	arch organization op	erated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
		hospital's nam	e, city, and state:						
5		An organizatio	n operated for the be	enefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
		section 170(b	(1)(A)(iv). (Complet	e Part II.)					
6	_		-	-	unit described in section				
7	Х	An organizatio	n that normally recei	ves a substantial pa	art of its support from a g	overnmen	tal unit or f	from the general publi	с
		described in se	ection 170(b)(1)(A)(vi). (Complete Part	II.)				
8		A community to	ust described in sec	tion 170(b)(1)(A)(v	/i). (Complete Part II.)				
9		An agricultural	research organizatio	on described in sec	tion 170(b)(1)(A)(ix) ope	erated in co	onjunction	with a land-grant colle	ge
		or university or	a non-land-grant co	llege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
		university:							
10		An organizatio	n that normally recei	ves (1) more than 3	33 1/3% of its support fro	m contribu	tions, men	nbership fees, and gro	DSS
					subject to certain except ousiness taxable income				
	_				section 509(a)(2). (Com			,	
11	Ц	An organizatio	n organized and ope	rated exclusively to	test for public safety. Se	e section	509(a)(4).		
12		An organizatio	n organized and ope	rated exclusively for	or the benefit of, to perfor	m the fund	tions of, or	r to carry out the purp	oses of
		one or more pu	iblicly supported org	anizations describe	d in section 509(a)(1) or	section 5	6 09(a)(2) . S	See section 509(a)(3)	. Check
		the box on line	s 12a through 12d th	nat describes the ty	pe of supporting organization	ation and o	complete lir	nes 12e, 12f, and 12g	
а		Type I. A s	supporting organizati	on operated, super	vised, or controlled by its	supported	l organizat	ion(s), typically by giv	ing
		the suppor	ted organization(s) t	he power to regula	rly appoint or elect a maj	ority of the	directors of	or trustees of the	
		supporting	organization. You n	nust complete Par	t IV, Sections A and B.				
b		Type II. A	supporting organizat	ion supervised or c	ontrolled in connection w	ith its supp	ported orga	anization(s), by having	J
		control or	management of the s	supporting organiza	tion vested in the same	persons th	at control o	or manage the suppor	ted
		organizatio	on(s). You must con	nplete Part IV, Sec	tions A and C.				
С					anization operated in co				/ith,
		its support	ed organization(s) (s	ee instructions). Yo	ou must complete Part	V, Section	ns A, D, ar	nd E.	
d			-		g organization operated				
				•	n generally must satisfy a		•	nent and an attentiver	IESS
					te Part IV, Sections A a				
е		_	0		en determination from the			I, Type II, Type III	
					integrated supporting or	ganization	•		
f			r of supported organ						•••
<u> </u>	Р	rovide the follo	wing information abo	ut the supported or	ganization(s).			i	i
	(i) Name of supporte	d organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	•	(v) Amount of monetary support (see	(vi) Amount of
					above (see instructions))	docum	ir governing ient?	instructions)	other support (see instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
				1		i	1	1	1

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

-	e A (Form 990) 2023 Friends of	Patients a	t the NIH 1	inc.		52-144949	2 Page 2
Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
•	include any "unusual grants.")	245,735	200,247	174 , 926	223,749	265,021	1,109,678
2	Tax revenues levied for the						
	organization's benefit and either paid						
•	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	245,735	200,247	174,926	223,749	265,021	1,109,678
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)						72,985
$\frac{6}{2}$	Public support. Subtract line 5 from line 4 .						1,036,693
	on B. Total Support	(-) 0040	(1) 0000	(.) 0004	(.)) 0000	(1) 0000	
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	245,735	200,247	174,926	223,749	265,021	1,109,678
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	12,189	33,877	6,643	11,335	11,428	75,472
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						ļ
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,185,150
12	Gross receipts from related activities, etc.						
13	First 5 years. If the Form 990 is for the or	0				· · · · · ·	
	organization, check this box and stop her	re					📋
	on C. Computation of Public Suppo					i	
14	Public support percentage for 2023 (line 6					14	87.47 %
15	Public support percentage from 2022 Sch					15	82.63 %
16a	33 1/3% support test - 2023. If the organ						_
	box and stop here. The organization qua		• • • •	-			
b	33 1/3% support test - 2022. If the organ						_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202						
	10% or more, and if the organization mee					•	
	Part VI how the organization meets the fa			-			
	organization						
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					•	
	in Part VI how the organization meets the			-	•	• •	
	organization						_
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	see
	instructions						🔲

Schedule A (Form 990) 2023

Schedu	e A (Form 990) 2023 Friends of	Patients a	t the NIH	Inc.		52-1449492	Page 3
Part	III Support Schedule for Organiza	ations Desc	ribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked the complete only if you checked	ne box on line	e 10 of Part I	or if the orga	nization failed	to qualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
Ũ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
<i>i</i> a	received from disqualified persons						
h							
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Secti	line 6.)						
	on B. Total Support	() 0040	(1) 0000	() 0004	(1) 0000	() 0000	(0 T
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or		irst, second, th	ird, fourth, or f	ifth tax year as	a section 501(c)(3)
	organization, check this box and stop her						📋
Secti	on C. Computation of Public Suppo		-				
15	Public support percentage for 2023 (line &		•			15	%
16	Public support percentage from 2022 Sch					16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2023 (line 10c, colur	nn (f), divided l	by line 13, colu	umn (f)) • • •	17	%
18	Investment income percentage from 2022	Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the orga	nization did n	ot check the bo	ox on line 14, a	and line 15 is m	ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2022. If the organizatio	-	-	-		• • •	
	line 18 is not more than 33 1/3%, check this box						П
20	Private foundation. If the organization di		-			-	
	•						

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete

and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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

Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 а A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11a 11c below, the governing body of a supported organization? 11b A family member of a person described on line 11a above? b A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, С 11c provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations No Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete **line 2** below. а b The organization is the parent of each of its supported organizations. *Complete line 3 below.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). Yes 2 No Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's b involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

- have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- а Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2023

2b

3a

3b

Schedule A (Form 990) 2023 Friends of Patients at the NIH Inc.

Part				
1 [Check here if the organization satisfied the Integral Part Test as a qualifying	-		
	instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sec	
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally int	egrated Type III suppo	rting organization

EEA

Schedule A (Form 990) 2023

	e A (Form 990) 2023 Friends of Patients at th				9492 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of suppor	ted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported orgar	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is res	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - <i>explain in Part VI</i>). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if			Ţ	
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
e	Excess from 2023				
EEA					Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHE	EDULE D	Supplement	al Financial St	atements		OMB No. 1545-0047
(Form 990) Department of the Treasury			nization answered "Ye	s" on Form 990,		2023
		م	Attach to Form 990.			Open to Public
	Revenue Service	Go to www.irs.gov/Form99	90 for instructions and			Inspection
	f the organization				Employer identi	ification number
		ents at the NIH Inc.		<u> </u>	52-144	9492
Pa		ations Maintaining Donor Advised			ounts	
	Comple	te if the organization answered "Yes" o	on Form 990, Part IV, I	line 6.		
			(a) Donor adv	ised funds	(b) F	unds and other accounts
1		end of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4		at end of year				
5	0	tion inform all donors and donor advisors in	0			
~		ganization's property, subject to the organization				· · · L Yes L No
6	-	tion inform all grantees, donors, and donor a				
	,	e purposes and not for the benefit of the do	,	, , ,		🗌 Yes 🗌 No
Par		missible private benefit?				
1 01		te if the organization answered "Yes" of	n Form 000 Part IV	line 7		
1		inservation easements held by the organization				
1			· · · ·	, ,	istorically impo	ortant land area
	_	of land for public use (for example, recreation natural habitat		Preservation of a h Preservation of a c	• •	
	=	of open space	L			structure
2		a through 2d if the organization held a quali	ified concentration contril	oution in the form of a	consorvation	
2	•	o o 1				
•		e last day of the tax year.				eld at the End of the Tax Year
a b		stricted by conservation easements				
b		ervation easements on a certified historic str				
c d		ervation easements included on line 2c, acq			. 20	
u		cture listed in the National Register	•		. 2d	
3		ervation easements modified, transferred, re				ring the
5	tax year		eleased, exilinguisited, of	terminated by the of	ganization du	
4		s where property subject to conservation ea	sement is located			
5		zation have a written policy regarding the pe		stion bandling of		
5	•	nforcement of the conservation easements i	0.1			🗌 Yes 🗌 No
6	,	eer hours devoted to monitoring, inspecting,			ation easeme	
Ũ			narialing of violations, a			nto during the year
7	Amount of exper	nses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conservatior	i easements d	uring the year
8	Does each cons	— ervation easement reported on line 2d abov	e satisfy the requiremen	ts of section 170(h)(4	l)(B)(i)	
		(h)(4)(B)(ii)?				🗌 Yes 🗌 No
9		ribe how the organization reports conservat				
		de, if applicable, the text of the footnote to th		•		
	organization's a	ccounting for conservation easements	Ũ			
Par		zations Maintaining Collections	of Art, Historical	Treasures, or C	ther Simila	ar Assets
		te if the organization answered "Yes" o				
1a		n elected, as permitted under FASB ASC 9			balance sheet	tworks
	-	reasures, or other similar assets held for pu	•			
		in Part XIII the text of the footnote to its final				
b		on elected, as permitted under FASB ASC 95			ance sheet wo	rks of
	-	asures, or other similar assets held for publi				
		wing amounts relating to these items:	. ,			
	•	sluded on Form 990, Part VIII, line 1 • • •				\$
		ded in Form 990, Part X				\$
						-

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1

\$

	eD(Form 990)2023 Friends of Pati						52-1449		Page 2
Part	t III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar A	ssets (c	ontinued)
3	Using the organization's acquisition, access	ion, and other recor	ds, check an	y of the f	ollowing that m	ake si	gnificant use of its		
	collection items (check all that apply):			-	-		-		
а	Public exhibition		dГ	Loan or	exchange pro	aram			
b	Scholarly research		e [-		-			
c	Preservation for future generations								
	Provide a description of the organization's c	olloctions and oxpla	in how thou	furthor the	o organization'	e ovor	ant nurnoco in Port		
4	XIII.		in now they		eorganizations	S EXEII	ipt pulpose ill Fait		
-									
5	During the year, did the organization solicit								Π.
Dorf	assets to be sold to raise funds rather than		part of the o	rganizatio	on's collection?			Yes	No 🗌 No
Part			" on Form	000 0	ort IV/ line ()	concreted on am	ount on	Form
	Complete if the organization	answered res		990, F	art iv, line s	9, OF I	eponed an an	iount on	FOIII
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custoo							_	_
	included on Form 990, Part X? • • • • •					• • •		· 🗌 Yes	i ∐ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollowing tabl	e.					
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on I	Form 990, Part X, lin	ne 21, for esc	row or cu	istodial accoun	ıt liabili	ity?	. 🗌 Yes	No
b	If "Yes," explain the arrangement in Part XII	I. Check here if the	explanation h	nas been	provided on Pa	art XIII			. 🗖
Part	·				•				
	Complete if the organization	answered "Yes	" on Form	990, P	art IV, line 1	10.			
		(a) Current year	(b) Prior		(c) Two years ba		(d) Three years back	(a) Four	years back
1a	Beginning of year balance	(u) Guiront your		your	(6) 110 yours be	uoit	(u) Three years back		youro buok
b									
	Net investment earnings, gains, and								
С									
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rrent year end balan	ce (line 1g, c	olumn (a)) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment %								
с	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the posse		zation that ar	e held an	d administered	for th	e		
	organization by:	0						Γ	Yes No
	(i) Unrelated organizations?							. 3a(i)	
	(ii) Related organizations?							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz							. 3b	
4	Describe in Part XIII the intended uses of th	•				••••			
Part				us.					
1 un	Complete if the organization		" on Form	990 P	art IV line 1	11a S	See Form 990	Part X I	line 10
	· · · · ·								
	Description of property	(a) Cost or oth (investm		.,	other basis other)	• •	Accumulated	(d) Book	value
4 -	Lond			(0					
1a									
b	Buildings								
С	Leasehold improvements								
d	Equipment	••			27,042		6,113		20,929
e	Other								
Total.	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c,	column (E	3)				20,929

Schedule D	(Form	990)	2023
Scheudle D	(FOIIII	330)	2020

	Complete if the organization answere	d "Yes" on Fo	m 990, Part I\	/, line 11b.	See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value			thod of valuation: I-of-year market value
(1) Financial	derivatives					
(2) Closely-he	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, line 12, col.(B))					
Part VIII	Investments - Program Related			•		
	Complete if the organization answere	d "Yes" on Fo	m 990, Part I\	/, line 11c. 3	See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value			thod of valuation:
(1)					Cost of end	l-of-year market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, line 13, col. (B) Other Assets)				
	Complete if the organization answere	d "Yes" on Fo	m 990, Part I\	/, line 11d.	See Form	990, Part X, line 15.
	(a) D	escription				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, line 15 col. (B))					
Part X	Other Liabilities					
	Complete if the organization answere line 25.	d "Yes" on Fo	m 990, Part I\	/, line 11e c	or 11f. See	e Form 990, Part X,
1.	(a) Description of liability	(b) Book	value			
	ncome taxes	(2) 2001				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
·	(b) must equal Form 990, Part X, line 25 col. (B))					
-	uncertain tax positions. In Part XIII, provide the tex liability for uncertain tax positions under FASB AS		-			· · ·
organizations	nability for uncortain tax positions under 1 AOD AO	C 1 TO. ONCON NER				

n 990) 2023 Friends of Patients at the NIH Inc. Investments - Other Securities Page 3

52-1449492

Schedule D (Form 990) 2023

Part VII

	le D (Form 990) 2023 Friends of Patients at the NIH Inc.	52-1449492	Page 4
Part		er Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	617,481
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	;	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	249,317
3	Subtract line 2e from line 1	3	368,164
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	368,164
Part		per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	552,738
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 179,136	<u>;</u>	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	179,136
3	Subtract line 2e from line 1	3	373,602
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • •		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	373,602
Part			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

01. Footnote for uncertain tax position under FIN 48 (Part X)

Friends at NIH believes that it has appropriate support for any tax positions taken, and as such,

does not have any uncertain tax positions that are material to the financial statements.

SCH	EDULE G	Supplement	OMB No. 1545-0047						
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2023		
	ment of the Treasury			tach to Form 9					Open to Public
	I Revenue Service		30 to www.irs.gov/r	-orm990 for in	structions an	d the latest informati	on.	Employer identifi	Inspection
	Ū								
Par		nts at the NI sing Activities		ne organiz	ation ans	vered "Yes" on	Forn	52-144 n 990 Part IV	
I WI		0-EZ filers are r	•	-				1 000, 1 ait 1	,
1	Indicate whether	the organization rai	sed funds through	any of the fo	llowing activi	ties. Check all that	apply.		
а	Mail solicitatio	ns		e 🗌		of non-government	-	s	
b	Internet and e	mail solicitations		f		of government gra	nts		
С	Phone solicita	tions		g	Special fun	draising events			
d	In-person solie								
2a	-	ion have a written o	-	-		-			
		s listed in Form 990,				-			. ∐ Yes ∐ No
b		0 highest paid indivi		undraisers) p	ursuant to ac	greements under wi	hich th	e fundraiser is to	be
	compensated at I	east \$5,000 by the	organization.						
							(v)	Amount paid to	
	(i) Name and addres	s of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts) (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fund	draiser)	(ii) / touvity		outions?	from activity	fur	ndraiser listed in col. (i)	organization
				Yes	No			00m (i)	
1									
2									
3									
									_
4									
5									
5									
6									
•									
7									
8									
9									
10									
Tatal									
lotal 3		/hich the organizatio				tions or has have a	otific -	it is even the	
3	registration or lice	•	n is registered of				Jouned	n is exempt if of	

Ра	dule G	(Form 990) 2023 Fri Fundraising Events. Com	ends of Patients	at the NIH Inc. answered "Yes" on Fo		1449492 Page 2 or reported more
		than \$15,000 of fundraising gross receipts greater than	event contributions an			•
			(a) Event #1 <u>Night Out</u> (event type)	(b) Event #2 Golf Tournam (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	81,293	60,124	1,852	143,269
μ.	2 3	Less: Contributions Gross income (line 1 minus line 2)	81,293	60,124	1,852	143,269
	4	Cash prizes	01,255	00,121	1,052	113,205
	5	Noncash prizes				
Ises	6	Rent/facility costs	2,671			2,671
Direct Expenses	7	Food and beverages	18,073	24,507		42,580
Direc	8	Entertainment				
	9	Other direct expenses	2,703		3,600	6,303
	Ū	·		I	-,	.,
	10 11	Direct expense summary. Add line Net income summary. Subtract lir	es 4 through 9 in column (c ne 10 from line 3, column (c	, (b)	· · · · · · · · · · · · · · · · · · ·	51,554 91,715
Pa	10	Net income summary. Subtract lir Gaming. Complete if the o	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "`	, (b)	· · · · · · · · · · · · · · · · · · ·	51,554 91,715
_	10 11	Net income summary. Subtract lir	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "`	, (b)	· · · · · · · · · · · · · · · · · · ·	51,554 91,715
Revenue Ba	10 11	Net income summary. Subtract lir Gaming. Complete if the o	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "` ine 6a.	y y y y es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported n	51,554 91,715 nore than (d) Total gaming (add
Revenue	10 11 rt III	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, I	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "` ine 6a.	y y y y es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported n	51,554 91,715 nore than (d) Total gaming (add
Revenue	10 <u>11</u> rt III	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "` ine 6a.	y y y y es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported n	51,554 91,715 nore than (d) Total gaming (add
Revenue	10 11 rt III 1 2	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "` ine 6a.	y y y y es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported n	51,554 91,715 nore than (d) Total gaming (add
_	10 11 rt III 1 2	Net income summary. Subtract lir Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered "` ine 6a.	y y y y es" on Form 990, Part (b) Pull tabs/instant	IV, line 19, or reported n	51,554 91,715 nore than (d) Total gaming (add
Revenue	10 11 rt III 1 2 3 4	Net income summary. Subtract lin Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes Rent/facility costs	es 4 through 9 in column (c ne 10 from line 3, column (c rganization answered " ine 6a. (a) Bingo	<pre> y f f f f f f f f f f f f f f f f f f</pre>	IV, line 19, or reported n (c) Other gaming	51,554 91,715 nore than (d) Total gaming (add
Revenue	10 11 rt III 1 2 3 4 5	Net income summary. Subtract lin Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add line	es 4 through 9 in column (one 10 from line 3, column (organization answered " ine 6a. (a) Bingo	1)Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported n (c) Other gaming (c) Other gaming (c) No	51,554 91,715 nore than (d) Total gaming (add
Kevenue	10 11 rt III 2 3 4 5 6	Net income summary. Subtract lin Gaming. Complete if the or \$15,000 on Form 990-EZ, I Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	es 4 through 9 in column (one 10 from line 3, column (organization answered " ine 6a. (a) Bingo	1)Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	IV, line 19, or reported n (c) Other gaming (c) Other gaming (c) No	51,554 91,715 nore than (d) Total gaming (add

If "Yes," explain:

b

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							
Department of the Treasury Internal Revenue Service				Attach to Form 990. <i>v/Form990</i> for the la	test information.			pen to Public Inspection
Name of the organization							Employer identificat	on number
Friends of Patie	nts at the NIH	Inc.	4				52-1449492	
		Grants and Assis						
			int of the grants or assis			r assistance, and		
	-		the use of grant funds in					. <u>x</u> Yes No
					nts. Complete if the	organization answered	"Yes" on Form 99	0.
			ore than \$5,000. Part					-,
1 (a) Name and addre		(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
or gover	nment		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
2 Enter total number	of section 501(c)(3) a	I d government organiza	ations listed in the line 1	table		l 	· · · · · · · · · _	I

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

Schedule I (Form 990) 2023

Fait in can be duplicated if additional	space is needed	u.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Patient Meals, Travel and Other Fees	97	32,008			
2 Patient Rent and Lodging	42	105,606			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide	the information i	required in Part I, lir	ne 2; Part III, colum	n (b); and any other ad	ditional information.
01. Monitoring procedures (Par	t I, line	2)			
The Organization provides financial assi	stance, housi	ing, and other as	ssistance to pat	ients and their far	nilies who are unable
to afford the necessary personal expense	es while under	going treatment	at the center.	The Organization wo	orks directly with NIH
social workers who link qualifying patie	ents and their	families with a	assistance from	the organization.	Therefore, minimal
monitoring is considered necessary.					

^{m 990) 2023} Friends of Patients at the NIH Inc. 52-1449492 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed

Page **2**

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Friends of Patients at the NIH Inc.

Employer identification number 52–1449492

01. Form 990 governing body review (Part VI, line 11)

The 990 will be reviewed by the CEO, then a copy is sent to the Executive Committee

members for review before it is signed and filed with the IRS.

02. Conflict of interest policy compliance (Part VI, line 12c)

Board Members and employees of the Friends of Patients at the NIH are required to complete

a disclosure statement every year and during the on-boarding process for new Board

Members. The President monitors compliance with this requirement.

03. CEO, executive director, top management comp (Part VI, line 15a)

Compensation for the Executive Director is determined by the Board of Directors, using a

compensation survey of similar organizations. The last such review of the executive

director's salary was done in 2021.

04. Governing documents, etc, available to public (Part VI, line 19)

The Organization makes its governing documents, conflict of interest policy and financial

statements available to the public upon request.

05. List of other fees for services expenses (Part IX, line 11g)

Consulting: \$54,000

Marketing: \$1,036

06. General explanation attachment

Form 990, Part VI, Section A, Line 1:

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number
Friends of Patients at the NIH Inc.	52-1449492
The Corporation shall have an Executive Committee comprising the President	:, first Vice
President, second Vice President and Treasurer. The Executive Committee sh	nall have and
exercise all of the authority of the Board of Directors in the management	of the
Corporation's affairs when necessary during intervals between the meetings	s of the board of
directors, provided that the Executive Committee shall not have or exercis	se the authority
to: (a) Fill vacancies on the Board of Directors; (b) Amend the articles of	of Incorporation;
(c) Adopt, amend, or repeal the bylaws; or (d) Dissolve or merge the Corpo	pration. The
President shall be the chair of the Executive Committee, and the Executive	e Committee shall
be subject to the authority and supervision of the Board of Directors.	

	Statement o	f Program	Service /	Accomp	lishments
--	-------------	-----------	-----------	--------	-----------

Name(s) as shown on return

Program Se

Friends of Patients at the NIH Inc.

2023 PG01 Your Social Security Number

5<u>2-1449492</u>

	For	rm 9	90-Part	III(a)	Statement	#4
	Statement	of	Service	Accomplishment		
ervice Code						

Program Service Expenses	\$293127
Grants and allocations included in above expense	\$137614
Program Services Revenue	\$0

Explanation

Patient Support Services - Friends at NIH provides hope by giving emotional and financial support to patients receiving ground breaking and life saving treatment at the Clinical Center. Friends at NIH helps patients cover their essential needs so that they can focus on recovery. This includes the provision of shelter near the Clinical Center during treatment and assistance with housing costs, support system for patient families and caregivers to enable them to travel to and from the Clinical Center and an allowance to cover meals, utilities, patient insurance, medical and non-medical expenses, long-term patient housing, and other costs incurred during the patient's stay at the Clinical Center. RP Awareness and Support - Relapsing polychondritis (RP) is a rare autoimmune disease characterized by recurrent widespread inflammation of different body areas, in particularly, cartilage. Friends at NIH has partnered with the relapsing Polychondritis Awareness and Support Foundation to raise money to provide travel and lodging for patients receiving treatment for this disease. Additional Accomplishments for 2023: •Leased new apartment #738 at the Flats in Bethesda for Sickle Cell patients and family member long term stays. •Created "Fridays with Ana and Friends" Wellness cart for adult cancer patients. We purchased a large, wheeled cart with drawers. Filled with snacks, toiletries, arts and crafts, comfort items that is taken around patient hospital rooms in cancer units 3NE and 3NW every Friday afternoon. We replenish the cart weekly and also provide special gifts during the holidays such as blankets, fuzzy socks, larger art projects, pizza delivery and additional treats and comfort items.