2016 Annual Report

FNIH

Foundation for the
National Institutes of Health

CELEBRATING 20 YEARS

600+
Programs

9,200
Donors

Nearly **$1 Billion** Raised

$0.91 **of Every Dollar**
Spent Directly Supports Programs

13 **Consecutive Years**
Earned "Exceeds Industry Standards"
Rating by Charity Navigator

Letter from **Leadership**

A subtle but profound shift has occurred in the nature of scientific research over the past two decades. Instead of individual investigators or even institutions operating independently, major scientific breakthroughs in human health increasingly rely on partnerships and collaborations across the public and private sectors. Charles A. Sanders, M.D., who served as Chairman of the Board of the Foundation for the National Institutes of Health (FNIH) from 1997 until 2016, pioneered this way of advancing biomedical research. Under Dr. Sanders' dynamic leadership, the FNIH has united stakeholders across academia, industry, not-for-profit organizations and federal agencies with a shared scientific goal to contribute their expertise and support to advance biomedical research at the National Institutes of Health (NIH) and beyond.

These partnerships range in size and scale, but each one is vital to the FNIH's success in achieving its mission. For example, our collaborators include the NIH, the U.S. Food and Drug Administration, not-for-profit organizations, pharmaceutical and biotechnology companies that as members of the FNIH Biomarkers Consortium and the groundbreaking Accelerating Medicines Partnership (AMP) are working to identify and measure biological markers that predict multiple diseases. Our donor base also includes individuals, such as 21-year-old NIH patient Andrew Lee who, with his not-for-profit Driven to Cure, Inc., donated $200,000 in 2016 to advance rare kidney cancer research at the National Cancer Institute.

The alliances and partnerships we build have transformed the research landscape and opened exciting areas of scientific inquiry, some of which you will read about in our 2016 Annual Report and as we reflect on our 20 year history. From expanding our footprint in global health research to building new models for collaboration between the public and private sectors to educating researchers through scientific training at the NIH, this Annual Report shares stories about our work that has and will continue to shape biomedical research and to improve human health for years to come.

As we look to the future, we have no doubt that the FNIH will continue on this incredible trajectory of facilitating meaningful collaborations in order to promote scientific innovation and discovery. Our rich history foreshadows the exciting achievements yet to come—all to benefit the well-being of people around the world.

Steven M. Paul, M.D.
Chairman

Maria C. Freire, Ph.D.
President and Executive Director

Building Dialogue, Consensus and Solutions for **Health Threats Around the World**

In the early 21st century, the 10/90 Gap was at the forefront of conversation within the global health community. The Global Forum on Health Research asserted that just 10 percent of medical research was devoted to the diseases that cause 90 percent of the world's health burden. To fill this gap, there was a critical need to increase research on diseases that cause millions of deaths in the developing world.

The FNIH joined the effort to reduce the 10/90 Gap in 2003 as a founding member of a program that advanced global disease research on a colossal scale. With an investment of $200 million from the Bill & Melinda Gates Foundation, the FNIH formed its largest partnership called the Grand Challenges in Global Health Initiative (Grand Challenges). The goal of the initiative was to encourage application of the latest scientific innovations to combat the most intractable health problems of the world's poorest countries. Under Grand Challenges, the FNIH managed 20 projects in more than 25 countries focused on improving existing and developing new vaccines; creating strategies to control the transmission of diseases; developing pharmaceuticals and delivery systems that minimize likelihood of resistance; and generating methods to cure chronic infections.

By 2016, the FNIH's continued partnership with the Bill & Melinda Gates Foundation that furthered the work of Grand Challenges had advanced two highly novel technologies for preventing the spread of mosquito-borne diseases to field testing, and stimulated consensus building around the development pathway for new mosquito modification technologies. Eliminate Dengue was one project the FNIH initiated under Grand Challenges. Scott O'Neill, Ph.D., then at University of Queensland and later at Monash University, Australia, received a grant for research in 2005. Soon after, he had a breakthrough moment upon discovery that the common Wolbachia bacterium could block the replication of the dengue virus within *Aedes aegypti* mosquitoes, which are responsible for transmitting the disease. By 2008, he had produced mosquitoes that could consistently pass Wolbachia to their offspring and block virus replication, therefore interrupting transmission of the dengue virus to humans. Eliminate Dengue was ready for small scale outdoor release of the mosquitoes in Australia by 2011, Vietnam by 2013 and Indonesia by 2014 in collaboration with local governments.

By 2016, the Zika virus became a priority health concern worldwide and Eliminate Dengue researchers had another breakthrough. They confirmed that Wolbachia obstructs the spread of the Zika virus by mosquitoes. Since then, the World Health Organization called on Eliminate Dengue to proceed with pilot deployment of the technology and project teams are scaling-up activities in Antioquia, Colombia and Rio de Janeiro, Brazil.

Photo left: *Aedes aegypti* mosquitoes carrying Wolbachia are reared in the Fiocruz laboratory in Rio de Janeiro, Brazil. Credit: Peter Illiciev/Fiocruz
Photo right: An Eliminate Dengue scientist feeds Wolbachia mosquitoes in the laboratory. Credit: Steve Morton/Monash University

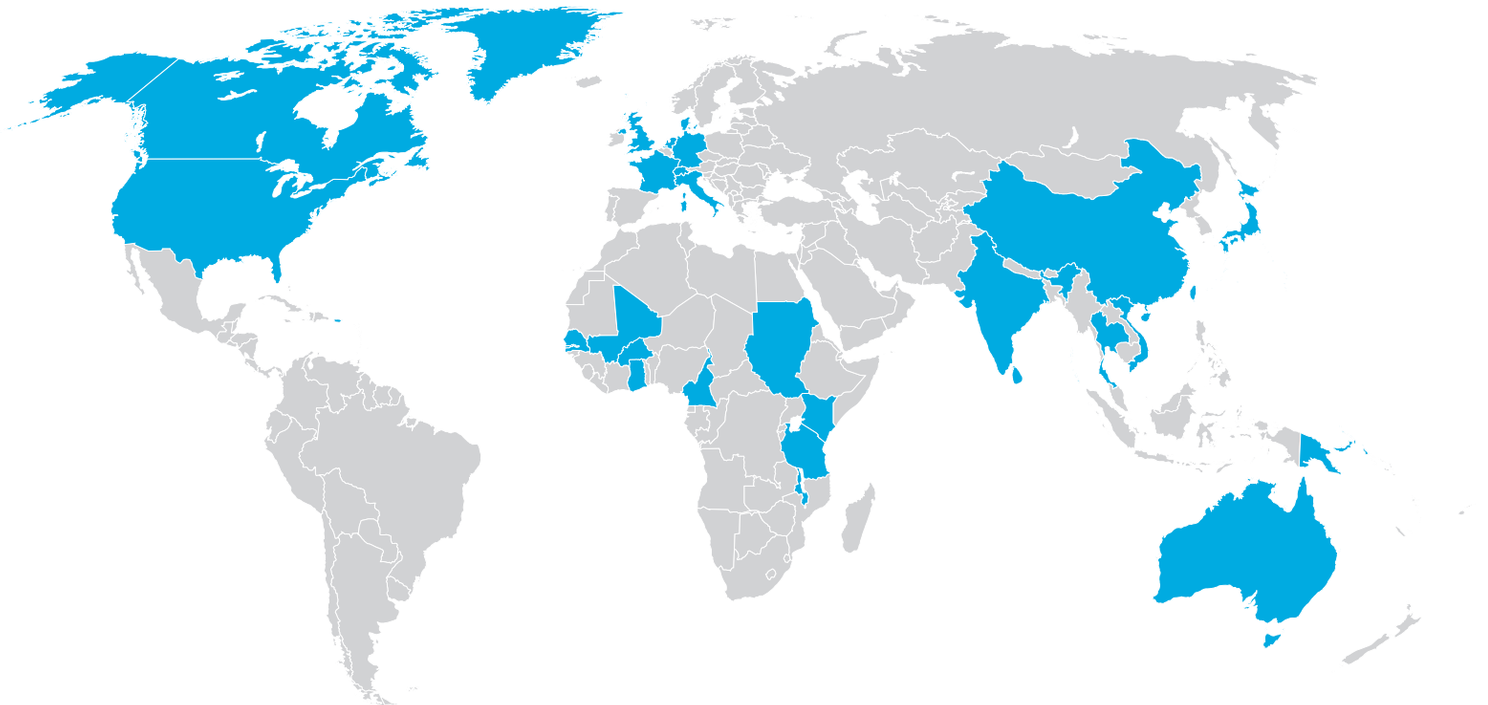
Another Grand Challenges grant supported by the FNIH was awarded in 2005 to a project now called Target Malaria. The project uses genetic modification technology (gene drive) to reduce mosquitoes' ability to transmit parasites that cause diseases such as malaria. The advancement of this technology is at the forefront of global discussions as the emergence of systems like CRISPR/Cas9 are making gene drive constructs easier to build.

A grant was awarded to Austin Burt, Ph.D., Imperial College London, UK, and his team to support ways to protect people from malaria-carrying mosquitoes. Over the next decade and with additional funding through the FNIH, Prof. Burt demonstrated that gene drives could be used to reduce the reproduction of malaria mosquitoes. By 2011, the project established field sites in Africa, now collaborating with scientists in Burkina Faso, Mali and Uganda. Today, Target Malaria continues to refine its gene drive strategy with the goal of contributing to the global eradication of malaria.

In ongoing partnership with the Bill & Melinda Gates Foundation, part of the FNIH's role has been to ensure that the scientific community explored the complex regulatory and ethical issues surrounding mosquito modification technology. The FNIH helped fund a National Academies of Sciences, Engineering, and Medicine study that supported further testing of gene drive approaches, while recommending a collaborative and cautionary approach to the research and governance of these technologies. Additionally, the FNIH hosted the "Problem Formulation for Use of Gene Drive Technology in Mosquitoes" workshop in 2016. It brought together a diverse group of international experts to conduct a systematic evaluation of potential risks associated with the use of gene drive technology to reduce the burden of malaria in Africa and to consider the potential for unintended consequences. This workshop developed consensus that will help inform the design of further research, guidelines and regulations.

Grand Challenges propelled the FNIH onto the world stage, spurring its rapid growth. Through the initiative, the FNIH expanded its infrastructure by bringing globally-recognized scientists to the team and establishing its capacity for grant making. Due largely to Grand Challenges, the FNIH has become internationally recognized for its initiatives focused on opening dialogue, developing consensus and implementing solutions for health threats that affect people around the globe.

Countries with Grand Challenges Projects Managed by the FNIH



The Biomarkers Consortium: Shaping the Future of Biomedical Research

The FNIH Biomarkers Consortium (BC) celebrated 10 years of collaboration, research and impact on regulatory science in 2016. This public-private partnership managed by the FNIH is helping to create a new era of precision medicine and to enable therapies that are better tailored for patients. In 2016, the BC launched five collaborative projects, which are designed to generate tools that will advance the development of therapies in cancer, rheumatoid arthritis, frailty and heart disease. Consortium members also continue to develop new and innovative programs in these and other disease areas ensuring the BC will provide decision-making tools for advancing therapies into the future.

In addition to its work on disease-specific projects, the BC recognized that the use of biological markers (biomarkers) in drug development has been particularly hampered by a lack of clear, predictable and specific regulatory criteria for the evidence required to qualify new markers. To resolve this, a group led by the BC developed and released a "Framework for Defining Evidentiary Criteria for Biomarker Qualification" in October 2016 as a tool to help assess the level of evidence needed to support formal regulatory qualification of biomarkers at the U.S. Food and Drug Administration (FDA). The document was a result of a multi-stakeholder effort that incorporated input from nearly 200 scientific leaders from the FDA, the National Institutes of Health (NIH), the FNIH, the Critical Path Institute (C-Path), Pharmaceutical Research and Manufacturers of America (PhRMA) and multiple pharmaceutical companies. The framework will prove useful in enabling more productive discussions between biomarker developers and the FDA, improving the quality of biomarker qualification submissions and informing future efforts to develop relevant FDA Guidances for evidentiary criteria in biomarker qualification.

Over the past decade, the BC has raised more than $70 million for precompetitive, collaborative projects that include participants from the NIH, the FDA, not-for-profit organizations, academic research organizations, and pharmaceutical and biotechnology companies. More than 20 projects have been launched in 13 different disease areas, resulting in 46 publications written on behalf of or sponsored by the BC. Its work also has been instrumental in testing new models for clinical trials. The BC sponsored one of the first trials to use genetic markers to guide the selection of treatments from among multiple drugs in a single trial, helping establish an accelerated approval pathway for new breast cancer medicines. To date, the work of the BC has supported the advancement of six therapeutics in the drug development process and helped generate four separate FDA Guidance documents.

The BC can solve these and other challenges head-on because it offers a unique environment in which the resources and scientific expertise of its partners can be freely shared. Over the past 10 years, biomarkers have become recognized as indispensable tools for effective drug development, and the BC has equally established itself as the proven model for advancing the scientific validity and practical utility of biomarkers in treating patients. Its mission is as relevant as ever.

10 Years of Progress

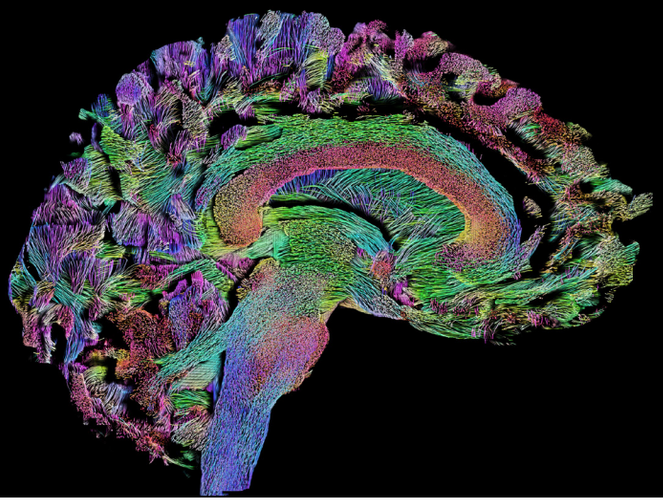
4
Guidance Documents
Issued by FDA to represent current thinking on a particular research topic, such as trial design.

6
Therapeutics
Supported the development of two drugs to treat cancer and four antibiotics.

9
Clinical Tools
Used by the community and industry for decision making in therapeutic development.

46
Publications
Written or funded by the BC to share critical data and analysis.

800+
Citations
Referenced the BC's results and accomplishments.



"The problem in the field was that you had many different scientists, in many different universities, doing their own research with their own patients and with their own methods. What was needed was to get everyone together and to get a common data set."

— **Michael W. Weiner, M.D.**
ADNI Principal Investigator

Changing the Prognosis of Alzheimer's Disease

First discovered 110 years ago, Alzheimer's disease still has no cure or effective treatment. More than five million Americans suffer from this progressive brain disorder, with estimates by the National Institute on Aging (NIA) suggesting it is the third leading cause of death for older adults. For years, scientists have labored with limited success to find breakthroughs that would aid in the diagnosis and treatment of this devastating disease. But in 2004 an unprecedented study called the Alzheimer's Disease Neuroimaging Initiative (ADNI)—which entered its third phase in 2016—united scientists across multiple sectors to change the prognosis for developing new treatments.

"The problem in the field was that you had many different scientists, in many different universities, doing their own research with their own patients and with their own methods," Michael W. Weiner, M.D., ADNI Principal Investigator, San Francisco Department of Veterans Affairs Medical Center and the University of California, San Francisco, told *The New York Times* in 2010. "What was needed was to get everyone together and to get a common data set."

ADNI fulfilled this need by bringing the public and private sectors together to uncover the biological markers (biomarkers) that track Alzheimer's disease progression. The longitudinal study uses imaging, biochemical and genetic data to identify changes taking place in the brains of 800 individuals with normal cognition and different stages of the disease. Most significantly, the data are made immediately available to researchers at any organization.

Fulfilling its unique and instrumental role, the FNIH brought all of the necessary parties together. By the launch of the first phase of ADNI, NIA contributed $41 million, other National Institutes of Health Institutes provided $2.4 million and 20 companies and two not-for-profit organizations donated $27 million through the FNIH.

More than 30 organizations have supported ADNI since launch and researchers are tracking volunteers at 58 clinical sites in North America. The third phase of ADNI (ADNI3) launched in September 2016. NIA support is expected to total $40 million over the course of ADNI3 and an additional $20 million is sought by the FNIH from the private sector. Additions to ADNI3 include recruiting more patient volunteers, using state-of-the-art imaging to monitor brain levels of tau (a protein that is often abnormal in Alzheimer's patients) and performing cutting-edge analyses to assess complex interactions between the brain and body. ADNI3 also will assess cognitive function through computer tests at home and in the doctor's office.

After 12 years, ADNI continues to advance the field of Alzheimer's disease, while serving as a model for how public-private partnerships can lead to otherwise unattainable research progress. By standardizing technologies and protocols, ADNI has improved clinical trial design and influenced the development of other partnerships in areas such as Parkinson's disease and multiple sclerosis, and its open-access data policy serves as a model of successful precompetitive data sharing. ADNI data have been downloaded for research purposes more than 14 million times and scientists worldwide have used them to publish more than 1,200 scientific papers, leading to a better understanding of the relationship between biomarkers and Alzheimer's disease progression—and hopefully, one day soon, new and effective treatments.

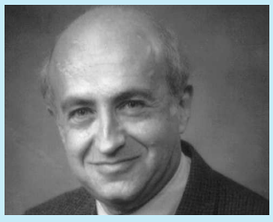
Photo: Courtesy of the USC Laboratory of Neuro Imaging and Athinoula A. Martinos Center for Biomedical Imaging, Consortium of the Human Connectome Project
http://www.humanconnectomeproject.org

Celebrating 20 Years
of Partnership and Discovery

For two decades, the FNIH has built and nurtured scientific partnerships, raising nearly $1 billion to make important health discoveries possible. These alliances with government, academia, industry, philanthropists and individual donors, enable the FNIH to support researcher training, awards, symposia and patient care activities at the National Institutes of Health (NIH), in addition to fostering innovative research models that propel cutting-edge science. The FNIH's success is a testament to the power of collaboration among diverse stakeholders working to solve pressing health challenges together. As a trusted resource for the NIH and the scientific community, the FNIH will continue to lead efforts to shape the course of biomedical science and human health for decades to come.

1998

Norman P. Salzman Memorial Symposium and Award in Virology: First annual award in FNIH history is established; 20 outstanding fellows honored to date.



1998

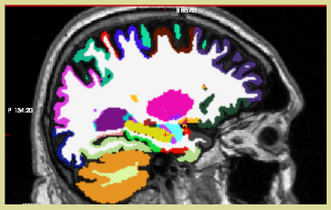
Clinical Research Training Program: Major program to train clinician scientists at the NIH is launched.

1999

Osteoarthritis Initiative: The FNIH's first large research project that created a public-access database that enabled scientists worldwide to help predict the progression of osteoarthritis and develop treatments, leading to a new model for collaboration.

2003

Alzheimer's Disease Neuroimaging Initiative (ADNI): With new models for collaborative research and open data access, this study advances the understanding of Alzheimer's disease over the next 12 years.



Region from a brain in the ADNI study using the Freesurfer image processing software. Credit: Diana Truran-Sacrey

2003

Grand Challenges in Global Health: A $200 million partnership with the Bill & Melinda Gates Foundation to fight diseases in the world's poorest countries.

Eliminate Dengue Global Lead Professor Scott O'Neill with Eliminate Dengue Brazil Lead Dr Luciano Moreira. Credit: Eliminate Dengue Brazil/Fiocruz

1996 1998 2000 2002

2005

The Edmond J. Safra Family Lodge: This home-away-from-home for patients of the NIH Clinical Center and their families opens. More than 110,000 room nights hosted to date.

2005

Genetic Association Information Network (GAIN): Samples from thousands of patients in six common diseases are sequenced and compiled in the first large-scale individual genotype-phenotype database (dbGaP) at the National Library of Medicine.

2005

Comprehensive T-Cell Vaccine Immune Monitoring Consortium (CTC-VIMC): A network across three continents that provides researchers with tools to evaluate patients for HIV/AIDS vaccines.

2006

The Biomarkers Consortium: This landmark public-private partnership launches to advance the qualification of new biomarkers used in drug development and approvals.

2007

Observational Medical Outcomes Partnership (OMOP): A partnership that studies adverse drug reactions to help improve the safety of medical products.

2008

MAL-ED: A longitudinal study that examines the relationships between malnutrition and intestinal diseases and their effect on the health and development of young children.

2008

Vector-Based Control of Transmission: Discovery Research (VCTR): A program that develops novel technologies to stop the spread of mosquito-borne diseases.

2004 2006 2008 2010

2012

Sports and Health Research Program (SHRP): A partnership that accelerates research on medical conditions prominent in athletes, such as traumatic brain injury.

2012

Medical Research Scholars Program (MRSP): This intensive residential training program begins at the NIH for medical, dental and veterinary students.

2013

Lurie Prize in Biomedical Sciences: Establishment of this annual award that recognizes outstanding achievements by a young biomedical researcher.

Ms. Ann Lurie, FNIH Board Member

2013

Accelerating Medicines Partnership (AMP): A $190 million partnership that seeks to identify and validate new drug targets in Alzheimer's disease, Type 2 diabetes and immune-mediated disorders.

2013

Genome: Unlocking Life's Code: The FNIH funds this human genomics exhibit, which is now on a four-year North American tour.

Credit: Don Hurlbert, Smithsonian Institution

2013

Eliminate Dengue: A project that uses a common bacterium to help stop the spread of viral diseases by mosquitoes.

2014

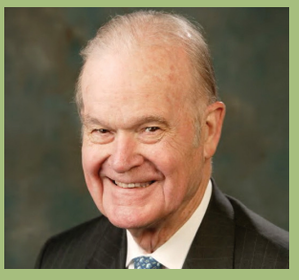
LungMAP: A precision medicine trial that tests multiple genetically-targeted drugs and immunotherapies for lung cancer patients.

2016

Evidentiary Criteria Framework: The FNIH Biomarkers Consortium works with the NIH and FDA to develop standards for the levels of evidence required to qualify biomarkers for use in drug development.

2016

Charles A. Sanders, M.D., Partnership Award: An annual award that recognizes persons and/or organizations that make significant contributions in support of the FNIH's mission.



Charles, A. Sanders, M.D., Former FNIH Board Chairman

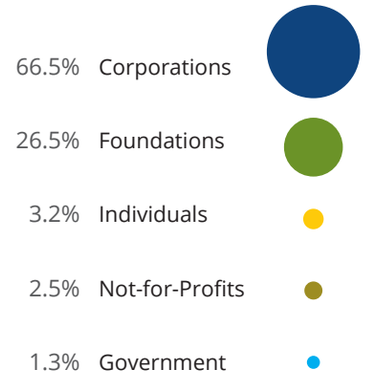
2012 2014 2016

Financial Highlights

For the years ended December 31, 2016 and 2015

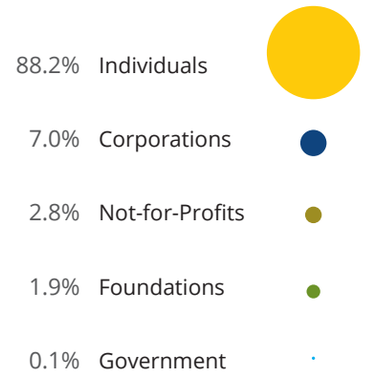
REVENUE AND SUPPORT	2016	2015
Contributions	$80,755,604	$31,609,545
Grants	351,613	663,972
Administrative fee	122,392	194,500
Government appropriations	1,000,000	1,000,000
Investment earnings	1,102,491	(204,884)
In-kind contributions	960,688	874,517
Donated services	30,000	110,811
Fundraising event	279,800	257,150
TOTAL REVENUE AND SUPPORT	**$84,602,588**	**$34,505,611**

2016 REVENUE BY SOURCE



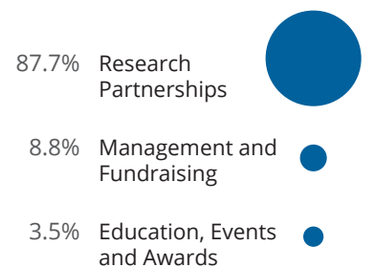
EXPENSES AND CHANGES IN NET ASSETS		
PROGRAM SERVICES		
Fellowships and training programs	$1,257,933	$1,210,274
Memorials, awards and events	390,128	734,852
Capital projects	51,627	313,270
Research partnerships	41,957,442	53,177,305
TOTAL PROGRAM SERVICES	**$43,657,130**	**$55,435,701**
SUPPORTING SERVICES		
Management and general	$3,800,393	$3,781,357
Fundraising	392,283	382,386
TOTAL SUPPORTING SERVICES	**$4,192,676**	**$4,163,743**
TOTAL EXPENSES	**$47,849,806**	**$59,599,444**

2016 DONORS BY TYPE

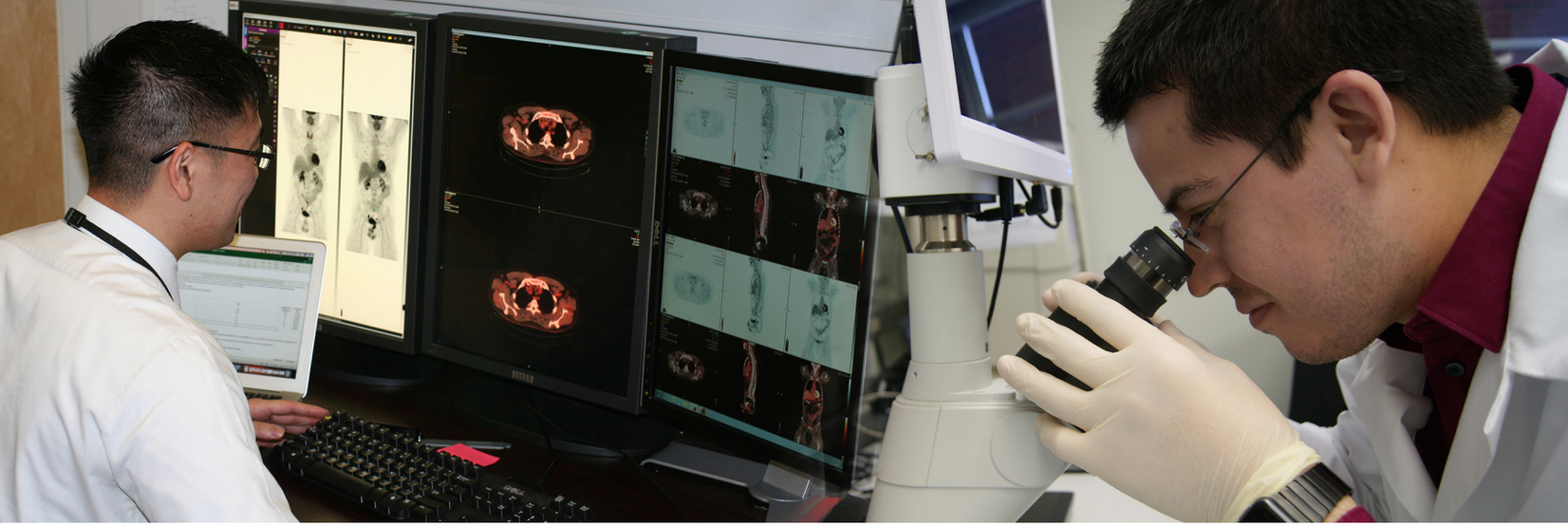


CHANGE IN NET ASSETS	$36,752,782	$(25,093,833)
NET ASSETS BEGINNING OF YEAR	66,475,548	91,569,381
NET ASSETS AT END OF YEAR	**$103,228,330**	**$66,475,548**

2016 EXPENSES



The Foundation's audited financial statements are available on request.



Building a Critical Pipeline of Clinician Scientists

According to the American Medical Association, the percentage of physicians engaged in research and teaching has decreased in past decades. This concerning statistic means that there are fewer clinician scientists that play the vital role of understanding basic biology and scientific discovery while considering the potential benefits to patients.

Since 1998, the FNIH has helped build a pipeline of clinician scientists by supporting training programs and fellowships at the National Institutes of Health (NIH). This work began by raising private funds for the NIH Clinical Research Training Program (CRTP). For more than a decade, the program attracted research-oriented medical, dental and veterinary students to receive training at the NIH. An analysis of the program found that CRTP fostered student careers, as nearly two-thirds of participants are still conducting clinical research.

Training at the NIH continues through FNIH-supported initiatives, such as the Amgen Scholars program, scholar education funded by the Jayne Koskinas Ted Giovanis Foundation for Health Policy, the Sallie Rosen Kaplan Postdoctoral Fellowship for Women Scientists in Cancer Research and the Medical Research Scholars Program (MRSP), which has furthered the legacy of CRTP since 2012. In 2016, 52 students participating in MRSP began one-year training at the NIH, conducting research projects with close mentorship from investigators in areas including cancer, cardiology and neurology. Students also participated in workshops on leadership, entrepreneurship and drug development, in addition to clinical teaching rounds at the NIH Clinical Center. The NIH and the private sector—with funds raised through the FNIH—have supported nearly 240 fellows through the MRSP to date.

Beyond training programs, the FNIH funds individual fellows in the laboratories of NIH researchers advancing therapies for diseases such as cancer. The Stephen J. Solarz Memorial Fund, established in 2010, honors FNIH Board Member Nina Solarz's late husband and U.S. Congressman who received treatment for esophageal cancer at the National Cancer Institute (NCI). The Fund supports fellowships in the laboratory of David Schrump, M.D., Chief of the Thoracic and Gastrointestinal Oncology Branch in the Center for Cancer Research of the NCI, whose research stimulates a patient's immune system into fighting and preventing different types of new cancer growth. The two-year, fully funded fellowships train post-doctorate scientists and researchers from abroad so they can return to their home countries with knowledge that will benefit their local communities.

Another fellowship managed by the FNIH focuses on renal cell cancer research—the most common type of kidney cancer. The Dean R. O'Neill Renal Cell Cancer Research Fund and the Dr. Edward T. Rancic Memorial Fund for Cancer Research have sponsored the full-time fellow for the last 10 years in the laboratory of Richard W. Childs, M.D., Senior Investigator, Laboratory of Transplantation Immunotherapy, at the National Heart, Lung, and Blood Institute. Since 2007, lab fellows, including current fellow Emily Levy, have advanced work in renal cell cancer research in hopes of finding a cure for kidney cancer.

These training programs and fellowships are critical for developing a pipeline of clinician scientists who are ready to meet the demands of the changing population. But beyond this, they will help further innovation in biomedical research for years to come.

Photos left to right: 2016-2017 MRSP Scholars Jeffrey Lin and Alejandro Bugarini working at the NIH.

Our Donors

Donors are critical to providing resources that are vital to the FNIH's success. Unrestricted gifts allow the flexibility to use donations where they are most needed, while restricted gifts serve a specific area of interest. Individuals and organizations also can establish funds and endowments to pay tribute to loved ones or join a giving society. Donors are recognized in a variety of ways and some societies include membership benefits. Learn more at the following links:

Annual Contributions:
Join the Partners for Innovation, Discovery and Health Society at **fnih.org/PartnersSociety.**

Planned Giving:
For questions regarding bequests or transferring stock, visit **fnih.org/PlannedGiving** and join others who included the FNIH in their estate plans at **fnih.org/LegacySociety.**

Funds and Endowments:
Establish a fund or endowment that advances research in a particular area of interest by searching FNIH programs at **fnih.org/Programs.**

Tribute Giving:
Learn more about gifts to honor or memorialize a loved one at **fnih.org/TributeGiving.**

For a complete list of donors, funds and endowments, visit **fnih.org/AnnualReport**.
Please call 301.402.4976 or email **advancement@fnih.org** with listing concerns or questions.

- [2] Superscript Indicates Number of Years of Consecutive Giving
- ❖ Indicates Gifts in Kind
- ∞ Member of the Partners for Innovation, Discovery and Health Society
- ⅄ New Members of the Legacy Society

$2,500,000+

AbbVie Inc. [3]
Anheuser-Busch InBev [2]
Bristol-Myers Squibb Company [17]
Carlsberg Breweries A/S
Diageo Plc
Bill & Melinda Gates Foundation [15]
HEINEKEN
Eli Lilly and Company [17]
Merck Sharp & Dohme Corp. [19]
National Football League [3]
Pernod Ricard
Pfizer Inc [19]

$1,000,000 - $2,499,999

Alzheimer's Association [12]
Amgen, Inc. [14]
AstraZeneca Pharmaceuticals, LP [15] ∞
Biogen [6]
Genentech, Inc. [10]
GlaxoSmithKline [18]
Craig R. Gochanour, Ph.D. ⅄
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Johnson & Johnson [16]
McKnight Brain Research Foundation [11]
National Institutes of Health [8]
Regeneron Pharmaceuticals, Inc. [4]
ROCHE [9]
SABMiller
Sanofi [15]
Takeda Pharmaceuticals International, Inc. [8]

$500,000 - $999,999

Boehringer Ingelheim Pharmaceuticals, Inc. [8]
Buffy Cafritz [13] ∞
Clinical Research Associates, LLC, an affiliate of the Simons Foundation [2]
Doris Duke Charitable Foundation [3]
Eisai Inc.
Institut De Recherches Internationales Servier and ADIR [2]
Lundbeck [2]
Project C.U.R.E. ❖
Mrs. Lily Safra [15]
James T. Wendel ⅄
Wyeth Nutrition [2]

$250,000 - $499,999

EMD Serono, Inc.
GE Healthcare

$100,000 - $249,999

Amie's Place Foundation
Arthritis Foundation [7]
Astellas Pharma Inc. [3]
BioClinica, Inc. [9]
Congress of Neurological Surgeons [2]
Daiichi Sankyo, Inc. [7]
Driven To Cure, Inc.
JDRF International
Jayne Koskinas Ted Giovanis Foundation for Health and Policy [2]
Lupus Research Alliance
Ann Lurie [5]
Mr. and Mrs. Paul M. Montrone [19] ∞
Ortho Clinical Diagnostics
The Pew Charitable Trusts [3]
Pharmaceutical Research and Manufacturers of America [12]

$50,000 - $99,999

Abbott [9]
Accelerate Cure/treatments for Alzheimer's Disease (ACT-AD)
Alzheimer's Drug Discovery Foundation [4]
American Association for Dental Research [4]
CogState Ltd [2]
DiamiR, LLC
EUROIMMUN AG
Peter and Judy Kovler [3]
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Steven and Jann Paul
PeopleBio, Inc.
Richard and Susan Roth
Siemens Corporation [2]
Transition Therapeutics, Inc.
Estate of Eugene Woolf and Dismas S. Blanco [2]

$25,000 - $49,999

Colgate-Palmolive Company [4]
Fisher Foundation
IXICO Ltd. [5]
Rose J. Lem [2] ∞
Mr. and Mrs. Joel S. Marcus [6]
Steve and Sherry Mayer [4]
James L. McDonald ∞
~ In memory of Lewis A. and Carol W. McDonald
National Dairy Council [6]
NeuroRx [5]
Piramal Imaging, GmbH [6]
Jane M. Sayer, Ph.D.
Abbey M. Schwarts ∞
George and Trish Vradenburg, Co-Founders USAgainst Alzheimer's [5]

$10,000 - $24,999

Achaogen, Inc. [2]
Adaptive Biotechnologies
Advanced Medical Technology Association - AdvaMed [2]
Louis S. Alfano
~ In memory of Janice Alfano
American Dental Association Foundation
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