



2017
Annual Report
to the
National Institutes
of Health

May 25, 2018



FNIH

Foundation for the
National Institutes of Health

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Tab One

Brief FNIH Overview





The Foundation for the National Institutes of Health procures funding and manages alliances with public and private institutions in support of the mission of the National Institutes of Health (NIH), the premier medical research agency. The Foundation, also known as the FNIH, organizes and administers research programs, supports education and training of new researchers, organizes educational events and symposia, and administers a series of funds supporting a wide range of health challenges.

In its 22-year history, the Foundation has raised over \$1 billion dollars to support NIH and NIH-related research initiatives. For 14 years, Charity Navigator has rated the Foundation as an organization that exceeds industry standards. Just this past year the rating organization named FNIH the #1 charity among biomedical research charities. Moreover, in the last five years FNIH has received a perfect Accountability & Transparency score by Charity Navigator.

In 2017, the FNIH received the Gold Stevie Award for Organization of the Year in the government/non-profit category of the Women in Business Awards, one of the most coveted prizes around the globe. In addition, the FNIH President and Executive Director, Maria C. Freire, Ph.D., also received the Gold Stevie Award for Women of the Year in the government/non-profit category.

Highlights for 2017 include:

The NIH, the FNIH and twelve leading pharmaceutical companies launched the Partnership for Accelerating Cancer Therapies (PACT), a five-year, ~\$220 million public-private research collaboration as part of the Cancer Moonshot. PACT will identify and develop robust, standardized biological markers of disease to advance new immunotherapy treatments that harness the immune system to attack cancer.

The FNIH, in collaboration with the National Institute of Allergy and Infectious Diseases (NIAID), has launched a new project to shorten the treatment times of tuberculosis (TB) in drug – sensitive patients through individualized therapy. The \$24 million project, “Using Biomarkers to Predict TB Treatment Duration” (PredictTB), is funded in part through a \$13 million donation from the Bill & Melinda Gates foundation, with management support provided by the NIAID and the Catalysis Foundation for Health.

The NIH, the FNIH, five leading pharmaceutical companies, together with Verily (Alphabet Inc.'s research organization devoted to the study of life sciences) and the Michael J. Fox Foundation (MJFF), launched in February of 2018 the Accelerating Medicines Partnership for Parkinson’s Disease (AMP PD), a five-year, \$24M million public-private research partnership to identify and validate diagnostic, prognostic, progression and predictive biomarkers for PD. Some of the goals of this partnership are to improve clinical trial design, better patient stratification, the ability to monitor disease progression, and the potential to identify new pathways for therapeutic development.

The FNIH is well positioned to support the NIH mission and partner with a wide range of philanthropic organizations, government agencies, academic institutions and others to develop better methods to prevent and cure diseases and create a new era of precision medicine with therapies that are better tailored for patients.

Tab Two

FNIH Board of Directors





Board of Directors
as of December 31, 2017

Steven M. Paul, M.D. (Chairman)
President and Chief Executive Officer, Voyager Therapeutics, Inc. and Venture Partner at Third Rock Ventures

Maria C. Freire, Ph.D.
President and Executive Director, Foundation for the National Institutes of Health

Solomon H. Snyder, M.D. (Vice Chairman)
Distinguished Service Professor of Neuroscience, Pharmacology & Psychiatry
Solomon H. Snyder Department of Neuroscience at Johns Hopkins University

Steven C. Mayer (Treasurer)
Former Chief Executive Officer, CoGenesys, Inc.

Mrs. William McCormick Blair, Jr. (Secretary)
Director Emeritus, Albert & Mary Lasker Foundation

Kathy Bloomgarden, Ph.D.
Chief Executive Officer, Ruder Finn Inc.

Mrs. Buffy Cafritz
Honorary Trustee, The John F. Kennedy Center for the Performing Arts

James H. Donovan
Managing Director, Goldman Sachs & Company; Adjunct Professor, University of Virginia;
Trustee, Dana-Farber Cancer Institute

Paul L. Herrling, Ph.D.
Chairman, Novartis Institute for Tropical Disease

Thomas R. Insel, M.D.
Director of Clinical Neuroscience at Verily, a life sciences company of Alphabet

Judy Lansing Kovler, Ph.D.
Director, Kovler Foundation and Vice Chair of Sasha Bruce, Inc.

Ronald L. Krall, M.D.
Former Senior Vice-President and Chief Medical Officer, GlaxoSmithKline

Freda C. Lewis-Hall, M.D., FAPA

Chief Medical Officer, Senior Vice President, Pfizer Inc

Edison T. Liu, M.D., Ph.D.

President & CEO, The Jackson Laboratory

Joel S. Marcus

Chairman, Chief Executive Officer and Founder, Alexandria Real Estate Equities, Inc. and Alexandria Venture Investments

Paul M. Montrone, Ph.D.

Chairman, Perspecta Trust

Martin J. Murphy Jr., Ph.D. DMedSc, FASCO

Founding Chairman and Chief Executive Officer, AlphaMed Consulting, Inc.

Jillian Sackler, D.B.E.

President and Chief Executive Officer, Dame Jillian & Dr. Arthur M. Sackler Foundation for the Arts, Sciences & Humanities

Charles A. Sanders, M.D.

Retired Chairman and Chief Executive Officer, Glaxo Inc.

Lily Safra

Chairwoman, Edmond J. Safra Philanthropic Foundation

Fred Seigel

President and Chief Operating Officer, Beacon Capital Partners

Ellen V. Sigal, Ph.D.

Chairperson, Friends of Cancer Research

Nina K. Solarz

Former Executive Director of Peace Links and the Fund for Peace

Russell W. Steenberg

Global Head, BlackRock Private Equity Partners

Paul Stoffels, M.D.

Chief Scientific Officer, Johnson & Johnson

Samuel O. Thier, M.D.

Professor of Medicine and Health Care Policy, Emeritus, Harvard Medical School; Massachusetts General Hospital

EX OFFICIO NON-VOTING DIRECTORS

Francis S. Collins, M.D., Ph.D.

Director, National Institutes of Health

Scott Gottlieb, M.D.

Commissioner, Food and Drug Administration

EMERITUS DIRECTORS

Paul Berg, Ph.D.

Cahill Professor in Biochemistry (Emeritus), Stanford University School of Medicine

Sherry Lansing

Founder and Chief Executive Officer, The Sherry Lansing Foundation

The Honorable John Edward Porter

Hogan Lovells US, LLP

HONORARY DIRECTORS

Luther W. Brady, M.D.

Affiliate Faculty Member in the Department of Radiation Oncology at Drexel University;
Former Chair of the Department of Radiation Oncology, MCP Hahnemann University

Ann Lurie

President, Lurie Holdings; President and Treasurer, Ann and Robert H. Lurie Foundation

Patrick C. Walsh, M.D.

University Distinguished Service Professor, James Buchanan Brady Urological Institute,
Johns Hopkins Medical Institutions

Tab Three

FNIH Project Summaries through December 31, 2017





Project Summaries Table of Contents

1. Overview

- Funds Raised for Active Projects by Activity Type: \$555,293,694
- Active Project by Activity Type: 119
- Funds Raised for Each NIH IC: \$407,080,782

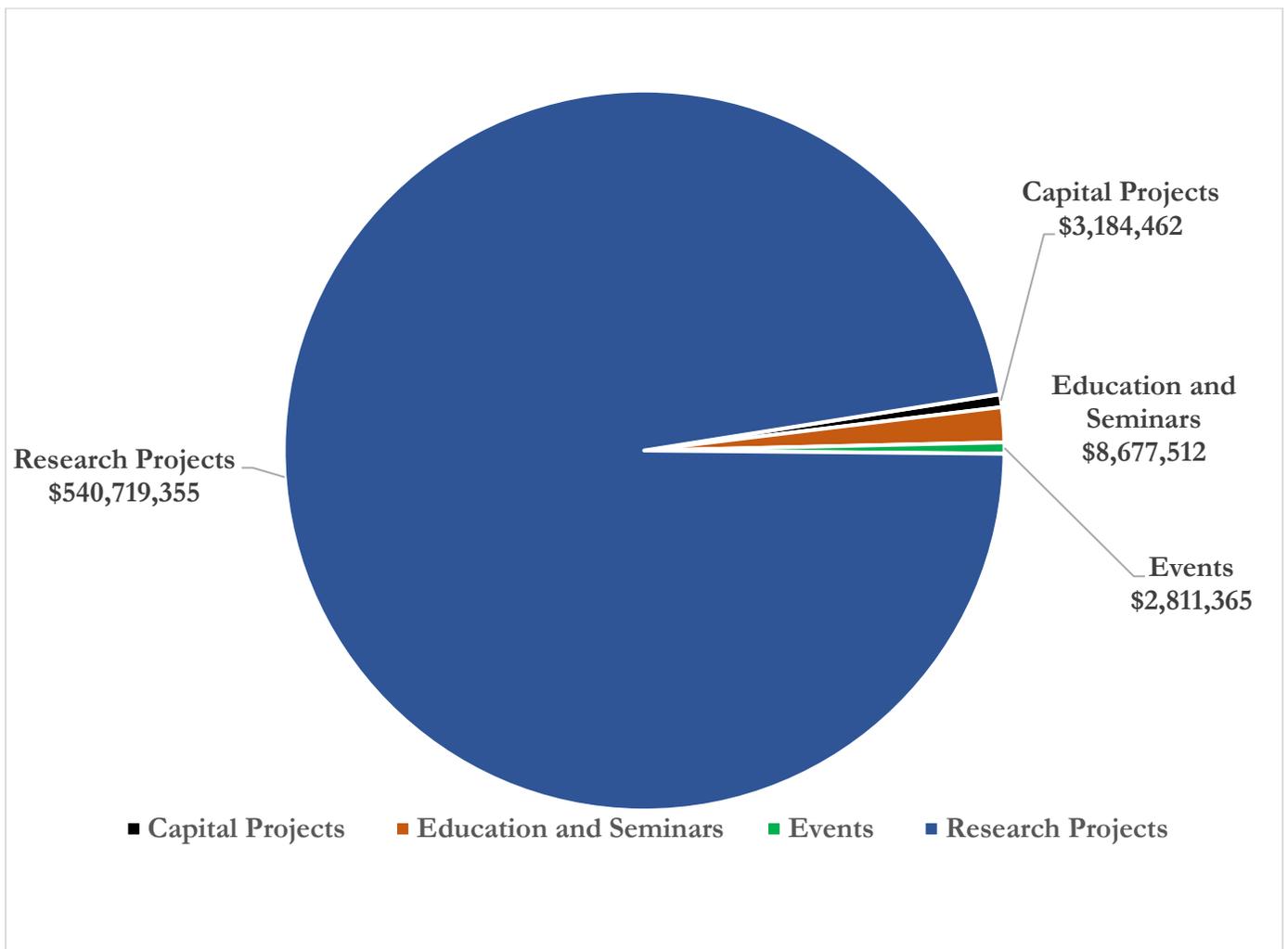
2. Summaries

- National Institutes of Health Clinical Center (CC)
- Fogarty International Center (FIC)
- National Center for Complementary and Integrative Health (NCCIH)
- National Cancer Institute (NCI)
- National Eye Institute (NEI)
- National Human Genome Research Institute (NHGRI)
- National Heart, Lung and Blood Institute (NHLBI)
- National Institute on Aging (NIA)
- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute of Allergy and Infectious Diseases (NIAID)
- National Institute of Arthritis, Musculoskeletal and Skin Diseases (NIAMS)
- *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD)
- National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- National Institute of Mental Health (NIMH)
- National Institute of Neurological Disorders and Stroke (NINDS)
- National Institute of Nursing Research (NINR)
- Office of the Director (OD)
- Other

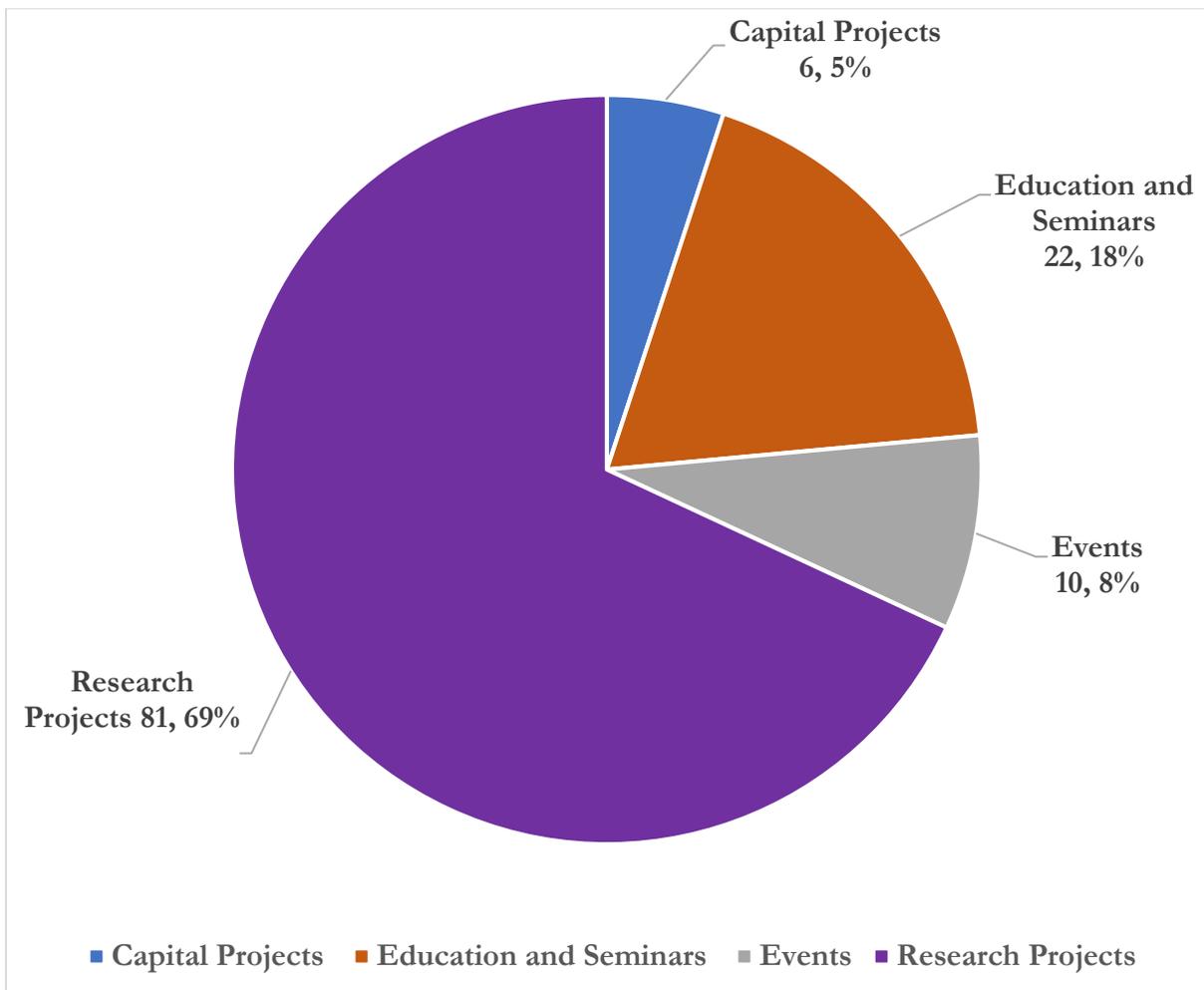
Funds Raised: \$555,293,694

(Current portfolio)

(from Raiser's Edge – AKA, recognizing full gift upon commitment)



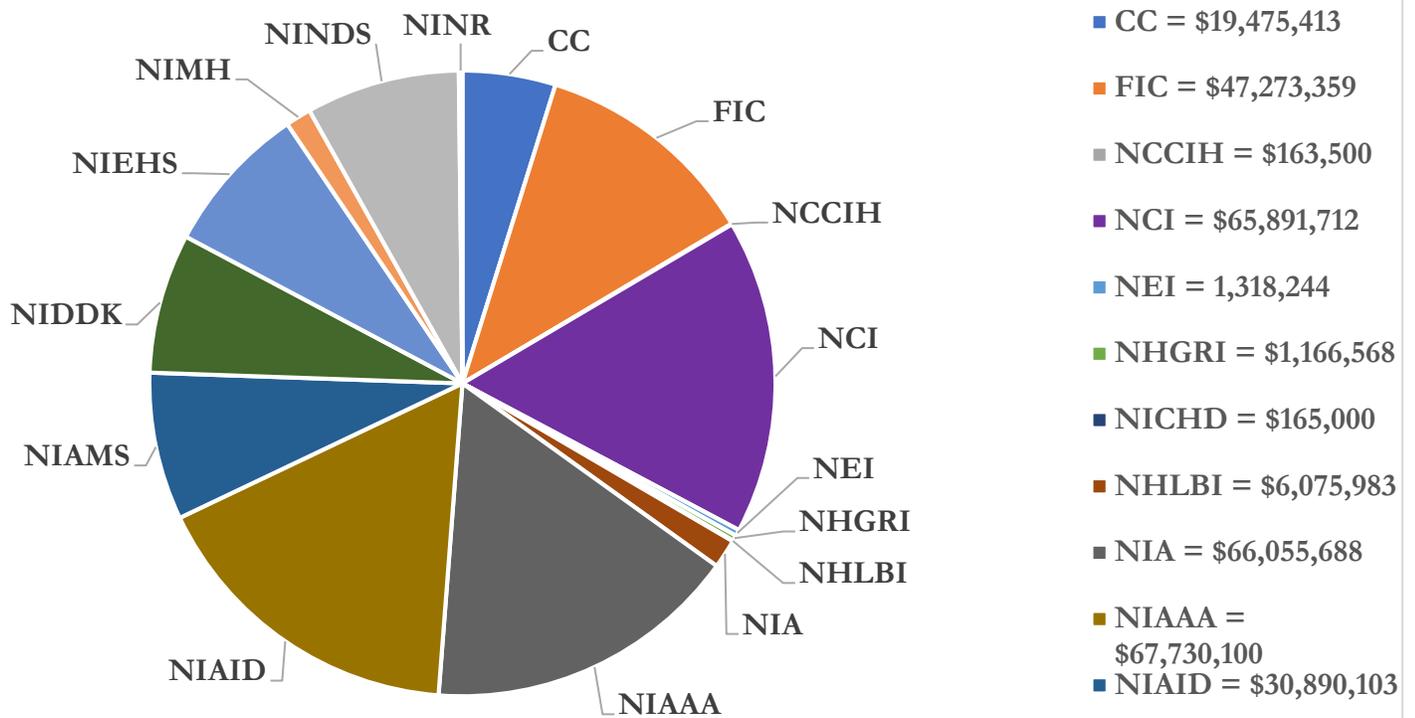
Current Portfolio: 119 Active Projects



Funds Raised for NIH: \$407,080,782

(Current portfolio)

(from Raiser's Edge – AKA, recognizing full gift upon commitment)



NIH Clinical Center

Research Projects		
Project Name	Display Name	Description
Dr. John L. Barr Memorial Fund for Cancer Research	Barr Memorial Fund for Cancer Research	The Dr. John L. Barr Memorial Fund helps to support the Intramural Research Training Award Fellowship Program at the NIH Clinical Center's Pain and Palliative Care Service. The objective of the fellowship is to conduct research on pain and palliative care, and also to encourage young investigators to become more familiar with the importance of this field of study.
Clinical Center Drug Donations	Clinical Center Drug Donations	An initiative to get medicines donated to the Clinical Center from pharmaceutical companies. Having these products (or the funds for the products) donated will free funds from the Clinical Center's budget to support other clinical research activities.
John and Elaine Gallin Fund	Gallin Fund	The Gallin Fund provides support for the Edmond J. Safra Family Lodge and to support clinical research needs of the intramural research program at the National Institutes of Health.

Capital Projects		
Project Name	Display Name	Description
Edmond J. Safra Family Lodge (Bricks and Mortar)	Safra Family Lodge (Bricks and Mortar)	The Edmond J. Safra Family Lodge offers a home-like residence for families and loved ones of adult patients who are receiving care at the NIH Clinical Center, a comfortable environment intended to alleviate the incredible burden that accompanies serious illness. The Family Lodge features 34 guest rooms, family gathering areas including living room, dining room, kitchen, playroom, library, exercise room, and telecommuting facilities that allow families to manage their home and business lives during their time at NIH. This project was funded by the Edmond J. Safra Philanthropic Foundation and other generous individual and corporate contributors.

NIH Clinical Center

Capital Projects

Project Name	Display Name	Description
Safra Family Lodge - All Programs	Safra Family Lodge - All Programs	The Edmond J. Safra Family Lodge offers a home-like residence for families and loved ones of adult patients who are receiving care at the NIH Clinical Center, a comfortable environment intended to alleviate the incredible burden that accompanies serious illness. The Family Lodge features 34 guest rooms, family gathering areas including living room, dining room, kitchen, playroom, library, exercise room, and telecommuting facilities that allow families to manage their home and business lives during their time at NIH. This project was funded by the Edmond J. Safra Philanthropic Foundation and other generous individual and corporate contributors. Ongoing gifts from donors provide support of the Family Lodge's operations and comfort of its guests. Annual investment income generated by an endowment fund supports program expenses, while the principal remains intact to ensure future funding.
Edmond J. Safra Family Lodge GSK Endowment	Safra Family Lodge GSK Endowment	The GlaxoSmithKline Endowment supports programs and activities for families staying at the Edmond J. Safra Family Lodge, including services that help residents stay in touch with employers and loved ones.
Edmond J. Safra Family Lodge Weinberg Endowment	Safra Family Lodge Weinberg Endowment	The Weinberg Endowment supports Edmond J. Safra Family Lodge operations and maintenance, ensuring that guests are provided a comfortable home away from home for years to come.
Lifecycle Replacement Plan for the Edmond J. Safra Family Lodge	Safra Lifecycle	This project helps the FNIH and the Family Lodge to prioritize maintenance needs, anticipate costs, align resources and plan accordingly. The Lifecycle Replacement Plan strategy for the long-term conservation of the Family Lodge will be implemented in two phases. Phase I is a comprehensive assessment of the Family Lodge, with a maximum allocation of \$40,000 for the report. Phase II will be incremental disbursements of funding over a five-year period allocated to the preservation of current Family Lodge standards, with a maximum expenditure of \$70,000 per year as informed by the Lifecycle Replacement Plan.
Tracy's Toy Box Memorial Fund	Tracy's Toy Box	This fund supports the purchase of toys and activities for children staying at the Edmond J. Safra Family Lodge to help make their time there more comfortable and pleasant. Tracy's Toy Box was established in memory of Tracy Nadel.

NIH Clinical Center

Education & Seminars		
Project Name	Display Name	Description
John Laws Decker Memorial Fund	Decker Memorial Lecture Lunch	During his lifetime, Dr. John Laws Decker strived to connect scientific communications around the world to exchange information and accelerate important research. His dedication to education and communication about science makes this annual lecture at NIH an especially fitting tribute to a recognized leader and teacher. The NIH Fellows Committee identifies and awards the annual Distinguished Clinical Teacher's Award. This recipient is also the invited lecturer of the Decker Memorial Lecture as part of the Contemporary Clinical Medicine: Great Teachers Grand Rounds Program.
NIH Medical Research Scholars Program 2018-2019	MRSP 2018-2019	The National Institutes of Health (NIH) Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the intramural campus of the NIH in Bethesda, MD. Student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and career goals. The MRSP combines and replaces two successful NIH training programs, the NIH-Howard Hughes Medical Institute Scholars and the Clinical Research Training Program.
NIH Medical Research Scholars Program 2017-2018	MRSP 2017-2018	The National Institutes of Health (NIH) Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the intramural campus of the NIH in Bethesda, MD. Student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and career goals. The MRSP combines and replaces two successful NIH training programs, the NIH-Howard Hughes Medical Institute Scholars and the Clinical Research Training Program.

Fogarty International Center

Research Projects		
Project Name	Display Name	Description
Comprehensive Investigation into the Risk Factors of Malnutrition and the Consequences for Child Health	MAL-ED	The study is determining the impact of enteric infections/diarrhea that alter gut function and impair children's nutrition, growth and development and inform development of new intervention strategies that can break the vicious enteric infection-malnutrition cycle and reduce its global burden. Children from resource-constrained areas will be recruited for this study at eight sites in developing countries across Africa, Asia and South America (field sites located in Bangladesh, Brazil, India, Nepal, Pakistan, Peru, South Africa, and Tanzania) to establish a birth cohort that will be followed for at least two years. In addition, sites in Bangladesh and Brazil will conduct case-control studies comparing malnourished children with those that are better nourished. Analyses will evaluate data obtained for various research areas including cognitive abilities, gut functioning, nutritional status, and socio-economic and educational status.

Education & Seminars		
Project Name	Display Name	Description
World AIDS Foundation-Clayton-Dedonder Scholarships	Clayton-Dedonder Scholarship Awards (WAF)	The World AIDS Foundation donated to FNIH remaining funds from the existing leadership and mentorship award program for emerging leaders in AIDS research in the developing world. FIC asked FNIH to administer these funds, \$50,000 for each recipient. FIC and FNIH will work jointly, as has been done in the past with the World AIDS Foundation, in reviewing and implementing these awards.

Fogarty International Center

Events		
Project Name	Display Name	Description
Fogarty International Center at 50: What is the future research agenda for global health research?	Fogarty International Center at 50	Fogarty is planning a year-long series of events to mark its 50th anniversary that will increase awareness of Center's initiatives, demonstrate the value of its research and training programs, and convene its stakeholders in discussions to inform future plans that will advance global health research.

National Center for Complementary and Integrative Health

Events		
Project Name	Display Name	Description
Stephen E. Straus Distinguished Lecture in CAM	Straus Lecture	Established by Bernard and Barbro Osher in 2006, this fund honors the late Dr. Stephen E. Straus, the founding director of NIH's National Center for Complementary and Integrative Health (NCCIH). It supports the Stephen E. Straus Distinguished Lecture in the Science of Complementary and Alternative Medicine, an annual lecture that brings leading figures in science and medicine to NIH to speak about their perspective on the field of complementary and alternative medicine. Open to the public, the lecture is videocast and archived on the NCCIH website.

National Cancer Institute

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Chemotherapeutic Impact on the Immune MicroEnvironment	Biomarkers Consortium - ChIME	The clinical impact of tumor immunity in patients with cancer is variable and many patients fail to respond to immunotherapy (IO). One hypothesis for nonresponse is differential regulation of factors in the immune microenvironment (ME). Therefore, there is a need to study the ME before, during, and following therapy, to inform how to sequence and combine IO and chemotherapy to discover new biomarkers and effective interventions. This project will define the transcriptomic state of malignant and non-malignant cells in the tumor ME (TME) from patients undergoing clinical care and use this data for deconvolution of large amounts of legacy data. Clinical trial data with pre/post biopsy samples available for specific immune parameters will be interrogated to identify immune biomarkers altered in a meaningful way. Results could lead to therapeutic hypotheses for IO, identification of novel biomarkers, improvements in drug development, and better patient stratification.
Biomarkers Consortium - Fluorodeoxyglucose-Positron Emission Tomography (FDG-PET) Lung and Lymphoma	Biomarkers Consortium - FDG-PET Lung and Lymphoma (Cancer)	The research assesses the use of Fluorodeoxyglucose-Positron Emission Tomography (FDG-PET) as a companion biomarker study in two separate NCI Cooperative Group clinical trials conducted in non-Hodgkin's lymphoma (CALGB 50303) and non-small cell lung cancer (ACRIN 6678). The overall goal of the FDG-PET Lung and Lymphoma Projects is to determine the linkage of FDG-PET to the effect of conventional cytotoxic drugs in clinical outcome and survival in these two tumor types. The team is working with FNHI to combine the early results of these two trials with additional data from industry trials to support biomarker qualification with the FDA in collaboration with the Radiological Society of North America (RSNA)-sponsored Quantitative Imaging Biomarker Alliance (QIBA).
Biomarkers Consortium - High Definition Single Cell Analysis of Blood and Tissue Biopsies in Patients with Colorectal Cancer undergoing Hepatic Metastectomy (HD-SCA in CRC)	Biomarkers Consortium - HD-SCA in CRC	Colorectal cancer (CRC) is the second leading cause of cancer deaths in western countries. The five-year survival rate in early-stage CRC patients falls from 90% to 60% with lymph node involvement and to 10% with metastases. Early detection and treatment of mCRC would benefit from an easily obtainable biomarker signature (bio-signature) to characterize patient subpopulations. The core hypothesis for this project is that a liquid biopsy can serve as a source of rare circulating cells (CTCs) to represent or complement the traditional solid biopsy. The project is an observational clinical study in two stages, with a possible third stage, to sample CTCs and solid tissue from patients with metastatic colorectal cancer (mCRC) undergoing liver resection. Cell-free DNA will also be collected as part of the liquid biopsies for later analysis if warranted.
Biomarkers Consortium - Minimal Residual Disease Detection in Adult Acute Lymphoblastic Leukemia	Biomarkers Consortium - MRD Project	Leukemia is a life-threatening but treatable type of cancer of the blood or bone marrow in which numbers of immature white blood cells increase abnormally. In 2013 there were over 48,000 new cases and 23,000 deaths in the United States; there are multiple types of leukemia in children and adults. Minimal residual disease (MRD) is the number of leukemic cells detected by molecular or cellular means in blood or bone marrow when the patient is in a clinical and pathological state of remission after treatment. MRD has been investigated extensively in pediatric acute lymphoblastic leukemia (ALL), and its detection is associated with subsequent relapse, event-free or relapse-free survival (EFS or RFS, respectively). Indeed, national pediatric studies now perform risk stratification based on MRD level after induction therapy. Data concerning the association of MRD and outcome in adult ALL have not been as well investigated, and MRD does not yet have the same application in the disease.

National Cancer Institute

Research Projects		
Project Name	Display Name	Description
BC - Vol-PACT: Volumetric CT for Precision Analysis of Clinical Trial Results	Biomarkers Consortium - Vol-PACT	The Foundation for the National Institutes of Health (FNIH) Biomarkers Consortium initiated a collaborative research partnership entitled Vol-PACT (Volumetric CT for Precision Analysis of Clinical Trial Results). Vol-PACT is collecting imaging data and associated patient outcomes data from large and completed landmark phase 3 trials in several measurable solid tumors. The aim is to comprehensively study metrics in the context of unidimensional, bidimensional, and volumetric tumor measurements in their ability to predict clinical outcomes. Preliminary simulation results were produced in a previously-funded pilot study using data from Sanofi's VELOUR trial, which is powered by data collected from 1,226 patients. Data from four additional trials has now been secured, representing a population of an additional 3,191 people with colorectal and renal cell cancer.
Cancer Research Fund	Cancer Research Fund	As a part of its outreach efforts to individuals who may be interested in supporting NIH and, more specifically, the work of NCI, this fund was established to hold contributions received to support cancer research. Contributions may be designated simply for "cancer research" or, if desired by the donor, for more targeted initiatives underway at NIH. The Foundation will work with NCI to determine how this growing pool of general funds might best be applied whether through fellowships, as project seed funding, or through another mechanism.
Developing an Analytically and Clinically Validated Reference Material for ctDNA Testing	ctDNA Reference Standards	The ctDNA Reference Materials Project Plan for the development of FDA-approved ctDNA reference material for use across multiple assays and platforms was presented to the CSC on June 26 2017. The plan will be submitted to the EC on August 16 for final approval. Scheduled project launch is in Q1 2018 with a total budget of \$738,575. The team has developed Donated Services Agreements and is negotiating terms with three reference material manufacturers. It is expected that the project will provide a pathway to accelerate regulatory approval for novel liquid biopsy technologies and serve as a prototype for the development and validation of reference materials for other assays evaluating genomic material.
Efficacy of heterodimeric IL-15 treatment regimens in reducing SIV reservoir	Gilead HIV Cure Grant Program	This project evaluates the ability of heterodimeric IL-15 (hetIL-15) to activate HIV/SIV reservoirs and induce atypical immune responses resulting in recruitment of cytotoxic lymphocytes into lymphatic tissues, flushing out and killing infectious reservoirs in rhesus macaques (RM) on long-term antiretroviral therapy (ART). RMs will be treated with hetIL-15 as single agent or in combination with a therapeutic DNA vaccination strategy. In a follow-on study, a PD-1/PD-L1 check-point inhibitor will be tested for synergistic activity. Virus rebound following termination of ART will be monitored to evaluate treatment effectiveness. PBMCs and LN tissue samples will be assayed for virus persistence, viremia, phenotypic immune responses and provide gene expression data for a systems biology analysis of immune-correlate responses. Germinal centers from LN tissue will be analyzed for structure integrity and quantitative measurements of virus and cellular immune populations.

National Cancer Institute

Research Projects		
Project Name	Display Name	Description
Bradley Charitable Gift Annuity	PG - Annuity - Bradley	The Bradley family has made a \$250,000 charitable gift annuity to the FNIH in support of Dr. Staudt's lab or his successors to support lymphoma and leukemia research at the NCI. In accordance with the gift annuity rates set forth by the American Council on Gift Annuities (used by most charities in their issuance of gift annuities), the FNIH is obligated to pay the family 4.6% annually, or \$11,500, every year until the survivor of them dies, at which time the remaining amount reverts to the FNIH to fund the project. The FNIH will then retain 5% of the remaining amount of the annuity and transfer 95% of the remaining amount to Dr. Staudt's lab or his successors.
Follicular Lymphoma Research Fund	Follicular Lymphoma Research Fund	Mr. Andrew Feinberg has made a \$100,000 pledge of support for five yearly installments of \$20,000 to the laboratory of Dr. Wyndham Wilson and NCI colleagues, who are developing a research project to further understand the biology of follicular lymphoma. The project titled, "Use of functional genomics to define new therapeutic strategies in transformed follicular lymphoma" has two specific aims: 1.) Identify essential genes in cell line models of tFL using CRISPR-based genetic screens. 2.) Specific Aim 2: Identify genes that confer sensitization or resistance to BCL2 inhibitors in tFL.
Gramlich Melanoma Research Fund	Gramlich Foundation - Melanoma Research	The Gramlich Melanoma Research Fund supports melanoma research at NIH through an annual gift provided by the estate of Jack Gramlich.
Jerry D. Jennings Memorial Fund	Jerry D. Jennings Memorial Fund	The fund honors Catherine Jennings Davis's father who passed away from renal cell cancer in July 2006. The Jennings Family funds go to support renal cell cancer research at NIH.
Kidney Cancer Research in the Laboratory of W. Marston Linehan, M.D.	Kidney Cancer Research in the Laboratory of W. Marston Linehan, M.D.	Dr. Linehan's laboratory personnel are working to develop novel approaches targeting kidney cancer gene pathways, and evaluating these agents in patients treated at the NIH Clinical Center. Their studies of the different types of kidney cancer have demonstrated that it is fundamentally a metabolic disease. Both in the laboratory and in the clinic, they are evaluating new agents targeting the metabolic pathways in kidney cancer--for patients with clear cell kidney cancer, von Hippel Lindau disease, sporadic (non-hereditary) papillary kidney cancer, papillary kidney cancer, Hereditary Papillary Renal Cell Carcinoma, Renal Cell Carcinoma, and Hereditary Leiomyomatosis--and are very encouraged about the results of these studies, which promise to build on Dr. Linehan's great legacy of finding new therapeutic approaches for patients with kidney cancer.
The Lowy Cancer Research Support Fund	The Lowy Cancer Research Support Fund	Funds are for the discretionary purpose of Dr. Douglas Lowy, Acting Director of NCI to provide support to cancer program activities. These activities could include events, meetings, etc. which might include refreshments, travel or other support.
Master Protocol for Treatment of Advanced Squamous Cell Lung Cancer (Implementation Phase)	LungMAP	Lung-MAP is a groundbreaking clinical trial model that uses a multi-drug, targeted screening approach to match patients with sub-studies testing investigational new treatments based on their unique tumor profiles. Lung-MAP (SWOG S1400) is a multi-drug, multi-sub-study, biomarker-driven squamous cell lung cancer clinical trial that uses cutting-edge genomic profiling to match patients to studies testing investigational new treatments that may target the genomic alterations, or mutations, found to be driving the growth of their cancer. Instead of having to undergo multiple diagnostic tests to determine eligibility for many different studies, enrollees are tested just once according to a "master protocol" and assigned to a study on the basis of this single screen.

National Cancer Institute

Research Projects		
Project Name	Display Name	Description
NCI Neuro Oncology Branch Fund	NOB Fund	The Neuro-Oncology Branch (NOB) is a trans-institutional initiative in neuro-oncology sponsored by both NCI and NINDS that launched in 2000. NOB's mission is to develop novel diagnostic and therapeutic agents for patients with primary central nervous system tumors. They are building a biology-driven, individualized, patient-centric, rational therapeutics program. The NOB receives donations from patients, their families and friends, and others to support their research and would like to establish a fund at FNIH to hold such donations.
NCTN Data Archive De-Identification Project	NCTN Data Archive De-Identification Project	The NCTN Data Archive will be a database of individual-level data from clinical trials conducted by the National Clinical Trials Network that will be made broadly available for access by the entire scientific community on a controlled basis. In order to make the data more broadly available, the data must be de-identified, formatted and accompanied by data dictionaries. FNIH will aim to seek additional funding from non-NIH resources to be allocated to this de-identification and data preparation process to allow these datasets to become available to the public and scientific researchers more quickly.
Stephen J. Solarz Memorial Fund	Solarz Memorial Fund	The Solarz Fund supports research in the laboratory of Dr. David Schrupp at the National Cancer Institute. The Solarz Fund has raised over \$304,000 since it was established in 2010. Funds have supported costs associated with Dr. Schrupp's research using molecular biological techniques to manipulate DNA in cells taken from a patient's tumor to produce molecules that will stimulate the patient's immune system to kill cancer cells. Funds to also be used in support of International funding opportunities of post-doctorate scientists/researchers in the field of cancer.

Education & Seminars		
Project Name	Display Name	Description
Adam Berry Memorial Fund	Adam J. Berry Memorial Fund	The Adam J. Berry Memorial Fund was established by Michael and Sue Berry in memory of their beloved son, Adam. Adam came from Australia to work as a research scientist at the NIH's National Cancer Institute. The fund commemorates his life and his enthusiasm for work by making it possible for promising young Australian scientists to travel to the United States and work at NIH.
Anita Roberts Memorial Fund	Anita Roberts Memorial Fund	Dr. Roberts was one of the first woman laboratory chiefs at NIH and ranked in the top 50 most-cited biological scientists in the world. She was widely recognized as an outstanding mentor, encouraging and inspiring young scientists. In recognition of her commitment to mentoring, Dr. Roberts' family and lab colleagues established scholarships to allow graduate students and post-doctoral fellows to present their work at a national meeting. Two travel scholarships are awarded to the TGF-beta Keystone Symposium held every other year. These scholarships are a fitting tribute to Dr. Roberts' passion for encouraging the career development of young scientists.
Sallie Rosen Kaplan Fund for Women Scientists in Cancer Research	Kaplan Fellowship	The Kaplan Fund provides annual support for the Sallie Rosen Kaplan Fellowships for Women Scientists in Cancer Research. These post-doctoral fellowship awards are given annually to one or more outstanding woman scientist at the National Cancer Institute.
Portrait of former NCI Director, Dr. Harold Varmus	Portrait of Dr. Harold Varmus	This project will involve commissioning a portrait of former NCI Director, Dr. Harold Varmus and holding an event for the unveiling and dedication of the portrait. This portrait, along with the portraits of past NCI Directors, will serve as a significant historical reference to the leadership and legacy of the NCI and the National Cancer Program.

National Cancer Institute

Events		
Project Name	Display Name	Description
Biomarkers Consortium - Cancer Steering Committee 2017 Scientific Symposium	BC-CSC 2017 Scientific Symposium	Each year, the Cancer Steering Committee (CSC), led by the FNIH and its co-chairs, brings together experts from academia, pharmaceutical companies, biotechnology companies, not-for-profit organizations, the NIH and the FDA to participate in a scientific symposium to review advances in the field of biomarker and regulatory science that are relevant to the development of new public-private partnerships for precompetitive biomarkers. The CSC Symposium serves as a juncture each year to assess and recalibrate future directions in biomarker discovery and development.

National Eye Institute

Research Projects

Project Name	Display Name	Description
Age-Related Eye Disease Study 2 (AREDS2) Ancillary Study	AREDS2 ancillary	Age-related macular degeneration (AMD) and age-related cataract are leading causes of blindness in the U.S. The Age-Related Eye Disease Study 2 (AREDS2), begun in 2007, is a randomized controlled clinical trial of 4,000 subjects who are at intermediate risk of AMD or have advanced AMD in one eye. It will provide important information both for the natural history and the randomized controlled trial of oral supplements with omega-3 polyunsaturated fatty acids and lutein/zeaxanthin for prevention of the development of advanced AMD. Funds raised by FNIH support development of a genetic repository.

Education & Seminars

Project Name	Display Name	Description
Dr. Jane M. Sayer Vision Research Lecture & Award	Sayer Vision Research Lecture & Award	The Sayer Vision Research Fund supports the annual Sayer Lecture delivered by an investigator in the area of vision research. The fund also supports the Sayer Vision Research Award, a grant-in-aid to support the research of a promising independent investigator in the early stage of his or her research career in the Division of Intramural Research at the National Eye Institute.

National Human Genome Research Institute

Research Projects		
Project Name	Display Name	Description
Genome Research Fund	Genome Research Fund	As a part of its outreach efforts to individuals who may be interested in supporting NIH and, more specifically, the work of NHGRI, this Fund was established in January 2013 to hold contributions received to support genetics/genomics research. Contributions may be designated simply for "genetics or genomics research" or, if desired by the donor, for more targeted initiatives underway at NIH. The Foundation will work with NHGRI to determine how this growing pool of general funds might best be applied whether through fellowships, as project seed funding, or through another mechanism.
The NIH Undiagnosed Diseases Program	UDP	The UDP diagnoses patients who have long been unable to find any diagnosis, to discover new disorders that will provide insight into biochemical and cell biological pathways, and to bring genomics to modern medicine, especially in the area of rare diseases. It fosters personalized medicine. The FNIH would serve as a conduit for donations of funds and services; i.e., in-kind such as software packages and expertise.

Education & Seminars		
Project Name	Display Name	Description
Genomic Literacy, Education, and Engagement (GLEE) Initiative	GLEE Initiative	GLEE is envisioned to be an overarching national initiative that will coordinate and augment ongoing genomics education and outreach efforts. Organized as a public-private partnership, GLEE aims to enhance genomic literacy in three major groups: K-16 students, general public, and healthcare professionals. The initiative will involve the development of targeted educational materials and programs, each tailored for its intended audience. It is acknowledged that many of the materials and programs will be useful for all groups.

National Human Genome Research Institute

Events		
Project Name	Display Name	Description
Human Genome Exhibition	Human Genome Exhibition	In June 2013, the National Human Genome Research Institute (NHGRI) and the National Institutes of Health (NIH), in partnership with the Smithsonian Institution, celebrated the 10th anniversary of the sequencing of the human genome and the 60th anniversary of the Watson-Crick discovery of DNA's structure with a major exhibition initiative, Genome: Unlocking Life's Code, at the National Museum of Natural History. Through high-tech, hands-on interactive activities and educational programming, Genome celebrates the advances related to the sequencing of the human genome, and helps make genomics accessible, understandable, and exciting to the general public. More than just an exhibition within the walls of the Museum, the project includes a large-scale, multi-platform educational effort that is communicating how genomic science, and the era of personalized medicine is playing, and will continue to play, a critical role in our everyday lives and health care.
International Summit on Genetics and Genomics	Summit in Genetics	The significance of this program is to promote genomic research and medicine, through international cooperation by identifying and filling the knowledge gap in this field and its related technologies, in countries with limited resources in this arena. It will also help communicate the advances in genomic science to the larger global community.

National Heart, Lung and Blood Institute

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Atherosclerosis Computer Modeling (Metabolic Disorders)	Biomarkers Consortium - Atherosclerosis Computer Modeling	The atherosclerosis project is a two-stage project. The first stage, currently in execution, will utilize published data for refining an existing in silico model of atherosclerosis. The model platform will be provided by a leading company in the field, Entelos, which was selected through a thorough FNIH-managed review process. The model, created by the Biomarkers Consortium project team in Stage 1, will identify the best, time-dependent group of biomarkers that predict change in clinical outcomes in atherosclerosis due to statins and residual risk after statin treatment. This model will guide the requests for subject level data in Stage 2 of the project. Successful development of a publicly-accessible atherosclerosis model may enable similar efforts in other disease areas in the future.
Biomarkers Consortium - Novel Cardiac Biomarkers in the General US Population	Biomarkers Consortium - Cardiac Troponin Biomarkers	The main goals of the Cardiac Troponin Biomarker Project are: 1) to define the reference ranges for novel cardiac biomarkers (BM) in a young healthy subgroup of adults and to describe the normal BM variation; 2) to characterize the cross-sectional associations of these novel BMs with other novel diabetes, kidney disease and cardiovascular disease risk BMs and 3) to characterize their associations with total mortality while comparing them head to head in their effectiveness for mortality risk prediction. The project will conduct a comprehensive national study, utilizing existing stored blood and urine specimens and data from NHANES, providing key reference data and informing recommendations and clinical guidelines regarding the use of these BMs.
Dean R O'Neill Renal Cell Cancer Research Fund	O'Neill Memorial Fellowship	This memorial is in honor of Mr. Dean O'Neill, who, before he passed away, was treated for renal cancer by Richard Childs at NHLBI. FNIH is working with the O'Neill family to raise additional funds to support a post doctoral fellow to work in Dr. Childs' lab, focusing on renal cell cancer research. The goal of this program is to provide critical person-power to accelerate the search for new breakthroughs in the treatment of kidney cancer. With significant contributions from individual donors and the BOO! Run For Life 10K, these funds sponsor a dedicated fellowship program to support the exploration of new and existing treatments, such as allogeneic stem cell transplantation, chemotherapy, radiation therapy, immunotherapy, vaccine therapy, and drug treatments.
Dr. Edward T Rancic Memorial Fund for Cancer Research	Rancic Memorial Fellowship for Cancer Research	The Dr. Edward T. Rancic Memorial Fund supports a post-doctoral fellowship in Dr. Richard Childs' lab in NHLBI that focuses on renal cell cancer research. The fellowship was established by the family in memory of Dr. Edward Rancic.

National Heart, Lung and Blood Institute

Research Projects		
Project Name	Display Name	Description
Heart Truth Community Action Program Grants	Heart Truth Community Action Program Grants	NHLBI launched The Heart Truth media campaign in September 2002. The campaign is aimed especially at women aged 40-60 with the goal of giving women a personal and urgent wake-up call about their risk of heart disease. One of the campaign's strategies is to partner with community-based groups committed to spreading the Heart Truth messages to women -- especially those of color, low income, and/or in rural areas -- and encouraging behavioral change leading to lower heart disease risk. FNIH has received donations from Diet Coke, Swarovski, Belk Department Stores, and a number of cause-based supporters such as Stitch Red (which donates a percentage of yarn sale profits) that fund the Community Action Program grants. The grant program is administered by FNIH, which, since 2008, has awarded 33 grants with a total value of \$1,084,480.

National Institute on Aging

Research Projects		
Project Name	Display Name	Description
Accelerating Medicines Partnership - Alzheimer's Disease	AMP-AD	In early 2014 a final research plan for Alzheimer's disease (AD) was completed through the AMP-AD Steering Committees, including representatives from AbbVie, Sanofi, Biogen Idec, GlaxoSmithKline, and Lilly as well as members from government and advocacy sectors. The AMP-AD effort comprises two projects: Project A will supplement the biomarker panels already included in three NIH-funded Phase II/III registration trials in presymptomatic AD through the addition of tau PET imaging and novel fluid biomarkers. Project B will apply integrated network analysis (both RNA and proteomic studies) in human AD brain samples to identify biologic nodes and networks linked to the development or progression of AD and create standardized open-source data structures and formats for easy analysis of biological data.
Alzheimer's Disease Neuroimaging Initiative 2	ADNI 2	ADNI 2 is the extension of the ADNI study for an additional six years (2010-2016). The ADNI project is testing whether serial MRI, PET, other biological markers (in blood, urine, and CSF), and clinical and neuropsychological assessment can be combined to measure the progression of mild cognitive impairment (MCI) and Alzheimer's disease (AD). This longitudinal study is tracking patients with early MCI, late MCI, AD, and normal cognition to produce a public resource cataloging imaging and biochemical biomarkers to identify and characterize MCI and AD.
Alzheimer's Disease Neuroimaging Initiative 3	ADNI 3	ADNI 3 is expected to be a 5-year extension of the ADNI study. Its expected time-period is August 1, 2016 to July 31, 2021. (Funding amounts given below are estimates to be firmed up once more is known about the expected program.)
Biomarkers Consortium - Outcome Measures for Sarcopenia	Biomarkers Consortium - Sarcopenia 2	The main goal of the Sarcopenia Project is to validate the predictive ability of the candidate criteria for clinically relevant weakness and low lean mass, established by the first Sarcopenia project, among individuals with substantial levels of physical impairment that are likely to qualify and benefit from interventions to improve mobility and to perform additional analyses on the originally assembled data set. To meet this goal, the following questions will be addressed: 1. What is the prevalence of clinically relevant low muscle strength (weakness) and low lean mass in mobility-impaired older adults? 2. Do the First Sarcopenia Project criteria need refinement among more vulnerable populations of older adults? 3. Among mobility-impaired older adults, do the FNHI Sarcopenia Project Phase I criteria validly predict clinically important outcomes (e.g., ADLs, IADLs, morbidity)? 4. What is the meaningful change in mobility impairment that correlates with intervention results?

National Institute on Aging

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Placebo Data Analysis Project in Alzheimer's Disease/Mild Cognitive Impairment Clinical Trials (Neuroscience)	Biomarkers Consortium - AD/MCI Placebo Data Analysis Project	A project to combine placebo data from large clinical trials provided by multiple pharmaceutical companies with the original goal of creating datasets of 3-5K subjects for Alzheimer's disease (AD) and mild cognitive impairment (MCI) groups. The long-term goal is to develop better measures of disease progression - outcome measures that have both low variability and are sensitive to change, for use in future clinical trials. The FNIH will manage and administer this project. PIs are Marilyn Albert, Ron Petersen, Paul Aisen, Ronald Thomas, Project Chair: Maria Carrillo.
Biomarkers Consortium - Use of Targeted Multiplex Proteomic Strategies to Identify CSF-Based Biomarkers in Alzheimer's Disease	Biomarkers Consortium - AD Targeted CSF-Based Proteomics (Neuroscience)	This project is the second part of a multi-phased effort seeking to utilize samples collected by ADNI to qualify multiplex panels in both plasma and cerebrospinal fluid (CSF) to diagnose patients with Alzheimer's Disease (AD) and monitor disease progression. An earlier phase of the program focused on analysis of data from ADNI plasma samples run on a multiplex panel. This project leverages CSF samples from the Alzheimer's Disease Neuroimaging Initiative (ADNI) approved for use in assessing the utility of existing AD biomarker panels studies. Specific Aims: 1) To qualify a multiplex immunoassay panel as a tool to diagnose and monitor disease progression in the ADNI cohort, 2) To examine Beta-Site APP Cleaving Enzyme (BACE-1) levels and enzymatic activity in CSF, 3) To qualify a Multiple Reaction Monitoring (MRM) Mass Spectrometry panel. Project Chair: William Potter, Ph.D.
Inflammatory Markers for Early Detection and Subtyping of Neurodegenerative Disorders	Inflammatory Markers for Neurodegenerative and Mood Disorders	There is an acute need for biomarkers for diagnosing and subtyping patients with neurodegenerative disease and psychiatric disorders. CSF and plasma measurements of inflammatory markers represent an easily accessible biomarker opportunity with great potential, but require a harmonized, well-designed approach for sample collection, handling, and evaluation. While aberrant levels of inflammatory markers have been observed in patients, meta analyses of published studies show small effect sizes and large confidence intervals due to small sample size and the absence of a uniform analyte panel. Using technically well-validated, highly sensitive assays that operate in the linear range for biomarker quantification, and appropriately powered and harmonized sample collection and handling procedures, this 4-year Biomarkers Consortium project is expected to identify and validate plasma- and/or CSF-based multi-marker inflammatory biosignatures in Alzheimer's Disease and Major Depressive Disorder.
Mechanisms of Cognitive Remediation in Older Adults	Mechanisms of Cognitive Remediation in Older Adults	The vast majority of older adults will experience some deterioration in cognitive function as they age. This initiative consists supports an intervention trials to remediate or prevent age-related cognitive decline. A key goal is to encourage therapeutic approaches that aim to drive beneficial plasticity of the aging brain and require investigators to monitor plastic changes through behavioral and biological markers. The McKnight Brain Research Foundation (MBRF) is the private funder/partner and committed \$5 million to this effort. NIA's investment brings the total project funding to \$15M.

National Institute on Aging

Events		
Project Name	Display Name	Description
Alzheimer's Disease 2018 Research Summit	Alzheimer's Disease 2018 Research Summit	As part of the NIA's three-year follow-up to the subsequent Alzheimer's Disease Research Summits, it is anticipated that 500 participants, from academia, industry, non-profit organizations and the federal government will participate in the Summit. The Summits are crucial strategic planning meetings in support of achieving the research goal of the National Plan to Address Alzheimer's to: Treat and/or Prevent AD by 2025.

National Institute on Alcohol Abuse and Alcoholism

Research Projects		
Project Name	Display Name	Description
Multi-site Randomized Trial of Health Effects of Moderate Drinking	Health Effects of Moderate Drinking	Prospective epidemiological studies consistently relate moderate alcohol consumption with lower risk of cardiovascular disease, ischemic stroke, and type 2 diabetes. However, this association remains controversial due in part to the lack of gold-standard randomized evidence. This project is intended to meet the need for a clinical trial. The primary study objectives are: 1) determine the effects of one serving of alcohol daily, compared to no alcohol intake, on the time to incident cardiovascular disease among adults at above average cardiovascular risk; and 2) to determine the effects of one serving of alcohol daily on the time to incident diabetes among participants free of diabetes at baseline. The study design will be a randomized, multicenter, international, assessor-blinded, parallel group, balanced clinical trial. FNIH has been asked to secure private-sector funding and to create an arms-length relationship between funders and NIH, in order to ensure an unbiased trial.

National Institute of Allergy and Infectious Diseases

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - HABP/VABP Working Group	Biomarkers Consortium - HABP/VABP	There are limitations in the information to quantitatively assess the effect of antibacterial drug treatments vs. no treatment or placebo and in comparisons between active agents. These undefined clinical endpoints impede the field of drug development for these indications and limit the ability to perform clinical trials in this area. The lack of outcome measures also impedes patient care since clinicians and patients cannot understand similarities and differences between therapeutic agents that are not measured in a well-defined, reproducible and clinically relevant manner. The goals of the HABP VABP project are to develop 1) reliable, well-defined and clinically relevant endpoints in clinical trials that measure tangible benefits for patients in terms of how they feel, function, and survive and/ or 2) new design components that would improve trial feasibility. These goals will be achieved by a retrospective analyses of data from several existing industry-sponsored clinical trials.
Comprehensive Cellular Vaccine Immune Monitoring Consortium	CCVIMC	The goal of this consortium is to implement a comprehensive program for assessing vaccine-elicited T and B cell responses in humans and nonhuman primates. Our Vaccine Immune Monitoring Consortium was first established in 2005 and has been providing high-quality cellular immune monitoring to the Collaboration for AIDS Vaccine Development (CAVD) for 10 years. In the current iteration of the grant we will further expand our testing capabilities by applying cutting-edge technology to the problem of cellular immune monitoring. The CCVIMC will evaluate cellular immune responses induced by vaccines in hopes of identifying immune correlates associated with robust and durable immunity capable of either decreasing or eliminating new infections in vaccines, or controlling virus replication and preventing subsequent transmission. The entire operation will be administratively overseen by the Foundation for the NIH, and scientifically directed by the consortium PI, Richard Koup.
Developing leads to shorten duration of TB chemotherapy: SHORTEN-TB	SHORTEN-TB	SHORTEN-TB will build upon the lessons learned from HIT-TB and from other recent advances in our understanding of the rate-determining lesions in dictating the treatment shortening potential of individual series as early as possible. We will progress advanced series from the HIT-TB program that are predicted to be associated with those characteristics that define agents with potential to shorten the duration of chemotherapy based on clinical evidence (oxazolidinones) or mechanistic novelty where the engaged targets are predicted to be essential in the context of human pathogenesis.
Global Health Fund	Global Health Fund	FNIH has many programs at work in dozens of countries around the world as well as across the United States. The programs aim to alleviate wide spread suffering and death from diseases such as malaria, enteric infections and HIV, as well as train researchers and medical personnel in the developing world. The Global Health Fund was established by FNIH in January 2013. Contributions directed to this fund will be used within the global health field as directed by FNIH.
Identification of high-quality HITs for tuberculosis (HIT-TB)	HIT-TB	The program seeks to combine the power of high-throughput screening (HTS) and target-based approaches to identify targets with potential for lead optimization for drug development for tuberculosis (TB). The 4 major objectives of this application are: 1) implementation of high-throughput screening with novel sources of chemical diversity; 2) generation of hit-series with sufficient structure activity relationship to establish quality; 3) identification of the most vulnerable targets for the Coenzyme A pathway; 4) enrichment in the utility of screening libraries and analysis of data using computational predictions.
Rapid identification of individuals with viable adult female worms of <i>Onchocerca volvulus</i> : a means to the end	OvAF (Oncho)	The goal of this project is to identify host- and parasite-specific biomarker(s) present in human subjects with viable adult females of <i>Onchocerca volvulus</i> (Ov) and to develop and configure rapid point of care methods to detect (or sense) these biomarkers. This would be a final and necessary step in the progress towards elimination of onchocerciasis, an important neglected tropical disease.

National Institute of Allergy and Infectious Diseases

Research Projects		
Project Name	Display Name	Description
Using Biomarkers to Predict TB Treatment Duration	PredictTB	This is a prospective, randomized, phase 2b non-inferiority trial in pulmonary DS-TB subjects. The main objectives of this treatment shortening trial are to directly test biomarkers (Pet/CT, GeneXpert Mtb/RIF assay) for their accuracy in predicting relapse-free outcome in the clinic and to simultaneously validate other predictive biomarkers that show promise for point of care application.
Structure-based Vaccine Design Against HIV-1	Structure-based HIV Vaccine Design	This project evaluates structure characteristics of the trimeric envelope proteins from newly transmitted HIV-1 (transmitted-founder [T/F] HIV-1) that are susceptible to broadly neutralizing antibodies (bNAb) and bind to the B cell receptor of corresponding germline ancestor cells. Using this information, proteins will be engineered and evaluated for immunogenicity. Promising candidates will be engineered into a vector-based delivery system and evaluated in small animal and non-human primate models. The project takes advantage of a longitudinal study that has been monitoring a high-risk population in China and aims to develop candidate vaccine immunogens that will elicit bNAbs to the locally circulating HIV strains.

Education & Seminars		
Project Name	Display Name	Description
The Dr. Franklin A. Neva Memorial Fund	Neva Fund	This Fund supports two ongoing programs to honor the memory and further the legacy of Dr. Franklin A. Neva, a former director of NIAID's Laboratory of Parasitic Diseases (LPD). The first is an annual lecture on a topic related to clinical tropical medicine and associated pathophysiology as part of the LPD's ongoing weekly lecture series. The second is an annual session devoted to parasitic and/or tropical medicine that features discussions of individual cases held by the LPD and the Greater Washington Infectious Disease Society.
Pew Latin American Fellows Awards	Pew Latin American Fellows Awards	The Pew Latin American Fellows in the Biomedical Sciences program has awarded a Pew Latin American Fellows award to support the research of several (4) post-doctoral fellows within a laboratory at an NIH institute. The Pew Charitable Trusts asked to use the FNIH as a conduit to provide awards to the Fellows.
Roth Fellowship for CAEBV-HV Research	Roth Fellowship for CAEBV-HV	Richard and Susan Roth are donating to fund a 2 year Fellowship in the lab of Dr. Jeffrey Cohen of NIAID. The Fellow will conduct research to accelerate efforts to find new drugs to treat Chronic Active Epstein Barr Virus (CAEBV) and Chronic Active Epstein Barr Virus-Hydroa Vacciniforme (HV) as well as find and understand genetic causes of the diseases to lead to new treatments. Richard and Susan Roth's grandson, Aiden Aronoff, suffers from CAEBV-HV.
Swanson Family Fellowship in Genetic Thyroid Benign Chorea & IgA Deficiency (TTF-1)	Swanson Family Fellowship	The Swanson Family Fellowship supports research in TTF-1 Mutation Causing Benign Chorea in the laboratory of infectious diseases under the direction of Steven M. Holland, M.D., Chief of the Laboratory of Clinical Infectious Diseases at the National Institute of Allergy and Infectious Diseases at NIH.

Events		
Project Name	Display Name	Description
Vaccine Research Center's Community Advisory Board (CAB)	VRC Community Advisory Board	FNIH assists the Vaccine Research Center by supporting the Community Advisory Board's (CAB's) scientific monthly meetings and participation in annual conferences by CAB members.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Research Projects		
Project Name	Display Name	Description
Accelerating Medicines Partnership: Rheumatoid Arthritis/Systematic Lupus Erythematosus	AMP-RA/SLE	The Accelerating Medicines Partnership (AMP), is a pre-competitive effort among government, academia and industry to harness collective capabilities, scale and resources toward improving current efforts to develop new therapies for complex, heterogeneous diseases- Type 2 Diabetes, Alzheimer's Disease, and Rheumatoid Arthritis, Lupus and Related Autoimmune Disorders. In Dec 2013 a final research plan for RA-Lupus was completed through the RA-Lupus Steering Committees, including representatives from AbbVie, BMS, Merck, Pfizer, Sanofi, and Takeda and government. The plan focuses on the molecular analyses of gene expression and signaling in specific subsets of leukocytes and resident cells in control and RA synovium and blood and Lupus kidney biopsy, skin and blood. This may lead to biomarkers which predict pathological processes that lead to end-organ damage and identify potential new pathways or target for drug development and intervention.
Biomarkers Consortium - Bone Quality Project	Biomarkers Consortium - Bone Quality	The immediate goal of the four-year Bone Quality Project is to advance the qualification of biomarkers for drug development and patient management in osteoporosis. It aims to evaluate osteoporosis biomarkers obtained from retrospective clinical trials and qualify them for use in drug development. The combined biochemical and imaging measures could improve fracture efficacy prediction. The project team is led by Dr. Gayle Lester from NIAMS, and has confirmed participation from CDER/FDA, Merck, Lilly, Amgen, The Dairy Research Institute, Daiichi Sankyo, AgNovos and American Society for Bone and Mineral Research. The Bone Quality Project launched in Q4 2013 and is currently being executed as a four-year \$2M project. Five pharmaceutical companies and two nonprofit organizations have provided funds in support of this initiative, led by NIAMS/NIH. A press release announcing the project launch came out in early December 2013.
Biomarkers Consortium - Developing Endpoints for Clinical Trials in CABP and Skin Infections	Biomarkers Consortium - CABP - Skin Infections	The goal of this project is to develop approaches that will help the FDA develop efficacy outcome measures (endpoints) for modern-day clinical trials of investigational agents for community-acquired bacterial pneumonia (CABP) and acute bacterial skin and skin structure infections (ABSSSI) that can be tied to historical data in each indication, thereby providing the basis for sound non-inferiority (NI) trial design and NI margin justification. Identification and qualification of effective approaches to measuring these endpoints and any related biomarkers will be included in the project. Collateral development of data or sample resources that could be used for ongoing biomarker research in these areas will also be considered. The project launched in January 2012.

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Osteoarthritis Project	Biomarkers Consortium - OA	The overarching goal of this project is to establish the predictive validity of disease progression biomarkers and assess the responsiveness of several imaging and biochemical markers pertinent to knee osteoarthritis, using the resources of the NIH Osteoarthritis Initiative. The results of the project are critical to establishing biomarkers that can be effectively used to develop new disease-modifying regimens for osteoarthritis, and creating an environment that encourages drug and device companies to invest in developing new therapies in this field. This project falls under the auspices of the Inflammation and Immunity Steering Committee.
Biomarkers Consortium - TARGET Biomarker Study	Biomarkers Consortium - TARGET BMx	Cardiovascular disease is the leading cause of excess deaths in RA. Therapies that reduce joint inflammation might also reduce CV risk. This project seeks to utilize validated proteomic biomarkers of RA disease activity and inflammation to categorize baseline and disease modifying anti-rheumatic DMARD-associated changes in vascular inflammation in RA patients. Leveraging a randomized controlled clinical trial (The TARGET Trial), this companion BMx project will compare and correlate the changes in these proteomic biomarkers with vascular FDG PET-CT between two treatment regimens in methotrexate inadequate responders that represent a critical and common decision point for rheumatologists and patients: addition of a TNF inhibitor vs. addition of sulfasalazine plus hydroxychloroquine (triple therapy) to background MTX.
Osteoarthritis (OA) Biomarkers Qualification	OA BMxQ	<p>The overarching goal of this proposal is to pursue formal FDA and EMA qualification of OA biomarkers pertinent to knee OA for distinct contexts of use:</p> <p>1) prognostic biomarkers - baseline predicting progression and short term change predicting Joint space width (JSW) change over longer-term in placebo group; and 2) efficacy of intervention biomarkers that are, a) predictive biomarkers that in the short term predict likelihood of a treatment response based on the long-term radiographic/clinical outcome, and b) pharmacodynamic biomarkers that are indicative of treatment efficacy and more sensitive than radiographic outcomes based on time to show a significant response or magnitude of the response relative to the error parameters of the measurement.</p> <p>This will be pursued by deploying novel biomarker measures in extant clinical trials to determine if they have greater prognostic ability and are more predictive of treatment response than the existing gold standard of radiographic JSW.</p>

Eunice Kennedy Shriver National Institute of Child Health and Human Development

Events		
Project Name	Display Name	Description
Amie's Place Foundation NICHD HAI RFA	APF NICHD HAI RFA	Within the broader research domain of Human-Animal Interaction (HAI), Animal-Assisted Interventions (AAIs) are those which purposefully include an animal for therapeutic gains in humans. Animal-assisted interventions include both Animal-Assisted Therapies (AATs) and Animal-Assisted Activities (AAAs). Studies of the inclusion of animals in therapeutic interventions and rehabilitation for individuals with intellectual, developmental, and physical disabilities, neurological disorders, and behavioral, emotional and mental health issues has become increasingly common, as has the use of such interventions to promote healthy behaviors and facilitate learning in special need and at-risk populations. The goal is to spur the field to move beyond case study and descriptive studies of AAIs to employ rigorous experimental and quantifying the impact of such interventions.

National Institute of Diabetes and Digestive and Kidney Diseases

Research Projects		
Project Name	Display Name	Description
Accelerating Medicines Partnership: Type 2 Diabetes	AMP- T2D	The Accelerating Medicines Partnership (AMP) is a multiple-sector, pre-competitive partnership whose goal is to harness collective capabilities, scale and resources toward improving current efforts to develop new therapies for complex, heterogeneous diseases. In late 2013, the AMP Type 2 Diabetes (T2D) research plan was finalized by Steering Committee (SC), currently comprised of the following partners: NIDDK/NIH, Eli Lilly and Company, Janssen Research and Development, LLC, Merck Sharp & Dohme Corp., Pfizer Inc., Sanofi US Services. AMP T2D aims to build a public, searchable AMP T2D Knowledge Portal for analysis of relationships between potential therapeutic target gene sequence variations and T2D risk or protection, quantitative traits, complications, and molecular phenotypes to inform the drug development process.
Biomarkers Consortium - Clinical Evaluation and Qualification of Kidney Safety Biomarkers	Biomarkers Consortium - Kidney Safety	The Kidney Safety Project, managed by the Executive Committee of the Biomarkers Consortium, aims to qualify novel biomarkers of drug-induced acute kidney injury. The project is designed to include a learn-and-confirm phase. The learn phase consists of retrospective analyses of mesothelioma patient and healthy volunteer data in order to establish a prioritization for the novel biomarkers that seem most promising for the prospective analyses. The prospective analyses are based on data collected from two observational clinical trials conducted at 4 different sites - 2 with aminoglycosides and 2 with cisplatin - aiming to validate some important biomarkers of acute kidney injury (AKI) that perform better than serum creatinine and BUN (the currently used biomarkers of AKI). This project is funded by 6 pharma companies.
Biomarkers Consortium - Diabetes Drug Development: Identification and Validation of Markers That Predict Long-Term Beta Cell Function and Mass	Biomarkers Consortium - Beta Cell Clinical Trial	The Beta Cell Project, developed through a consensus process, by the Metabolic Disorders Steering Committee, is the first phase of a two-stage strategy to enable the development of biomarkers that predict long term beta cell function, particularly in response to an intervention or a new therapy for diabetes. The project addresses key methodological issues that are critical to the conduct of the second part of the strategy, which will be a longitudinal study to qualify short-term markers as predictors of future beta cell function. The series of fundamental clinical studies proposed in this project will provide a foundation for the effective and confident use of selected methodologies in long-term, multi-center clinical trials. Taken together, the work from both stages should enable multiple stakeholders to undertake consistent studies of the pathophysiology and natural history of diabetes, as well as study therapeutic effects of new interventions in a more effective manner.
The Hemodialysis Fistula Maturation Cohort Study	HFM Cohort Study	The Hemodialysis Fistula Maturation (HFM) Cohort Study identifies predictors and causes of arteriovenous fistula (AVF) maturation failure. This is a demanding study protocol with frequent follow-up visits. With the consent of the donors, funds remaining from the Frequent Hemodialysis Network, a partnership that concluded in 2011, will be utilized to enhance the overall conduct of this Study by providing reimbursement to study participants for travel to clinics for follow-up visits and Institutional Review Board (IRB) approved reimbursement for their time. Funds may also be used to purchase IRB approved tokens of appreciation for study participants to improve overall adherence to the study protocol.

National Institute of Mental Health

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Consortium on Biomarkers and Outcome Measures of Social Impairment for Use in Clinical Trials in Autism Spectrum Disorder	Biomarkers Consortium - ABC-CT	The ultimate goal of the project to qualify a set of measures that can be used as stratification biomarkers and/or sensitive and reliable objective measures of social impairment in ASD clinical trials that could serve as indicative markers of long term clinical outcome. The project will support a multi-site study to assess a well-justified set of standardized investigator-administered assessments of domains of social impairment as well as neurophysiological measures (resting state and task-based EEG and eye tracking) that show promise in school age individuals with ASD (ages 6-11) at baseline, 6- and 24-week time points. In addition, at least one task-based EEG and one eye tracking measure from the European Autism Interventions (EU-AIMS) study will be included among the set of proposed biomarker paradigms. The inclusion of these measures will foster harmonization and independent replication of a common subset of biomarker measures in the proposed projects.
Baby Connectome Project	Baby Connectome Project	The Baby Connectome Project is one of several programs that builds upon the NIH Human Connectome Project (HCP), designed to map the neural pathways that underlie human brain function. The HCP's initial five-year version supported technology development and assessment followed by data collection on a cohort of 1,200 healthy young adults (ages 22-34). The goal of the Baby Connectome is to obtain structural and functional connectivity data for the healthy human brain in the 0 to 4 year age range.
Longitudinal Proteomic Changes in CSF from ADNI: Towards Better Defining the Trajectory of Prodromal and Early Alzheimer's Disease	Longitudinal CSF Proteomics	The lack of tools for early diagnosis and measurement of disease progression in Alzheimer's Disease (AD) continues to be a major hurdle in AD drug development; the current AD biomarkers do not work in this context. The present study addresses this need by extending the work on promising proteins identified in a previous BC project. The study will measure the rate of change of 5 protein biomarkers within MCI, AD and HC patients, utilizing a multiplexed mass spectrometry-based approach. The proposed longitudinal sample set has at least 3 CSF samples from each individual drawn over a three-year or greater period, as well as available clinical and imaging data. Success within this project could greatly improve progression and treatment monitoring in early Alzheimer's Disease patients. The study is expected to have a duration of 18 months, and results will be available to the public on the Laboratory of Neuroimaging (LONI) website as they become available.

National Institute of Neurological Disorders and Stroke

Research Projects		
Project Name	Display Name	Description
Accelerating Medicines Partnership - Parkinson's Disease	AMP - Parkinson's Disease	The suggestion for a Parkinson's disease (PD) initiative was originally catalyzed by a proposal submitted to the AMP EC (10/2015). Having received firm expressions of interest from GSK, Lilly, Pfizer, Merck, the MJFF, and the NINDS in proceeding to build an AMP-PD initiative, the AMP-PD Technical Working Group was created and tasked with drafting a white paper that represents the first stage of a consensus research plan on the key challenges the initiative should address. The white paper has now been finished and shared with potential funding partners. The plan has been presented twice: Once during the NINDS Advisory Council the second time was during the last AMP Executive Committee call (9/26). Next steps: FNIH will follow up with all the private partners to gather support. FNIH will also use the white paper to re-approach other funders. Once we have a reasonable sense that the proposal is fundable and can move forward, we will reconvene the group to finalize the research plan.
CarMollNat Muscular Dystrophy Endowment	CarMollNat Muscular Dystrophy Endowment	Carol-Ann Harris will create an Endowment to fund research into one or more of the major types of Muscular Dystrophy at the Neurogenetics Branch of the NINDS.
Edna Williams Curl & Myron R. Curl Fund for Multiple Sclerosis Research	Curl Fund for MS Research	As specified in this bequest to FNIH, interest income from the Edna Williams Curl and Myron R. Curl Fund, established in 2007, is designated to support multiple sclerosis research at NIH.
Epilepsy Research in the Laboratory of Kareem Zaghoul, M.D., Ph.D.	Epilepsy Research in the Laboratory of Kareem Zaghoul, M.D., Ph.D.	Dr. Zaghoul's research focuses on using direct human intracranial recordings in patients undergoing surgical treatment for epilepsy to understand these mechanisms, which can provide new and potent understanding of complex neurophysiologic circuitry in the human condition. Funds support a fellow in the lab of Dr. Zaghoul for 2 years and a piece of equipment for the lab.
National Institute of Neurological Disorders and Stroke (NINDS) Summer Internship Program (SIP)	NINDS Summer Internship Program (SIP)	The goal of this program is to increase the numbers of underrepresented groups, including Native students, in the neurosciences through recruitment at all levels, from high school through post-graduate education (ages 16 and older are eligible to participate). Over the past 10 years, the NINDS SIP has offered a unique opportunity for academically talented high school, undergraduate, graduate, and medical students to receive first-rate training in neuroscience research through hands-on experience working with leading scientists in the Institute's Division of Intramural Research at NINDS labs located in Bethesda, Maryland.
SHRP CTE Neuropathology Research	SHRP Research - RP2	This is Research Plan 2 of the Sports and Health Research Program (SHRP). This initiative will provide a competitive opportunity for a multicenter team to: 1) more fully characterize the neuropathology associated with chronic traumatic encephalopathy (CTE) and delayed effects of traumatic brain injury (TBI) through systematic, rigorous, and collaborative studies of post-mortem biospecimens; 2) validate the neuropathological criteria for a post-mortem diagnosis of CTE and delayed post-traumatic neurodegenerative diseases through independent and blinded analyses; 3) better understanding of the incidence and prevalence of CTE, and 4) identify neuroimaging signatures of the neuropathology as a foundation for the development of diagnostic tools in the future.

National Institute of Neurological Disorders and Stroke

Research Projects		
Project Name	Display Name	Description
SHRP CTE Pilot Projects on Sports-Related Brain and Spinal Cord Injury Research	SHRP CTE Pilot Projects - RP 3	This is Research Plan 3 of the Sports and Health Research Program (SHRP). This initiative will fund pilot projects for sports-related traumatic brain injury (TBI) and spinal cord injury (SCI) research. The scope will comprise a wide range of research topics, including mechanical and biological mechanisms of injury and recovery, development of diagnostics and biomarkers, and interventions for minimizing injury and improving outcomes.
Sports and Health Research Program	Sports & Health Research Program	The Sports and Health Research Program (SHRP) is an innovative partnership among the National Institutes of Health (NIH), the National Football League (NFL) and the FNIH. Launched in 2012, the program aims to help accelerate the pursuit of research to enhance the health of athletes at all levels, past, present and future, and to extend the impact of that research beyond the playing field to benefit others in the general population, including
Sports and Health Research Program: Research Plan #5	SHRP Research Plan #5	This research plan will provide funding for a grant application received by NIH in response to a Request For Application (RFA) to support a longitudinal study to collect, validate and analyze biomarker data [e.g., MRI and PET images, genetics, cognitive tests, cerebral spinal fluid (CSF) and blood biomarkers] to characterize CTE in individuals with a history of repetitive head impacts. A fuller understanding of the neurodegeneration of CTE and diagnostic methods to detect and monitor it at the earliest stages possible, when intervention may be most effective, will provide a foundation for the prevention and treatment of CTE in the future.
The William N. Cafritz Trust - Recruitment Support for Parkinson's Disease	The William N. Cafritz Trust - Recruitment Support for Parkinson's Disease	The bequest of \$200,000 from the William N. Cafritz Trust will be directed squarely at recruiting talented scientists and researchers to NIH studying in the field of Parkinson's Disease.

National Institute of Neurological Disorders and Stroke

Education & Seminars		
Project Name	Display Name	Description
Robert Whitney Newcomb Memorial Lecture and Internship	Newcomb Memorial	The Robert Whitney Newcomb Memorial Fund was established by the family to remember Dr. Newcomb, who began his scientific career at NIH as a high school summer intern in a laboratory at the National Cancer Institute. The Fund endows an annual lecture by a recognized expert in neuroscience, selected by the National Institutes of Neurological Disorders and Stroke (NINDS) at NIH. Honoring Dr. Newcomb's own experience, it also provides for internships for high school students at NINDS.
National Institute of Neurological Disorders and Stroke - Congress of Neurological Surgeons Getch Scholar	NINDS/CNS Getch Scholar	Beginning in 2016, an early career neurosurgeon will be competitively selected as the National Institute of Neurological Disorders and Stroke's Congress of Neurological Surgeons Getch Scholar (NINDS/CNS Getch Scholar). The Scholar, appointed as part of a larger, ongoing NINDS national career development program, will receive two years of funding to help launch a dual, clinical-research career for neurosurgeons who possesses unique clinical and research skills that identify them as the next generation of neurosurgical leaders.
The Pew Scholars Program in the Biomedical Sciences	Pew Scholars Program	The Pew Scholars Program in the Biomedical Sciences program provides awards to young investigators who show promise for making advances in science relevant to human health. The Pew Charitable Trusts asked to use the FNIH as a conduit to provide awards to the Scholar(s).

National Institute of Nursing Research

Research Projects		
Project Name	Display Name	Description
Neurotropin Research Project	Neurotropin	The National Institute of Nursing Research (NINR) is conducting two clinical trials on the investigational drug compound, Neurotropin, for the treatment of complex regional pain syndrome (CRPS) and fibromyalgia. No effective drug treatment currently exists for these chronic pain disorders. Neurotropin (manufactured by Nippon Zoki Pharmaceuticals) has been used extensively for decades in Japan to treat a variety of chronic pain conditions including CRPS and fibromyalgia. It is now being studied as an investigational new drug (IND) in the US, and FDA approval is hoped for. The studies are being conducted by NINR, which is also the primary funder. This grant is to assist NINR in funding the study.

Office of the Director

Research Projects		
Project Name	Display Name	Description
Combating the Opioid Use Disorder Crisis Pre-Launch Design Phase	Combating the Opioid Use Disorder Crisis Pre-Launch Design Phase	The Combating the Opioid Use Disorder Crisis Project aims to accelerate the development of effective new and combination therapies by enabling critical clinical investigations not covered by others, unifying clinical biomarker investigation, filling knowledge gaps, and integrating information from multiple sources, through two programs: 1) Developing new formulations and combinations of medications to treat opioid use disorders and prevent and research overdoses 2) Accelerating development of new non-addictive pain therapies, including sharing and analyzing data and information from drug development trials, jointly developing biomarkers, and creating a clinical trial network to coordinate clinical validation of biomarkers and testing of novel treatments.
NIH Director's Initiative Fund	NIH Director's Fund	This Fund was established in 2008 to honor then NIH Director, Elias Zerhouni, MD, and his vision and commitment to public-private partnerships. This Fund, established with gifts in honor of Dr. Zerhouni, allows the current NIH Director to have a pool of unrestricted funds available, managed by the FNIH, to support special initiatives not possible through other sources.
Partnership for Accelerating Cancer Therapies - Pre-Launch Design Phase	PACT Pre-Launch	The National Institute of Health (NIH) is collaborating with 12 biopharmaceutical companies, multiple research foundations, philanthropies, and the Foundation for the NIH, to develop a new program under the Cancer Moonshot, the Partnership for Accelerating Cancer Therapies (PACT). PACT will fund pre-competitive cancer research and share broadly all data generated for further research, ultimately bringing more new therapies to patients in less time. Potential initial focus areas include biomarkers for understanding responses to cancer therapies and clinical trial platforms for combination therapies.

Education & Seminars		
Project Name	Display Name	Description
Amgen Scholars Program	Amgen Scholars Program	Amgen will sponsor 20 undergraduate research scholars per year for four years to participate in NIH's Summer Internship Program. The program will begin in June 2015. The Program will have four core components: 1) independent research performed under the mentorship of an NIH intramural scientist; 2) Career guidance and mentorship focused on the broad array of biomedical careers; 3) roundtable discussions exploring the intersection of research and public policy; and 4) leadership training focused on the development of skills needed to successfully work in the team-oriented global research environment.

Office of the Director

Education & Seminars		
Project Name	Display Name	Description
JKTG Foundation - Post-Baccalaureate and Graduate Intramural Research Training Fellows	JKTG Foundation - Post-Bacc and Graduate Intramural Research Training Fellows	The Jayne Koskinas Ted Giovanis Foundation for Health Policy (JKTG Foundation) will provide scholarship support of two young investigators in the Office of Intramural Training and Education under the mentorship of Dr. Sharon Milgram. The scholarship recipients are: Jose Delgado-Jimenez for the Post baccalaureate Intramural Research Training Award with research interest in nanotechnology and cancer therapeutics, and Ryan Phillips for the Graduate Partnerships Program with research interest in mathematical/molecular modeling, brain circuitry and pain. A total investment of \$105,210 is for first year funding of both student researchers which includes: stipend, insurance, and travel/education/research allowance.
Oxford Cambridge Scholarship Program	Oxford Cambridge Scholarship Program	NIH developed a graduate training program in collaboration with Oxford University and Cambridge University in England. Trainees spend part of their time at NIH and part at Oxford or Cambridge. The latter is the degree granting institution. The program attracts very high caliber students and NIH would like to expand it. FNIH granted FAES permission to handle this program. FNIH has agreed to handle any in-kind donations to the program.

Other

Research Projects		
Project Name	Display Name	Description
Biomarkers Consortium - Contributing Membership	Biomarkers Consortium - Contributing Membership	The Biomarkers Consortium engages a broad list of stakeholders and funders (which may include NIH, FDA, industry, associations and foundations) to support the infrastructure required to facilitate the development of a variety of biomarkers projects. In addition to creating and supporting an infrastructure for broad, cross-sector communication and consensus and identifying areas of promising research, the Biomarkers Consortium also facilitates joint financial investment in the identified research activities each of which emerge as a distinct scientific initiative under the Consortium administrative "umbrella".
Charles A. Sanders Legacy Fund - Project Legacy	Charles A. Sanders Legacy Fund	The creation of the Charles A. Sanders Legacy Fund will provide the flexibility for FNIH to incubate new ideas and launch innovative, creative initiatives that will continue to enhance biomedical research. This investment will also allow FNIH to maintain the operations structure to react rapidly and responsibly to new NIH requests under unique circumstances. Lastly, the fund will enable FNIH to establish the Charles A. Sanders Partnership Award to recognize an outstanding, top-contributing industry partner each year, during the annual FNIH Award Ceremony or a comparable event.
Consensus Pathway for Gene Drive in Mosquitoes	Consensus Pathway for Gene Drive in Mosquitoes	Using gene drive to create a low-cost, sustainable tools for controlling disease transmission may come to fruition with new molecular tools for modifying mosquitoes with synthetic genes capable of spreading in populations (driving transgenes). The goal is to reduce or eliminate vector mosquitoes, or render them less competent to transmit pathogens. Either outcome should contribute to disease reduction. The CRISPR/Cas system provides a molecular tool to create driving transgenes. Not yet optimized, such mosquitoes have been developed with the intent of testing in the field. Guidance and oversight mechanisms are needed to help ensure safe use of the technology before field testing begins. This project will convene a panel of prominent experts to think through resources and activities needed to ensure safe and efficient field testing. Recommendations are intended to inform researchers, funders, and regulators, and policy makers for consideration of formal guidelines for conducting this research.
Eliminate Dengue	Eliminate Dengue (or ED)	To develop a heritable, self-sustaining biocontrol method using Wolbachia bacteria to interrupt transmission of dengue virus in <i>Aedes aegypti</i> mosquitoes. Dengue poses a serious public health risk to over 40% of the world's population. This research responds to a global need for innovative approaches to prevent the transmission of vector-borne diseases that are safe, easily deployed, effective and sustainable, and thus will improve the health and well-being of populations living in under-resourced countries.

Other

Research Projects		
Project Name	Display Name	Description
FNIH Travel support for NIH Scientists	NIH Travel for Gates	This travel grant will be used to arrange for and provide support to National Institutes of Health (NIH) personnel to participate in technical, strategic and advisory meetings as needed and requested by the Gates Foundation.
Support functions for development of new technologies for controlling transmission of mosquito-borne diseases	Support functions for VCTR	This project will cover funding for a variety of activities in support of projects to develop biological strategies to promote vector-borne diseases. Discovery Research (VCTR) and Eliminate Dengue. The activities to be supported by this new grant include: consulting contracts, meeting planning and support, and a jointly funded (with NIH) study to be conducted by the National Academy of Sciences (NAS).
Vector-based Control of Transmission: Discovery Research	VCTR	The Vector-based Control of Transmission: discovery Research(VCTR) program will continue investments in promising, ongoing projects originated under the Grand Challenges in Global Health (GCGH) initiative on chemical and genetic strategies to deplete or incapacitate disease-transmitting mosquitoes, and identify additional innovative approaches to prevent the transmission of vector-borne diseases. Funding for FNIH management will come from funds remaining from GCGH.

Events		
Project Name	Display Name	Description
2018 FNIH Award Ceremony	2018 Award Ceremony	In 2018, FNIH will hold its fifth annual award ceremony at which it will present the Lurie Prize in Biomedical Sciences.
Lurie Prize	Lurie Prize	In 2013, FNIH presented the first Lurie Prize, an annual award recognizing outstanding achievement by a promising young scientist in biomedical research. The Prize amount is \$100,000, to be used as the recipient chooses. It is made possible by a generous gift from FNIH Board member Ann Lurie. The winner is selected by a jury of six distinguished biomedical researchers, chaired by Solomon H. Snyder, M.D., Distinguished Service Professor of Neuroscience, Pharmacology & Psychiatry, The Solomon H. Snyder Department of Neuroscience, Johns Hopkins University School of Medicine. The 2013 and 2014 prizes were awarded to Dr. Ruslan Medzhitov and Dr. Jennifer Doudna, respectively.

Other

Education & Seminars		
Project Name	Display Name	Description
Norman P. Salzman Memorial Award and Lecture in Virology	Salzman Memorial Award & Lecture	Dr. Norman P. Salzman's family, colleagues and friends remember the legacy of this noted pioneer in molecular biology through contributions to the Salzman Memorial Fund, which supports the annual Norman P. Salzman Memorial Award and Symposium in Virology. The half-day symposium addresses key topics in virology and immunology and presents an award to a young researcher, in recognition of Dr. Salzman's mentorship of so many young scientists. In 2008, the Salzman Memorial Fund celebrated its 10th anniversary.

Tab Four

Financial Highlights



FINANCIAL HIGHLIGHTS*

2017 Allocation of NIH Support to FNIH

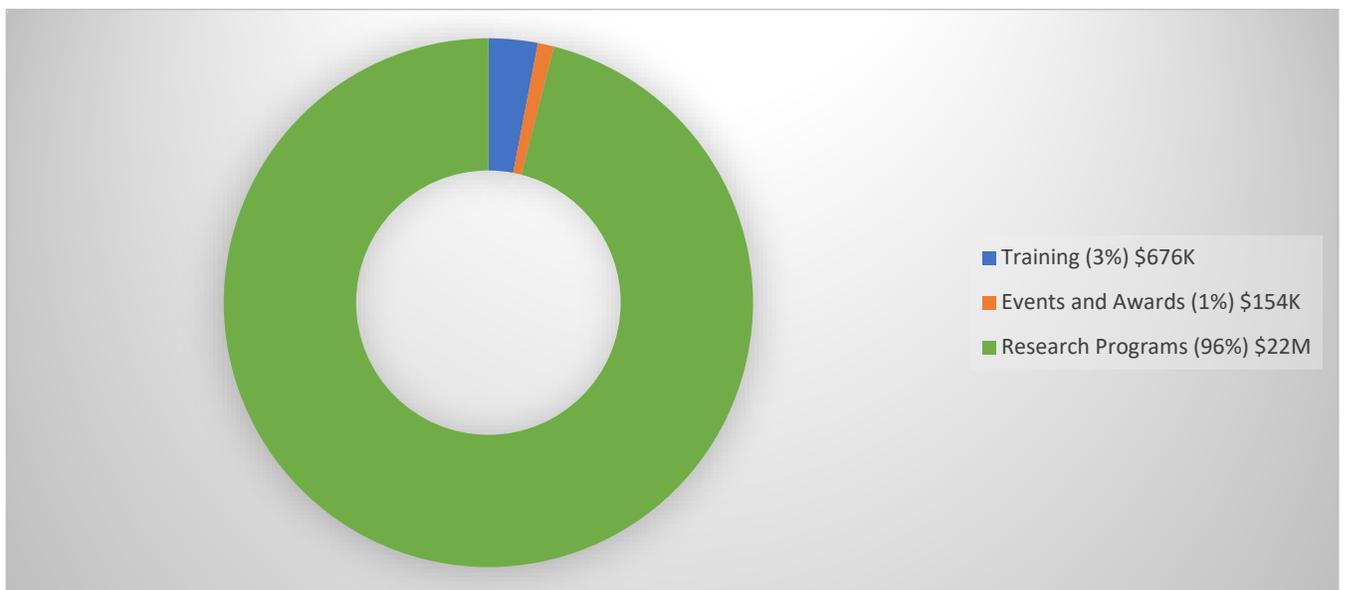
Office Space	\$336,477
Unrecovered Program Salary & Benefits	\$163,856
Partial Operating Costs	\$264,148
New Finance, Communications and Operating Staff	\$345,519
<hr/>	
Total	\$1,110,000

Fundraising Summary*

Funds Raised for Active Projects	\$555,293,694
Active Projects	199
Funds Raised for each NIH IC	\$407,080,782

*Q4 2017 numbers

Funds Transferred to NIH by Category



*Please see attached Audited Financials for a full report.

Tab Five

2017 Financial Statements and Report of the Independent Auditors

Foundation for the National Institutes of Health, Inc.

**Financial Statements
and Supplementary Information**

Years Ended December 31, 2017 and 2016

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Independent Auditors' Report

Board of Directors
Foundation for the National Institutes of Health, Inc.
North Bethesda, Maryland

We have audited the accompanying financial statements of Foundation for the National Institutes of Health, Inc., which comprise the statements of financial position as of December 31, 2017 and 2016, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Foundation for the National Institutes of Health, Inc. as of December 31, 2017 and 2016, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses on page 24 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Dixon Hughes Goodman LLP

Richmond, Virginia
May 17, 2018

Foundation for the National Institutes of Health, Inc.
Statements of Financial Position
December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 24,083,896	\$ 44,402,557
Appropriations receivable	500,000	500,000
Contributions receivable, net	21,674,301	17,152,232
Accrued interest	203,819	123,109
Prepaid expenses and other receivables	171,707	105,919
	<u>46,633,723</u>	<u>62,283,817</u>
Total current assets		
Contributions receivable	1,305,711	8,686,564
Investments	70,839,704	45,370,937
Property and equipment, net	<u>1,653,277</u>	<u>42,605</u>
Total assets	<u>\$ 120,432,415</u>	<u>\$ 116,383,923</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Accounts payable and accrued expenses	\$ 3,704,459	\$ 8,076,645
Funds held for others, agency transactions	1,240,626	453,876
Charitable gift annuity	<u>144,193</u>	<u>150,542</u>
Total current liabilities	5,089,278	8,681,063
Deferred grant revenue	2,947,073	3,391,030
Other deferred revenue	435,000	1,083,500
Deferred lease incentive	1,372,009	-
Deferred rent liability	<u>101,436</u>	<u>-</u>
Total liabilities	<u>9,944,796</u>	<u>13,155,593</u>
Net assets:		
Unrestricted:		
Unrestricted, general	5,952,742	5,846,315
Board designated	<u>10,018,000</u>	<u>7,476,625</u>
Total unrestricted	15,970,742	13,322,940
Temporarily restricted	91,433,211	86,811,639
Permanently restricted	<u>3,083,666</u>	<u>3,093,751</u>
Total net assets	<u>110,487,619</u>	<u>103,228,330</u>
Total liabilities and net assets	<u>\$ 120,432,415</u>	<u>\$ 116,383,923</u>

See accompanying notes.

Foundation for the National Institutes of Health, Inc.
Statement of Activities
Year Ended December 31, 2017

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Revenue, support and other changes:				
Contributions	\$ 789,982	\$ 57,718,587	\$ 9,915	\$ 58,518,484
Grants	381,969	-	-	381,969
In-kind contributions	1,490,818	-	-	1,490,818
NIH appropriation	1,110,000	-	-	1,110,000
Donated services	39,000	-	-	39,000
Fundraising event	324,700	-	-	324,700
Investment and interest income	1,618,481	824,779	-	2,443,260
Administrative fee, agency transactions and grants	111,660	-	-	111,660
Net assets released from restrictions:				
Satisfaction of administrative fee requirements	4,066,868	(4,066,868)	-	-
Satisfaction of program restrictions	49,874,926	(49,874,926)	-	-
	<u>59,808,404</u>	<u>4,601,572</u>	<u>9,915</u>	<u>64,419,891</u>
Total revenue, support and other changes				
Expenses:				
Program services:				
Fellowships and training programs	958,145	-	-	958,145
Memorials, awards and events	813,509	-	-	813,509
Capital projects	66,782	-	-	66,782
Research programs	49,897,652	-	-	49,897,652
	<u>51,736,088</u>	<u>-</u>	<u>-</u>	<u>51,736,088</u>
Total program services				
Supporting services:				
Management and general	4,986,112	-	-	4,986,112
Fundraising	438,402	-	-	438,402
	<u>5,424,514</u>	<u>-</u>	<u>-</u>	<u>5,424,514</u>
Total supporting services				
Total expenses	<u>57,160,602</u>	<u>-</u>	<u>-</u>	<u>57,160,602</u>
Change in donor designation	-	20,000	(20,000)	-
Change in net assets	2,647,802	4,621,572	(10,085)	7,259,289
Net assets, beginning of year	<u>13,322,940</u>	<u>86,811,639</u>	<u>3,093,751</u>	<u>103,228,330</u>
Net assets, end of year	<u>\$ 15,970,742</u>	<u>\$ 91,433,211</u>	<u>\$ 3,083,666</u>	<u>\$110,487,619</u>

See accompanying notes.

Foundation for the National Institutes of Health, Inc.
Statement of Activities
Year Ended December 31, 2016

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Revenue, support and other changes:				
Contributions	\$ 282,273	\$ 80,314,445	\$ 8,886	\$ 80,605,604
Grants	351,613	-	-	351,613
In-kind contributions	960,688	-	-	960,688
NIH appropriation	1,150,000	-	-	1,150,000
Donated services	30,000	-	-	30,000
Fundraising event	279,800	-	-	279,800
Investment and interest income	805,384	297,107	-	1,102,491
Administrative fee, agency transactions and grants	122,392	-	-	122,392
Net assets released from restrictions:				
Satisfaction of administrative fee requirements	3,410,033	(3,410,033)	-	-
Satisfaction of program restrictions	42,118,174	(42,118,174)	-	-
 Total revenue, support and other changes	 <u>49,510,357</u>	 <u>35,083,345</u>	 <u>8,886</u>	 <u>84,602,588</u>
Expenses:				
Program services:				
Fellowships and training programs	1,257,933	-	-	1,257,933
Memorials, awards and events	390,128	-	-	390,128
Capital projects	51,627	-	-	51,627
Research programs	41,957,442	-	-	41,957,442
 Total program services	 <u>43,657,130</u>	 <u>-</u>	 <u>-</u>	 <u>43,657,130</u>
Supporting services:				
Management and general	3,800,393	-	-	3,800,393
Fundraising	392,283	-	-	392,283
 Total supporting services	 <u>4,192,676</u>	 <u>-</u>	 <u>-</u>	 <u>4,192,676</u>
 Total expenses	 <u>47,849,806</u>	 <u>-</u>	 <u>-</u>	 <u>47,849,806</u>
Change in donor restriction	-	120,000	(120,000)	-
 Change in net assets	 1,660,551	 35,203,345	 (111,114)	 36,752,782
Net assets, beginning of year	<u>11,662,389</u>	<u>51,608,294</u>	<u>3,204,865</u>	<u>66,475,548</u>
 Net assets, end of year	 <u>\$ 13,322,940</u>	 <u>\$ 86,811,639</u>	 <u>\$ 3,093,751</u>	 <u>\$ 103,228,330</u>

See accompanying notes.

Foundation for the National Institutes of Health, Inc.
Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Cash flows from operating activities:		
Change in net assets	\$ 7,259,289	\$ 36,752,782
Adjustments to reconcile change in net assets to net cash provided from operating activities:		
Depreciation and amortization	51,250	20,094
Contributions restricted for long-term purposes	(9,915)	(8,886)
Net realized and unrealized gain on investments	(1,377,208)	(528,175)
Deferred lease incentive amortization	(15,416)	-
Change in assets and liabilities:		
Contributions receivable	2,858,784	(16,253,929)
Accrued interest	(80,710)	(102,405)
Prepaid expenses and other receivables	(65,788)	2,034
Accounts payable and accrued expenses	(4,372,186)	6,616,388
Funds held for others, agency transactions	786,750	(123,395)
Charitable gift annuity	(6,349)	(6,428)
Deferred grant revenue	(443,957)	(2,526,726)
Other deferred revenue	(648,500)	1,025,999
	<u>3,936,044</u>	<u>24,867,353</u>
Cash flows from investing activities:		
Furniture and equipment acquisitions	(274,497)	(12,359)
Sales and maturities of investments	11,608,561	4,516,370
Purchase of investments	<u>(35,700,120)</u>	<u>(4,206,726)</u>
	<u>(24,366,056)</u>	<u>297,285</u>
Cash flows from financing activities:		
Deferred rent liability	101,436	-
Contributions restricted for investment in permanent endowment	<u>9,915</u>	<u>8,886</u>
	<u>111,351</u>	<u>8,886</u>
Net change in cash and cash equivalents	(20,318,661)	25,173,524
Cash and cash equivalents, beginning of year	<u>44,402,557</u>	<u>19,229,033</u>
Cash and cash equivalents, end of year	<u>\$ 24,083,896</u>	<u>\$ 44,402,557</u>
Supplemental disclosure of noncash transactions:		
Leasehold improvements acquired with lease incentive	<u>\$ 1,387,425</u>	<u>\$ -</u>

See accompanying notes.

Notes to Financial Statements

1. Organization and Nature of Activities

Foundation for the National Institutes of Health, Inc. (Foundation) is a not-for-profit organization, whose mission is to support the National Institutes of Health (NIH) in its mission, and to advance collaboration with biomedical researchers from universities, industry, and nonprofit organizations.

2. Summary of Significant Accounting Policies

Basis of accounting

The financial statements of the Foundation have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

Basis of presentation

The Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Cash and cash equivalents

For purposes of the financial statement presentation, cash and cash equivalents includes all cash on hand, demand accounts, and highly-liquid investments with original maturities of three months or less, excluding temporarily uninvested money market funds held in brokerage accounts.

Investments

Investments are recorded at market value. Realized gains or losses are recognized upon sale or disposal. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Unrealized gains and losses, due to market fluctuations during the year, are recognized at year-end.

Contributions and appropriations receivable

Unconditional contributions receivable that are expected to be collected within one year are recorded at net realizable value. Unconditional contributions to be collected in more than one year are recorded at net present value, which approximates fair value. Conditional contributions receivable are recognized when the conditions on which they depend are substantially met. Credit risk for contributions receivable is concentrated, as a significant amount of contributions receivable are received from a few donor organizations. Appropriations receivable are stated at net realizable value and are deemed fully collectible by management.

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

Allowance for uncollectible receivables

Contributions receivable are stated at unpaid balances, less an allowance for doubtful accounts. Management has established an allowance for uncollectible contributions receivable in the amount of \$15,000 as of December 31, 2017 and 2016, based on a review of historical collections. Receivables are considered delinquent if full principal payments are not received in accordance with the contractual terms. It is the Foundation's policy to charge off uncollectible accounts receivable when management determines the receivable will not be collected. Amounts recorded as other receivables are deemed to be fully collectible by management. Accordingly, an allowance has not been recorded for those receivables.

Property and equipment

Property and equipment purchases are recorded at cost. Depreciation is computed using the straight-line method based on the following estimated useful lives:

Furniture & equipment	3 - 5 years
Leasehold improvements	15 years

The Foundation's policy is to capitalize furniture and equipment purchased with a cost of \$1,000 or more. Donated equipment is recorded at fair market value at the date of contribution.

Deferred rent and incentives

Deferred rent is recorded and amortized to the extent the total minimum rental payments allocated to the current period on a straight-line basis exceed or are less than the cash payments required. Deferred leasehold incentives are recorded and amortized over the life of the lease.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted revenue depending on the existence and/or nature of any donor restrictions. Donor-restricted revenue is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Agency transactions

The Foundation recognizes a liability equal to the fair value of assets received by the Foundation for which the donor stipulates that the assets are to be used on behalf of the donor or another entity (the beneficiary) or to be transferred to another entity.

Grant revenue recognition

Amounts received under grant awards are considered exchange transactions and are recognized as unrestricted revenue when the related expenses are incurred. Unexpended amounts received are recorded as deferred grant revenue. Expenditures in excess of receipts are recorded as grants receivable.

Appropriations revenue recognition

Government appropriations are recognized as revenue in the year they are appropriated.

Allocation of expenses

Salaries and benefits have been allocated to program and supporting services based on timekeeping by employees.

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

Income taxes

The Foundation is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code; accordingly, the accompanying financial statements do not reflect a provision or liability for federal and state income taxes. The Foundation has determined that it does not have any material unrecognized tax benefits or obligations as of December 31, 2017 and 2016.

Reclassification

Certain reclassifications have been made to the 2016 financial statements to confirm to the 2017 financial statement presentation.

Subsequent events

In preparing these financial statements, the Foundation has evaluated events and transactions for potential recognition or disclosure through May 17, 2018, the date the financial statements were available to be issued.

3. Concentration of Credit Risk

Financial instruments that potentially subject the Foundation to concentration of credit risk consist of cash transaction accounts. The Foundation places its cash transaction accounts with high credit quality financial institutions. On December 31, 2017 and 2016, the Foundation had deposits in excess of the amount insured by the Federal Deposit Insurance Corporation (FDIC). The Foundation has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash and cash equivalents.

4. Cash and Cash Equivalents

Elements of cash and cash equivalents consisted of the following at December 31:

	<u>2017</u>	<u>2016</u>
Cash in banks	\$ 1,032,985	\$ 264,539
Money market funds	<u>23,050,911</u>	<u>44,138,018</u>
	<u>\$ 24,083,896</u>	<u>\$ 44,402,557</u>

5. Property and Equipment

Major classes of property and equipment consisted of the following:

	<u>2017</u>	<u>2016</u>
Furniture and equipment	\$ 967,341	\$ 692,845
Leasehold improvements	<u>1,372,009</u>	<u>-</u>
	<u>2,339,350</u>	692,845
Accumulated depreciation and amortization	<u>(686,073)</u>	<u>(650,240)</u>
	<u>\$ 1,653,277</u>	<u>\$ 42,605</u>

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

6. Investments

Investments as of December 31, 2017, are summarized as follows:

	<u>Cost</u>	<u>Market Value</u>
Money market funds	\$ 1,113,648	\$ 1,113,648
Stocks	499,651	870,417
Corporate bonds	236,083	301,650
U.S. government bonds	56,828,181	56,524,690
Exchange traded funds	2,337,006	2,168,144
Mutual funds	8,790,300	9,861,155
	<u>\$ 69,804,869</u>	<u>\$ 70,839,704</u>

The following schedule summarizes the investment return and its classification for 2017.

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Interest and dividends	\$ 794,286	\$ 271,766	\$ 1,066,052
Realized gains	198,937	133,209	332,146
Unrealized gains	<u>625,258</u>	<u>419,804</u>	<u>1,045,062</u>
Total investment return	<u>\$ 1,618,481</u>	<u>\$ 824,779</u>	<u>\$ 2,443,260</u>

Investments as of December 31, 2016, are summarized as follows:

	<u>Cost</u>	<u>Market Value</u>
Money market funds	\$ 2,290,760	\$ 2,290,760
Stocks	482,094	740,342
Corporate bonds	842,395	926,955
U.S. government bonds	31,665,066	31,640,765
Exchange traded funds	1,524,177	1,561,261
Mutual funds	8,252,979	8,210,854
	<u>\$ 45,057,471</u>	<u>\$ 45,370,937</u>

The following schedule summarizes the investment return and its classification for 2016.

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
Interest and dividends	\$ 404,239	\$ 170,077	\$ 574,316
Realized losses	(55,407)	(40,267)	(95,674)
Unrealized gains	<u>456,552</u>	<u>167,297</u>	<u>623,849</u>
Total investment return	<u>\$ 805,384</u>	<u>\$ 297,107</u>	<u>\$ 1,102,491</u>

Foundation for the National Institutes of Health, Inc.
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7. Contributions Receivable

Contributions receivable at December 31, were as follows:

	<u>2017</u>	<u>2016</u>
Receivable in less than one year	\$ 21,689,301	\$ 17,167,232
Receivable in one to five years	<u>1,344,000</u>	<u>8,894,000</u>
Total unconditional contributions receivable	23,033,301	26,061,232
Discounts to net present value	(38,289)	(207,436)
Allowance for uncollectible contributions receivable	<u>(15,000)</u>	<u>(15,000)</u>
Net unconditional contributions receivable	<u>\$ 22,980,012</u>	<u>\$ 25,838,796</u>

The discount rate used on long-term contributions receivable was 2.25% in 2017 and 2016.

8. Conditional Contributions Receivable

As of December 31, the Foundation had the following contributions receivable subject to donor conditions:

	<u>2017</u>	<u>2016</u>
Conditioned upon the funder not notifying the Foundation by a specific date that they do not wish to fund the program:		
Comprehensive Cellular Vaccine Immune Monitoring Consortium	\$ 6,781,274	\$ 9,116,153
Developing Leads to Shorten Duration of TB Chemotherapy	3,375,351	3,375,351
Using Biomarkers to Predict TB Treatment Duration	8,672,115	8,672,115
Alzheimer's Disease Neuroimaging Initiative-2	-	10,000
Lurie Prize in Biomedical Research	400,000	100,000
Support functions for Vector-based Control of Transmission Research	1,017,445	1,785,326
Pew Latin American Fellows Awards	238,875	76,125
Lifespan Connectome Project	1,161,290	1,741,935
Transitional Support for Gene Drive Research	5,287,190	5,287,190
Efficacy of Heterodimeric IL-15 Treatment Regimens in Reducing SIV Reservoir	2,002,514	2,874,832
Health Effects of Moderate Drinking	51,550,000	56,650,000
Biomarkers Consortium Novel Cardiac Biomarkers in the General US Population	100,000	325,000
Conditioned upon meeting certain milestones and/or the funder not cancelling:		
The Sports and Health Research Program	-	16,325,242
Biomarkers Consortium Autism Spectrum Disorder	-	1,000,000
NIH Medical Research Scholars Program	240,000	270,000
Follicular Lymphoma Research Fund	40,000	60,000
Charles A. Sanders Legacy Fund	50,000	100,000
2017 Cognitive Aging Summit	-	83,636
Alzheimer's Disease Neuroimaging Initiative-3	7,905,000	12,190,000
Accelerating Medicines Partnership: RA, SLE & Related Autoimmune Disorders	-	11,443,000
Biomarkers Consortium Treatments Against Rheumatoid Arthritis and Effect on FDG PET-CT	512,500	798,750
Biomarkers Consortium High Definition Single Cell Analysis of Blood and Tissue Biopsies in Patients with Colorectal Cancer	-	800,000
Biomarkers Consortium Advanced Metrics and Modeling with Volumetric CT for Precision Analysis of Clinical Trial Results	1,008,333	1,450,000

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Longitudinal Proteomic Changes in CSF from ADNI: Towards Better Defining the Trajectory of Prodromal and Early Alzheimer's Disease	22,000	122,000
Amgen NIH Scholars Program	-	212,500
The Pew Scholars Program in the Biomedical Sciences	-	63,000
Pamela Anne Cafritz Renal Cell Carcinoma Award	400,000	-
Biomarkers Consortium Osteoarthritis Biomarkers Qualification	1,041,000	-
Structure-based Vaccine Design Against HIV-1	250,000	-
Biomarkers Consortium Inflammatory Markers for Neurodegenerative and Mood Disorders	188,500	-
Partnership for Accelerating Cancer Therapies	9,200,000	-
Accelerating Medicines Partnership: Parkinson's Disease	6,800,000	-
NCTN Data Archive De-Identification Project	120,000	-
Biomarkers Consortium ctDNA Reference Standards	154,822	-
	<u>\$ 108,518,209</u>	<u>\$ 134,932,155</u>

Since these represent conditional contributions receivable, they are not recorded as contributions receivable and contribution revenue until donor conditions are met.

9. Board Designated Net Assets

The Board of Directors has established three board designated funds as follows at December 31:

	<u>2017</u>	<u>2016</u>
Endowment Fund	\$ 7,968,000	\$ 6,259,011
Contingency Fund	500,000	467,614
Legacy Fund	1,550,000	750,000
	<u>\$ 10,018,000</u>	<u>\$ 7,476,625</u>

10. Temporarily Restricted Net Assets

As of December 31, temporarily restricted net assets were available for the following purposes:

	<u>2017</u>	<u>2016</u>
Fellowships and Training Programs:		
Amgen Scholars Program	\$ 176,812	\$ 184,721
Amgen Scholars Science Education Fellowship at NIH	183	54,466
Clinical Research Training Program	292,561	292,561
Dean R. O'Neill Renal Cell Cancer Research Fund	188,625	157,576
Dr. Edward T. Rancic Memorial Fund	6,431	11,982
Dr. John L. Barr Memorial Fund	257	9,239
Neva Fund	27,851	29,117
NIH Medical Research Scholarship Program	709,447	1,022,311
NINDS/CNS Getch Scholar	200,000	-
NOB Fund	8,152	8,152
Norman P. Salzman Memorial Award and Lecture in Virology	241,605	221,999
Pew Biomedical Scholars	-	45,750
Pew Latin American Fellow	30,000	-
Robert Whitney Newcomb Memorial Lecture and Internship	1,171,991	1,125,665
Sallie Rosen Kaplan Fellowship for Women Scientists in Cancer Research	150,210	30,388

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Swanson Family Fellowship in Generic Thyroid Benign Chorea and IgA Deficiency (TTF-1)	92,500	92,500
Memorials, Awards and Events:		
2016 Alzheimer's Disease-Related Dementia (ADRD) Summit	-	33,263
2017 AD Caregiving Summit	45,689	-
Adam J. Berry Memorial Fund	4,890	6,342
Alzheimer's Disease 2018	56,922	-
Breast Cancer Summit	-	9,296
Breast Cancer Summit 2	65,198	65,740
Carcinoid Summit Workshop	17,594	22,129
Celebrating 50 Years of Brain Research: New Discoveries, New Hope	171,451	171,452
Clinical Research Training Program 10-Year Reunion	23,642	23,642
Cognitive Aging Summit	-	180,117
Dr. Anita Roberts Memorial Fund	32,247	32,880
Dr. Jane M. Sayer Vision Research Lecture and Award	227,580	253,547
Edna Williams Curl & Myron R. Curl Endowment for Multiple Sclerosis Research	64,615	63,352
Human Genome Exhibition	75,969	146,033
International Summit in Human Genetics and Genomics	37,089	36,765
John Laws Decker Memorial Fund	2,156	2,360
Lurie Prize	100,000	-
Pamela Ana Cafritz	100,000	-
Polio Conference	40,698	40,698
Stephen E. Straus Award	104,565	104,555
Capital Projects:		
Edmond J. Safra Family Lodge Bricks and Mortar	79,759	80,562
Edmond J. Safra Family Lodge All Programs	16,563	14,913
Edmond J. Safra Family Lodge GSK Endowment	307,469	67,078
Edmond J. Safra Family Lodge Weinberg Endowment	163,664	30,530
Edmond J. Safra Family Lodge Gallin Endowment	118,942	118,048
Edmond J. Safra Family Lodge Lifecycle Renewal Project	354,919	370,226
Tracy's Toy Box	7,941	7,941
Research Partnerships:		
Accelerating Medicines Partnership Membership	1,480,355	2,184,170
Accelerating Medicines Partnership: Type 2 Diabetes	14,225,557	17,128,988
Accelerating Medicines Partnership: Alzheimer's	12,691,443	13,923,858
Accelerating Medicines Partnership: Rheumatoid Arthritis and Lupus	5,766,189	1,490,356
Accelerating Medicines Partnership: Parkinson's Disease	3,152,729	-
ADNI - Optimization of Alzheimer's Disease Cognitive Measures Project	15,980	15,980
Alzheimer's Disease Neuroimaging Initiative – 2	8,461	946,419
Alzheimer's Disease Neuroimaging Initiative – 3	5,733,526	3,038,197
AREDS2 ancillary	-	381,764
Biomarker Consortium	2,030,738	1,752,807
Biomarkers Consortium: Atherosclerosis Computer Modeling	741,009	956,137
Biomarkers Consortium: Autism Spectrum Disorder	571,921	46,371
Biomarkers Consortium: Beta Cell Clinical Trial	185,817	705,162
Biomarkers Consortium: Bone Quality Project	721,831	1,063,013
Biomarkers Consortium: CABP-Skin Infection	19,736	31,846
Biomarkers Consortium: CSF-Based Biomarkers in AD	10,838	75,319
Biomarkers Consortium: HABP/VABP Working Group	65,311	100,147
Biomarkers Consortium: HD-SCA in CRC (High Definition Single Cell Analysis of Blood and Tissue Biopsies)	575,184	719,166
Biomarkers Consortium: Inflammatory Markers for Neurodegenerative And Mood Disorders	385,334	-
Biomarkers Consortium: Kidney Safety	169,113	453,327
Biomarkers Consortium: Longitudinal CSF Proteomics	399,059	168,407
Biomarkers Consortium: MRD Project	1,214,564	1,375,787

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Biomarkers Consortium: Novel Cardiac Biomarkers in the General US Population	541,931	667,939
Biomarkers Consortium: Osteoarthritis Project	216,472	221,985
Biomarkers Consortium: OA BMxQ	691,000	-
Biomarkers Consortium: Pet Variability	-	25,000
Biomarkers Consortium: Placebo Data Analysis Project in AD	44,525	221,577
Biomarkers Consortium: Target BMx	433,081	324,600
Biomarkers Consortium: Vol-PACT Pilot	-	9,718
Biomarkers Consortium: Vol-PACT	1,731,000	1,251,000
Biomarkers Consortium: PACT Implementation	8,200,000	-
Bradley Charitable Gift Annuity	32,031	39,073
Cancer Research Fund	161,379	128,702
Cancer Research Major Gift	4,737,225	-
Centralized Envelope Comparative Immunogenicity Study (CECI)	-	10,426
Charles A. Sanders Legacy Fund	1,445,432	1,384,853
Comprehensive Cellular Vaccine Immune Monitoring Consortium (CVIMC)	1,641,684	2,317,434
Comprehensive Investigation into the Risk Factors of Malnutrition and the Consequences for Child Health	262,867	511,276
Comprehensive T Cell Vaccine Immune Monitoring Consortium	298,731	296,485
Comprehensive T Cell Vaccine Immune Monitoring Consortium (CTVIMCS2)	609,341	1,238,123
Consensus Pathway for Gene Drive in Mosquitoes	346,087	982,873
ctDNA Reference Standards	154,823	-
Development of a Second Generation Broadly Neutralizing Antibody (2GVRC01)	35,060	34,738
Essential Strategies to Combat Ebola in West Africa: Social Mobilization And Communications	162,291	-
Effects of Moderate Drinking	4,423,218	5,736,261
Eliminate Dengue	3,320	5,401
Epilepsy Research in the Laboratory of Kareem Zaghloul, M.D., Ph.D	148,212	148,212
FDG-PET Lung/Lymphoma	372,025	622,289
FNIH Travel support for NIH Scientists	777,096	220,045
Follicular Lymphoma Research Fund	-	18,000
Fojo Laboratory	104,185	-
Gates Funding for NIAID Ebola Community Engagement project	-	10,534
Gilead HIV Cure Grants	696,775	-
Gramlich Melanoma Research Trust	154,617	133,528
Grand Challenges in Global Health	119,258	119,258
Heart Truth Community Grant Award Program	61,321	47,941
HIT-TB	133,249	1,055,134
IL 2 Reactivation HIV	191,440	-
I-SPY TRIAL-2 (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis)	176,311	176,311
Kidney Cancer Research	106,964	-
Lifespan Connectome Project	360,002	540,000
Lung Cancer Master Protocol (LungMAP)	1,000,928	242,846
NCTN Data Archive De-Identification Project	100,584	-
OPIOID	22,717	-
Partnership for Accelerating Cancer Therapies	86,146	290,807
PREDICT-TB	329,700	4,156,101
Rapid identification of individuals with viable adult female worms of Onchocerca volvulus: a means to the end	560	4,138
Sarcopenia 2	295,307	543,221
SHORTEN-TB	408,814	4,192,482
Solarz Memorial Fund	258,179	399,652
Spiromic Project	3,396	3,396
Spiromics Exacerbation Sub-Study	-	40,000
Structure-Based Vaccine D	28,518	-

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Support functions for VCTR	752,502	776,011
The Hemodialysis Fistula Maturation Cohort Study	-	24,317
The Low Cancer Research Support Fund	20,000	20,000
The Sports and Health Research Program	5,801	1,114,341
Sports and Health Research Program P2 CTE Research	-	103,398
Sports and Health Research Program P3 CTE Pilot	-	16,797
Transitional Support Gene Drive Research	2,531,552	4,197,180
The William N. Cafritz Trust - Recruitment Support for Parkinson's Disease	-	97,000
VCTR (Vector-based Control of Transmission)	-	97,414
Other Temporarily Restricted Programs	334,672	268,525
	<u>\$ 91,433,211</u>	<u>\$ 86,811,639</u>

11. Permanently Restricted Net Assets

Permanently restricted net assets consist of endowment fund assets, included in investments on the statements of financial position to be held indefinitely. The earnings from these assets are to be used for the purposes established by the donors and are recorded as temporarily restricted interest revenue for those purposes.

As of December 31, permanently restricted net assets consisted of the following endowed gifts to be held in perpetuity with the income to be used for:

	<u>2017</u>	<u>2016</u>
Edmond J. Safra Family Lodge:		
GlaxoSmithKline Endowment Fund	\$ 1,500,000	\$ 1,500,000
Harry and Jeanette Weinberg Endowment at the Edmond J. Safra Family Lodge	831,005	830,894
Sallie Rosen Kaplan Fellowship for Women Scientists in Cancer Research	707,772	727,772
CarMollNat Muscular Dystrophy Endowment	44,889	35,085
	<u>\$ 3,083,666</u>	<u>\$ 3,093,751</u>

12. Endowments

The Foundation's endowments consist of individual donor-restricted endowment funds established for a variety of purposes and board designated endowments. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

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Interpretation of relevant law

The Board of Directors of the Foundation has interpreted the Maryland State Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of the interpretation, the Foundation classifies as permanently restricted net assets (a) the original value of the gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time of the accumulation to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditures by the Foundation in a manner consistent with the standard of prudence prescribed by SPMIFA. The Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. The duration and preservation of the fund
2. The purposes of the Foundation and the donor-restricted endowment fund
3. General economic conditions
4. The possible effect of inflation and deflation
5. The expected total return from income and the appreciation of investments
6. Other resources of the Foundation
7. The investment policies of the Foundation

The endowment net asset composition, by type of fund, was as follows as of December 31, 2017:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 869,060	\$ 3,083,666	\$ 3,952,726
Board-designated endowment funds	<u>7,968,000</u>	<u>-</u>	<u>-</u>	<u>6,259,011</u>
	<u>\$ 7,968,000</u>	<u>\$ 869,060</u>	<u>\$ 3,083,666</u>	<u>\$ 10,211,737</u>

The changes in endowment assets were as follows for 2017:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	\$ 6,259,011	\$ 351,268	\$ 3,093,751	\$ 9,704,030
Investment return:				
Investment income	-	116,158	-	116,158
Net appreciation (realized and unrealized)	<u>-</u>	<u>436,670</u>	<u>-</u>	<u>436,670</u>
Total investment return	<u>-</u>	<u>552,828</u>	<u>-</u>	<u>552,828</u>
Contributions	<u>1,708,989</u>	<u>2,300</u>	<u>9,915</u>	<u>12,215</u>
Appropriation of endowment assets for expenditure	<u>-</u>	<u>(57,336)</u>	<u>-</u>	<u>(57,336)</u>
Change in donor restriction	<u>-</u>	<u>20,000</u>	<u>(20,000)</u>	<u>-</u>
Endowment net assets, end of year	<u>\$ 7,968,000</u>	<u>\$ 869,060</u>	<u>\$ 3,083,666</u>	<u>\$ 10,211,737</u>

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The endowment net asset composition, by type of fund, was as follows as of December 31, 2016:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Donor-restricted endowment funds	\$ -	\$ 351,268	\$ 3,093,751	\$ 3,445,019
Board-designated endowment funds	<u>6,259,011</u>	<u>-</u>	<u>-</u>	<u>6,259,011</u>
Total	<u>\$ 6,259,011</u>	<u>\$ 351,268</u>	<u>\$ 3,093,751</u>	<u>\$ 9,704,030</u>

The changes in endowment assets were as follows for 2016:

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Endowment net assets, beginning of year	<u>\$ 6,179,696</u>	<u>\$ 117,014</u>	<u>\$ 3,204,865</u>	<u>\$ 9,501,571</u>
Investment return:				
Investment income	-	87,097	-	87,097
Net appreciation (realized and unrealized)	<u>79,315</u>	<u>76,866</u>	<u>-</u>	<u>156,181</u>
Total investment return	<u>79,315</u>	<u>163,963</u>	<u>-</u>	<u>243,278</u>
Contributions	<u>-</u>	<u>2,526</u>	<u>8,886</u>	<u>10,356</u>
Appropriation of endowment assets for expenditure	<u>-</u>	<u>(52,235)</u>	<u>-</u>	<u>(24,616)</u>
Change in donor restriction	<u>-</u>	<u>120,000</u>	<u>(120,000)</u>	<u>-</u>
Endowment net assets, end of year	<u>\$ 6,259,011</u>	<u>\$ 351,268</u>	<u>\$ 3,093,751</u>	<u>\$ 9,704,030</u>

Return objectives and risk parameters

The Foundation has adopted investment and spending policies for endowment assets that attempt to maximize long-term results, consistent with a prudent level of risk while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Foundation must hold in perpetuity or for a donor-specified period or purpose. Under this policy, as approved by the Board of Directors, the endowment assets are invested to maximize long-term results, consistent with a prudent level of risk. The goal is to produce a return on the assets to support the programmatic purposes, while also achieving growth of principal in order to maintain real purchasing power. This approach helps assure that gifts to endowment funds keep pace with inflation and always support the designated activity.

Strategies employed for achieving objectives

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which the investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that balances fixed-income and equity-based investments to achieve its long-term return objectives within prudent risk constraints.

13. Grant Revenue

The Foundation receives a portion of its support under certain grants and contributions that may be audited by the donors and the ultimate determination of allowable costs is determined by such audits.

14. In-Kind Contributions

Telephone expense, on-line communication costs, and some office space for the Foundation are donated by NIH. The value of the telephone expense, value of the on-line communication costs, and estimated rental value, has been reflected in the accompanying financial statements as in-kind contributions with a like amount recorded as telephone expense, communications expense, or rent/housing expense. For 2017 and 2016, these in-kind contributions from NIH of \$234,612 and \$223,020, respectively, are reflected in the financial statements.

In 2017 the Foundation received medical supplies from Novartis. The estimated value of the goods and services is determined by the donor, based on costs and current market value and has been reflected in the accompanying financial statements as in-kind contributions with a like amount recorded as program contracts. For 2017, in-kind contributions for these materials of \$1,098,661 are reflected in the financial statements.

In 2016, the Foundation received medical supplies from C.U.R.E for the Ebola Community Outreach project. The estimated value of the goods and services is determined by the donor, based on costs and current market value and has been reflected in the accompanying financial statements as in-kind contributions with a like amount recorded as program contracts. For 2016, in-kind contributions for these materials of \$737,668 are reflected in the financial statements.

Various other items were donated during 2017 in the amount of \$157,545.

15. Donated Services

The Foundation receives benefit from services donated by NIH, which include various administrative and technical services performed by NIH employees. The estimated value of these services is based on the hourly rate and average benefit amount of the NIH employees. The estimated amount of these services has been reflected in the accompanying financial statements as donated services with a like amount recorded as salaries and benefits expense.

The Foundation also receives benefit from donated legal services. The value of these services has been reflected in the financial statements as donated services with a like amount recorded as professional fees expense.

For 2017 and 2016, donated services of \$39,000 and \$30,000, respectively, are reflected in the financial statements.

16. Retirement Plan

The Foundation has a retirement plan through TIAA-CREF. The plan calls for a mandatory contribution of at least 2% of annual salary from participating employees and an additional contribution of 10% of annual salary from the Foundation. Retirement plan expense for 2017 and 2016 was \$526,775 and \$485,992, respectively.

17. Concentration of Revenue

For 2017, the Foundation received approximately 12% of its revenue from contributions and grants from Bristol-Myers Squibb Company. For 2016, the Foundation received approximately 23% of its revenue from contributions and grants from the Bill and Melinda Gates Foundation.

18. Relationship with the Foundation for Advanced Education in the Sciences, Inc.

The Foundation was established under legislation that authorized it to be the sole entity responsible for soliciting funds on behalf of NIH and to conduct specific other activities that support NIH in its mission. Certain of the activities described in the legislation are conducted by the Foundation for Advanced Education in the Sciences, Inc. (FAES) under a Memorandum of Understanding (MOU) with the Foundation. This MOU preserves the prerogatives conferred on the Foundation by its authorizing legislation but also allows the FAES to carry on its current activities under the authority of the Foundation.

19. Fair Value of Financial Instruments

Accounting Standards Codification (ASC) Topic 820 provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted market prices for identical assets or liabilities in active markets that the Foundation has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

U.S. government and corporate bonds

Valued at quoted market price per number of units held at year-end.

Equity mutual funds

Valued at net asset value (NAV) of shares held at year-end.

Bond mutual funds

Valued at net asset value (NAV) of shares held at year-end.

Exchange traded funds

Valued at net asset value (NAV) of shares held at year-end.

Common stocks

Valued at quoted market values of shares held at year-end.

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

All assets have been valued using a market approach. Fair values for assets in Level 2 are calculated using quoted market prices for similar assets in markets that are not active. There were no changes in the valuation techniques during the current year.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Foundation believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following sets forth by level, within the fair value hierarchy, the Foundation's assets at fair value as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ 301,650	\$ -	\$ -	\$ 301,650
U.S. government bonds	56,524,690	-	-	56,524,690
Equity mutual funds:				
Large-cap growth	1,838,439	-	-	1,838,439
Large-cap blend	2,544,212	-	-	2,544,212
Large-cap value	21,764	-	-	21,764
Mid-cap growth	574,826	-	-	574,826
Mid-cap blend	6,560	-	-	6,560
Small-cap blend	642,808	-	-	642,808
Small-cap value	200,158	-	-	200,158
Emerging market	6,944	-	-	6,944
Multi-alternative	262,964	-	-	262,964
Bond mutual funds:				
Low extensive	80,981	-	-	80,981
Low limited	3,219	-	-	3,219
Medium moderate	20,155	-	-	20,155
Intermediate	2,603,128	-	-	2,603,128
International	752,458	-	-	752,458
Short term	41,996	-	-	41,996
Small growth	11,940	-	-	11,940
High yield bond	248,603	-	-	248,603
Exchange traded funds:				
Large-cap growth	45,606	-	-	45,606
Large-cap value	1,203,471	-	-	1,203,471
Mid-cap blend	866,607	-	-	866,607
Government	23,324	-	-	23,324
Inflation-protected bond	21,675	-	-	21,675
Intermediate-term bond	7,461	-	-	7,461
Common stocks:				
Large-cap core	275,650	-	-	275,650
Large-cap growth	164,670	-	-	164,670
Large-cap value	200,840	-	-	200,840
Large-cap blend	45,657	-	-	45,657
Mid-cap growth	26,113	-	-	26,113
Small-cap value	105,111	-	-	105,111
Exchange traded fund	43,889	-	-	43,889
Mid-cap value	8,486	-	-	8,486
Total investments	<u>\$ 69,726,056</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 69,726,056</u>

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

	Assets at Fair Value as of December 31, 2016			
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ 926,955	\$ -	\$ -	\$ 926,955
U.S. government bonds	31,640,765	-	-	31,640,765
Equity mutual funds:				
Large-cap growth	1,231,614	-	-	1,231,614
Large-cap blend	1,713,102	-	-	1,713,102
Large-cap value	707,502	-	-	707,502
Mid-cap growth	302,354	-	-	302,354
Mid-cap blend	475,972	-	-	475,972
Small-cap blend	505,887	-	-	505,887
Small-cap value	188,630	-	-	188,630
Emerging market	4,838	-	-	4,838
Multi-alternative	277,538	-	-	277,538
Bond mutual funds:				
Low extensive	75,531	-	-	75,531
Low limited	3,030	-	-	3,030
Medium moderate	18,980	-	-	18,980
Intermediate	88,455	-	-	88,455
International	1,939,208	-	-	1,939,208
Short term	402,551	-	-	402,551
Small growth	11,223	-	-	11,223
High yield bond	264,439	-	-	264,439
Exchange traded funds:				
Large-cap growth	42,577	-	-	42,577
Large-cap value	527,210	-	-	527,210
Mid-cap blend	352,864	-	-	352,864
Government	609,664	-	-	609,664
Inflation-protected bond	21,502	-	-	21,502
Intermediate-term bond	7,444	-	-	7,444
Common stocks:				
Large-cap core	221,117	-	-	221,117
Large-cap growth	152,147	-	-	152,147
Large-cap value	199,544	-	-	199,544
Large-cap blend	24,248	-	-	24,248
Mid-cap growth	22,395	-	-	22,395
Small-cap value	100,446	-	-	100,446
Exchange traded fund	12,344	-	-	12,344
Mid-cap value	8,101	-	-	8,101
Total investments	<u>\$ 43,080,177</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 43,080,177</u>

Foundation for the National Institutes of Health, Inc.
Notes to Financial Statements

20. Conditional Grant Awards

As of December 31, 2017 and 2016, the Foundation has authorized conditional scientific grants under the following programs:

	<u>2017</u>	<u>2016</u>
Accelerating Medicines Partnership: Type 2 Diabetes	\$ 2,882,518	\$ 4,425,736
Biomarkers Consortium – HD-SCA in CRC Project	490,151	1,266,490
HIT-TB	-	997,641
Using Biomarkers to Predict TB Treatment Duration	6,892,446	955,909
Developing Leads to Shorten Duration of TB Chemotherapy	3,382,189	-
Support Functions of VCTR	447,584	857,814
Transitional Support for Gene Drive	1,302,745	-
Biomarkers Consortium – Cardiac Troponin Project	433,833	751,891
Biomarkers Consortium – Bone Quality Project	257,500	520,105
Biomarkers – Target BMx	730,048	-
LungMaP (Lung Cancer Master Protocol)	200,000	250,000
Biomarkers Consortium – Sarcopenia 2 Project	227,125	90,620
Accelerating Medicines Partnership: Alzheimer’s Disease	4,292,566	76,666
Efficacy of Heterodimeric IL-15 Treatment Regimens	473,729	-
Comprehensive Cellular Vaccine Immune Monitoring Consortium	6,368,223	-
Structure-based Vaccine Design Against HIV-1	216,666	-
	<u>\$ 28,627,323</u>	<u>\$ 10,192,872</u>

These authorized awards would become a liability to the Foundation in the future, if the grantees meet certain conditions, including the Foundation’s satisfaction with and approval of progress reports.

21. Lease

The Foundation had an office location in Bethesda, Maryland under a lease agreement with the Federation of American Societies for Experimental Biology (FASEB). Beginning in 2007, the Foundation entered into a lease agreement with FASEB for a ten year period which expired October 31, 2017 and not renewed.

In January 2017, the Foundation entered into a new lease agreement with Hines USVF North Bethesda Place LP for a fifteen-year period which expires October 31, 2032. This lease is effective November 2017 and contains a rent abatement period for the first seven months.

Rent expense was \$502,811 and \$467,012, respectively, for 2017 and 2016.

The future minimum lease payments required under the operating lease for the years ending December 31, are as follows:

2018	\$ 326,276
2019	572,845
2020	588,599
2021	604,785
2022	515,485
Thereafter	<u>6,521,258</u>
	<u>\$ 9,129,248</u>

22. Risks and Uncertainties

The Foundation invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the Foundation's account balances and amounts reported in the statements of financial position.

Supplementary Information

Foundation for the National Institutes of Health, Inc.

Schedules of Functional Expenses

Year Ended December 31, 2017, with Comparative Totals for 2016

	Program Services					Supporting Services				Total 2017	Total 2016
	Fellowships and Training Programs	Memorials, Awards and Events	Capital Projects	Research Programs	Total Program Services	Management and General	Fundraising	Total Supporting Services			
Salaries and benefits	\$ 41,533	\$ 96,344	\$ 8,996	\$ 3,581,080	\$ 3,727,953	\$ 3,284,102	\$ 225,289	\$ 3,509,391	\$ 7,237,344	\$ 6,327,026	
Stipends	-	146,522	-	39,000	185,522	-	-	-	185,522	130,200	
Program contracts	765,045	251,444	-	31,675,687	32,692,176	940	-	940	32,693,116	30,142,366	
Grant awards	-	-	-	11,428,707	11,428,707	-	-	-	11,428,707	6,307,252	
Meetings and travel	122,305	282,658	20,973	1,430,766	1,856,702	110,580	82,924	193,504	2,050,206	1,526,627	
Office supplies and expense	1,045	1,518	-	5,737	8,300	13,758	356	14,114	22,414	25,288	
Telephone	-	-	-	63,824	63,824	79,151	7,588	86,739	150,563	151,166	
Books and supplies	-	114	-	2,339	2,453	4,615	-	4,615	7,068	6,133	
Tuition	-	-	-	3,045	3,045	3,760	79	3,839	6,884	6,275	
Insurance	-	-	-	147,202	147,202	51,073	-	51,073	198,275	190,673	
Consultants	15,733	3,696	15,249	967,422	1,002,100	181,173	66,000	247,173	1,249,273	1,615,064	
Professional fees	-	-	-	62,140	62,140	107,167	-	107,167	169,307	203,230	
Depreciation	-	-	-	-	-	51,250	-	51,250	51,250	20,094	
Rent/housing	3,502	-	-	175,697	179,199	323,612	-	323,612	502,811	484,121	
Recruiting	-	-	-	13,121	13,121	92,576	-	92,576	105,697	78,964	
Relocation	-	-	-	5,000	5,000	347,047	-	347,047	352,047	-	
Temporary services	7,467	1,603	-	150,208	159,278	24,375	-	24,375	183,653	96,946	
Dues and subscriptions	-	-	-	7,819	7,819	12,077	-	12,077	19,896	26,208	
Equipment and rental and maintenance	-	-	757	11,124	11,881	50,586	-	50,586	62,467	36,469	
Printing and photocopying	-	1,330	675	5,913	7,918	28,596	12,709	41,305	49,223	72,556	
Postage and delivery	-	219	57	20,685	20,961	6,217	6,131	12,348	33,309	23,557	
Service charges	1,453	19,496	13,722	10,785	45,456	118,387	673	119,060	164,516	140,626	
Communications	62	6,051	2	76,283	82,398	74,367	15,173	89,540	171,938	213,499	
Advertising and promotion	-	1,500	-	855	2,355	10,924	500	11,424	13,779	7,000	
Miscellaneous	-	1,014	6,351	13,213	20,578	9,779	20,980	30,759	51,337	18,466	
	<u>\$ 958,145</u>	<u>\$ 813,509</u>	<u>\$ 66,782</u>	<u>\$ 49,897,652</u>	<u>\$ 51,736,088</u>	<u>\$ 4,986,112</u>	<u>\$ 438,402</u>	<u>\$ 5,424,514</u>	<u>\$ 57,160,602</u>	<u>\$ 47,849,806</u>	

See Independent Auditors' Report

**Foundation for
the National Institutes
of Health**

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20852

Phone:

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Email:

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Shaping the Future of Human Health

2017
Annual Report



FNIH

Foundation for the
National Institutes of Health

About the FNIH

\$0.91

of every dollar spent

directly supports programs

\$1 Billion +

raised since inception

#1

**“Charitable Biomedical
Research Organization”**

by Charity Navigator

14

consecutive years of

“Exceeds Industry Standards”

rating by Charity Navigator

#1

“Organization of the Year”

at Stevie Awards for Women in Business

You and the FNIH

The Foundation for the National Institutes of Health (FNIH) works with partners like you to advance breakthrough biomedical discoveries and improve the quality of people's lives. As a 501(c)(3) charity chartered by Congress, the FNIH depends on private philanthropy to support vital scientific research, education and training, awards and patient care activities at the National Institutes of Health (NIH), the world's largest biomedical research agency. The FNIH's team of scientists, program managers and fundraisers works hand-in-hand with you each day to shape the future of human health.

Read more:
fnih.org/AnnualReport

Dear Friends,

We begin by saying *thank you!* Thank you for your time, forward-thinking ideas, generous support and dedication to biomedical research.

You equip the FNIH with the essential resources needed to advance transformative biomedical research in support of the mission of the NIH and to have global impact. In 2017, you helped us reach the amazing milestone of raising more than \$1 billion since our inception. These private-sector dollars are critical for breakthrough discoveries that improve the quality of people's lives.

Your generous support allows us to convene large networks of scientific leaders to seek new knowledge and catalyze research collaborations to improve health, lengthen life and reduce illness and disability. These alliances foster innovation and channel resources for maximum impact — achieving results far greater than what can be accomplished by any single organization.

In this 2017 Annual Report, we are delighted to highlight a few examples of the support and commitment of some of our partners and donors. In these vignettes, you will learn about projects that are solving some of the major unanswered questions of biomedical research, training the next generation of

clinician-scientists, honoring outstanding scientific achievements and helping NIH patients and their families.

The work that you have supported has allowed the FNIH to be honored and recognized internationally last year. In 2017, the FNIH was named the “#1 Charitable Biomedical Research Organization” by Charity Navigator and earned a Gold Stevie Award for “Organization of the Year.”

So, once again, the FNIH Board of Directors and staff want to recognize the contributions of all of those individuals and organizations that have made our work possible. Thank you for your trust and support and for helping us shape the future of human health. We look forward to working closely with you in the years to come.



Steven M. Paul, M.D.

CHAIRMAN



Maria C. Freire, Ph.D.

PRESIDENT AND
EXECUTIVE DIRECTOR

Individuals

Individuals have the power to address some of the most vexing health challenges of today. Supporting the FNIH with unrestricted donations allows the FNIH to leverage and strategically deploy funds where they are most needed. Further, donors may wish to support specific areas of interest — from research in certain diseases to patient care.

Andrew Lee

At age 22, Andrew Lee is *driven*. Following his HLRCC diagnosis, Andrew established the not-for-profit Driven to Cure, Inc. He now travels the country attending car events to raise visibility and funding for rare kidney cancers.

In December 2017, Andrew presented a \$100,000 check to Maria C. Freire, Ph.D., FNIH President and Executive Director. This donation, in addition to a \$200,000 gift made in 2016, will further cutting-edge research on rare kidney cancer conducted by the National Cancer Institute (NCI) at the NIH Clinical Center.

“Thanks to FNIH’s mission, the needed funding can be targeted to the research of rare cancers like HLRCC. We look forward to working with the FNIH in the years ahead to help fund other rare cancers and diseases in order to help more patients,” said Andrew. Learn more at fnih.org/DriventoCure.

“When I was diagnosed with stage 4 HLRCC rare kidney cancer at age 19, I was told I had six to 12 months to live. I was immediately accepted to the HLRCC trial at the NIH in June of 2015. I know and understand there is currently no known cure for HLRCC, but without the research happening today, we would not help those who will be in need tomorrow.”

—Andrew Lee

PRESIDENT OF DRIVEN TO CURE, INC.



Buffy Cafritz

The cultural and philanthropic contributions of Buffy Cafritz are ever present around the country, especially just 10 miles north of Washington, D.C. on the NIH campus in Bethesda, MD.

Mrs. Cafritz's unwavering commitment to the FNIH has supported students, patients and researchers at the NIH for nearly two decades. She and her husband have helped students interested in Parkinson's disease train with renowned scientists by funding the NIH Medical Research Scholars Program, thus supporting a new generation of clinician-scientists. Mrs. Cafritz also sponsors a room at the Edmond J. Safra Family Lodge just footsteps away from the NIH Clinical Center, so that patients and their families can stay together during treatment.

Mrs. Cafritz and the Buffy and William Cafritz Family Foundation's commitment to biomedicine extends to research in the laboratory. In 2017, their support created a five-year competitive grant program at the NCI to develop highly innovative approaches and technologies for kidney cancer. Through her dedication to this significant work, Mrs. Cafritz's presence in biomedical research will be felt for generations to come.



“It has been a pleasure to support the FNIH throughout the years to further pioneering biomedical research, crucial student training and activities that help heroic patients participating in clinical trials. The nimble, yet powerful FNIH team, is making important medical discoveries possible. I am proud to be a part of their work, which will benefit our world far into the future.”

–Buffy Cafritz

HONORARY TRUSTEE, THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS, AND FNIH BOARD MEMBER





Ms. Carol-Ann Harris

Ms. Carol-Ann Harris of Fort Lee, NJ, advances muscular dystrophy research through the CarMollNat Endowment at the FNIH.

“Muscular dystrophy has affected my family for at least seven generations. I felt it was my calling to honor my loved ones by investing in the FNIH so that important research can propel this field forward and help future patients and their families in the years to come.”

–Ms. Carol-Ann Harris



**Barbara Lazio, M.D.,
and Mr. Matthew Scher**

Barbara Lazio, M.D., and Mr. Matthew Scher of Olympia, WA further cancer research by donating annually to the FNIH in honor of their mothers, who passed away from the disease.

“After losing some of our closest family members and friends to cancer, we felt we needed to support ongoing research to benefit future cancer patients. There are many charities soliciting funds for cancer research, but we felt by investing in the FNIH, our money would be applied to the most highly vetted and innovative research. We really just want to keep the fire burning, support the innovators, see these baby steps develop into something that can eventually impact a person’s life.”

–Barbara Lazio, M.D.



A physical therapist helps a boy with muscular dystrophy exercise.

Mrs. Lily Safra

As lead benefactor of the Edmond J. Safra Family Lodge (Family Lodge), Mrs. Lily Safra has made housing available for about 130,000 adult patients of the NIH Clinical Center and their loved ones since 2005. These brave patients travel with their families from around the world to participate in vital research at the NIH Clinical Center, which is known for its history of medical breakthroughs, including the development of chemotherapy for cancer and the first AIDS treatment.

Located within walking distance of the NIH Clinical Center, this English manor-style residence features 34 spacious guest rooms. Its elegant kitchen, library, fitness and business centers, and gardens, alongside its dedicated onsite team, offer families a home-like place of respite during their time of need. By caring for these courageous families, Mrs. Safra is ensuring crucial biomedical research rapidly progresses to improve the health of current patients and those in the years ahead. Learn more about the Family Lodge at fnih.org/FamilyLodge.



“I know from personal experience how when one person becomes ill, a whole family is affected. By providing a warm and comfortable environment for patients’ families at the Edmond J. Safra Family Lodge, I hope that more people will be able to seek treatment and participate in vital clinical research efforts at the NIH Clinical Center.”

–Mrs. Lily Safra

CHAIRWOMAN OF THE EDMOND J. SAFRA PHILANTHROPIC FOUNDATION AND FNIH BOARD MEMBER



Not-for-Profits and Foundations

Not-for-profit and foundation partners have helped the FNIH orchestrate programs to develop preventive medicines, diagnostic tools and new therapies and to train the next generation of clinician-scientists. Often working closely with government and industry partners, these organizations keep patients top-of-mind — bringing their critical perspective to FNIH programs.



McKnight Brain Research Foundation

The McKnight Brain Research Foundation (MBRF)'s decade-long partnership with the FNIH has expanded understanding of how people think as they age, through co-sponsorship of the Research Partnership in Cognitive Aging and three Cognitive Aging Summits with the National Institute on Aging (NIA).

“This partnership has facilitated exploration of new avenues of potential research within the scientific community, which could lead to the development of pharmacological and behavioral interventions, and ultimately improved outcomes in cognitive health. A very important outcome has also been raising the level of awareness within the scientific community and among the public about the importance of this research and its tremendous value to society in preserving and maintaining cognitive health.”

— **J. Lee Dockery, M.D.**

CHAIR, BOARD OF TRUSTEES, MBRF

Amgen Foundation and Doris Duke Charitable Foundation

The FNIH supports training programs at the NIH that enable students interested in biomedicine to work closely with some of the world's leading researchers. These programs are made possible with partners including the Amgen Foundation and the Doris Duke Charitable Foundation.

“By partnering with the FNIH — in addition to institutions such as Harvard, MIT and Cambridge — we are opening the door to ground-breaking research opportunities in biomedical research that continue to advance human health in untold ways. If your mission is to inspire and train the next generation in biomedical research — or to advance scientific breakthroughs into human health — the FNIH needs to be on your short list as an organization worth partnering with.”

— **Scott Heimlich, Ed.D.**

VICE PRESIDENT, AMGEN FOUNDATION

“Our partnership with the FNIH supports the Medical Research Scholars Program, which gives medical students a hands-on clinical research experience under the guidance of successful scientists. We are proud to support this program as an avenue for igniting in students a passion for research that can translate into a productive, lifelong career as a physician scientist.”

— **Betsy Myers, Ph.D.**

PROGRAM DIRECTOR FOR MEDICAL RESEARCH,
DORIS DUKE CHARITABLE FOUNDATION

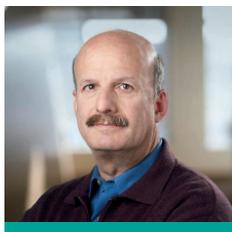
Bill & Melinda Gates Foundation

Addressing some of the world’s most pressing health challenges, including tuberculosis and malaria, requires the proficiency of indomitable scientists backed by excellent project management and stable financial support. For more than a decade, the Bill & Melinda Gates Foundation (Gates Foundation) has worked with the FNIH to develop strong ecosystems that underpin scientific discovery and foster creation of emerging technologies to provide novel solutions to fight disease.

In 2017, among other key accomplishments, this work resulted in the publication of the Guiding Principles for Sponsors and Supporters of Gene Drive Research in *Science*. Considered an emerging technology, gene drive can be used to promote the preferential inheritance of a beneficial trait, thereby increasing its prevalence in a population. The developers and signatories of these guiding principles are committing to support research of the highest scientific and ethical quality, inspire a transparent approach and back relevant biosafety measures and best practices. Learn more about this work at fnih.org/GeneDrivePrinciples.

The Gates Foundation’s Steven Buchsbaum, Ph.D., reflected on the foundation’s longstanding partnership with the FNIH:

“The FNIH was, in the very early days of the Gates Foundation, a key partner that we chose to first begin investing in basic science for global health. That started with the original Grand Challenges in Global Health, which the FNIH was our key partner in formulating and executing.



“The FNIH was chosen both because of its unique and integral relationship with the NIH and its uniquely qualified staff.”

—Steven Buchsbaum Ph.D.

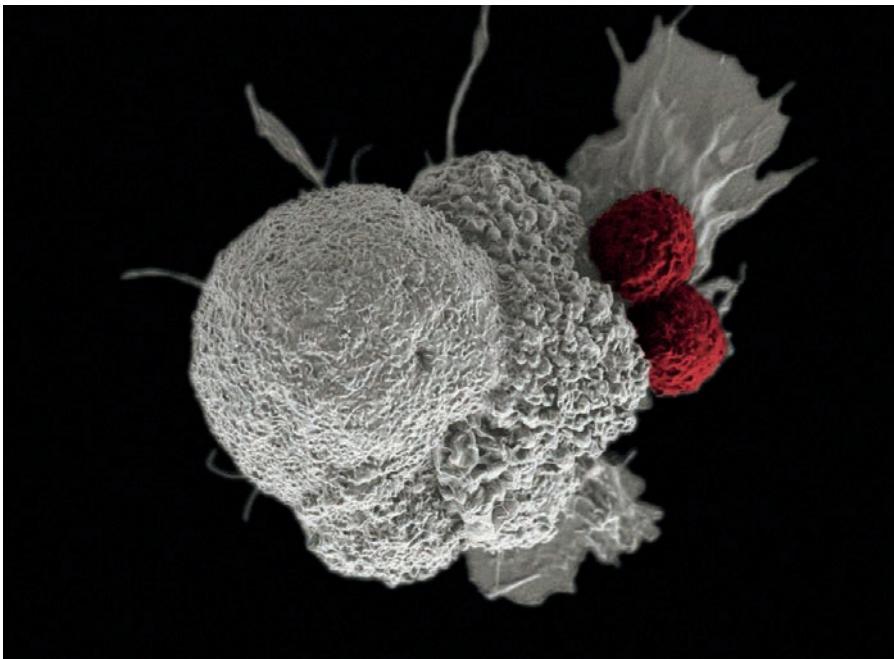
DEPUTY DIRECTOR, DISCOVERY & TRANSLATIONAL SCIENCES,
GATES FOUNDATION

Having had the opportunity to see projects evolve and mature over more than a decade, there are a number of them that were called for, selected, invested and nurtured either by the FNIH themselves or jointly with us that are incredibly promising in the sense that they are transformational new tools for global health. One example is the Eliminate Dengue project (now called the World Mosquito Program) and another is the Target Malaria initiative. But perhaps more than that, and harder to measure and directly attribute, is really just the change in the scientific community in the sense of the excitement, attention paid and amount of research that is done on health conditions that affect the majority of the population in the world, but particularly those that are poor and underserved.”



Government

Government agencies are the bedrock of FNIH partnerships. For two decades, the FNIH has worked with federal agencies to build powerful initiatives with the private sector that have changed the way researchers, regulators, doctors and patients understand and treat disease.



A pseudo-colored scanning electron micrograph of an oral squamous cancer cell (white) being attacked by two cytotoxic T cells (red), part of a natural immune response.

Credit: National Cancer Institute / Duncan Comprehensive Cancer Center at Baylor College of Medicine

NIH Director Dr. Francis Collins interviewed the 5th Lurie Prize in Biomedical Sciences recipient, Dr. David M. Sabatini, at the FNIH Award Ceremony in May 2017. This annual prize is made possible by a gift from philanthropist Ann Lurie. Learn more at fnih.org/LuriePrize.



National Institutes of Health

Congress chartered the FNIH to raise private funds to support the world's largest biomedical research agency, the NIH. The FNIH leverages the know-how and resources of the private sector to work with the NIH to tackle complex biomedical challenges. In 2017, the FNIH, NIH, U.S. Food and Drug Administration (FDA) and 12 biopharmaceutical companies launched the historic \$220 million Partnership for Accelerating Cancer Therapies (PACT) to better understand how to harness the immune system to attack cancer. Learn more at fnih.org/PACT.

“The FNIH makes it possible for the NIH, as a government facility, to work with the private sector to answer some of the world’s most pressing health questions. Through innovative research partnerships, the NIH and FNIH are able to fuel the biomedical discoveries needed for better diagnosis, prevention, treatment and cure of disease. Working with the FNIH is vital to the research enterprise.”

– Francis Collins, M.D., Ph.D.

DIRECTOR, NIH

In October 2017, FNIH Chairman Dr. Steven M. Paul and President and Executive Director Dr. Maria C. Freire presented NIA Director Dr. Richard Hodes with a Charles A. Sanders, M.D., Partnership Award.



National Institute on Aging

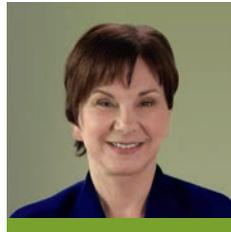
The NIA, under the inspired leadership of Director Richard Hodes, M.D., has been one of the FNIH’s most significant and longstanding partners. Over the past decade, the NIA and the FNIH have developed new collaboration models, governance structures and data-sharing policies for such groundbreaking programs as the Alzheimer’s Disease Neuroimaging Initiative (ADNI) and the Accelerating Medicines Partnership (AMP). Dr. Hodes reflected on this partnership with the FNIH:

“The benefit of collaborations, scientific meetings and other support provided to NIH through the Foundation is not limited to the institute or institutes whose work is being facilitated. These efforts galvanize all partners in moving toward shared goals. We have seen this in several areas, most recently in the emergence of the new discipline of geroscience, where Foundation efforts have facilitated conferences that have helped develop new synergy between researchers in the basic biology of aging and scientists focused on specific diseases associated with advanced age, such as cancer and heart disease. This new approach has enhanced the recognition of aging as the critical risk factor underlying disease development in many cases and has fostered new connections among public and private sector scientists seeking to reduce disease risk and improve health for older people.”

“The FNIH offers a great venue to bring together the NIH, FDA, academia and the pharmaceutical industry to conduct robust translational research that will enable more informative and better targeted medical product development.”

—Janet Woodcock, M.D.

DIRECTOR, CENTER FOR DRUG EVALUATION AND RESEARCH, FDA, AND EXECUTIVE COMMITTEE MEMBER OF THE FNIH BIOMARKERS CONSORTIUM



U.S. Food and Drug Administration

The FDA, the U.S. regulatory agency for biomedical technologies, is a primary partner actively engaged in FNIH public-private consortia that formulate and lead cutting-edge research programs.

The FNIH Biomarkers Consortium manages many of these programs, which often have regulatory implications. The mission of the Biomarkers Consortium is to discover, develop and seek regulatory approval of biological markers (biomarkers) to support development of new diagnostic tools and drugs within four key areas: cancer, inflammation and immunity, metabolic disorders and neuroscience. In 2017, the Biomarkers Consortium reached several milestones, including the publication of a framework to guide biomarker qualification in *Science Translational Medicine*, as well as submitting recommendations to the FDA to guide drug development for serious hospital-acquired bacterial infections. Learn more about Biomarkers Consortium projects at fnih.org/BiomarkersConsortium.

Industry

Industry partners work with the FNIH to build powerful scientific collaborations that fuel biomedical discovery. By bringing world-class scientists, critical datasets, the latest technology and financial resources to these partnerships, industry helps the FNIH facilitate the exchange of ideas in a pre- or non-competitive environment that would not be possible otherwise.

“I believe that every dollar donated to FNIH will ‘punch above its weight’ in the fight against disease and will open the doors for value-added partnerships to speed the flow of new cures.”

—**Freda C. Lewis-Hall, M.D., DFAPA**

EXECUTIVE VICE PRESIDENT AND CHIEF
MEDICAL OFFICER, PFIZER, AND FNIH
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Pfizer

Pfizer’s sustained commitment to the FNIH spanning two decades has bolstered a suite of biomedical initiatives on topics from genetics to lung cancer, laying the groundwork for important discoveries.

The company’s scientific leadership and financial support to the FNIH have expanded understanding of the genetic causes of common diseases, enabled pediatric testing programs for drugs and increased knowledge of Alzheimer’s and lung cancer, to name a few. It also furthered the careers of research-oriented medical and dental students by sponsoring training at the NIH.

Additionally, Pfizer leaders, including Dr. Freda C. Lewis-Hall, have brought their vision and expertise to the FNIH Board of Directors. “The world is chock-full of promising scientific leads and information that is valuable in the service of patients, and the FNIH is a key conduit in the flow of these ideas,” said Dr. Lewis-Hall. “It’s hard to believe that the FNIH has been operating for just over 20 years, as its become such an important facilitator of the public-private partnerships that ultimately expand the universe of biomedical science, especially the science that can be translated into new therapies and the science that provides a rocket-boost to other medical research endeavors.”

Lilly

Since 2000, Lilly and the FNIH have advanced critical research to increase scientific understanding across multiple diseases, including osteoporosis, lung cancer and Alzheimer’s disease, through 44 projects.

In particular, Lilly played an essential role in the establishment of the Alzheimer’s Disease Neuroimaging Initiative (ADNI), becoming the first company to join the partnership 13 years ago and championing support from other industry representatives. “ADNI has increased our understanding of Alzheimer’s disease (AD) by identifying and validating biomarkers, including specific imaging for tau and amyloid as hallmarks of this disease that indicate the onset and progression of AD,” explained Lilly’s Jan Lundberg, Ph.D. “ADNI’s work helps biopharmaceutical companies like Lilly improve clinical trial design and test new medicines.” Read about ADNI at fnih.org/ADNI3.

Lilly also supports projects within the FNIH Biomarkers Consortium and is a significant proponent of the Accelerating Medicines Partnership (AMP), particularly the AMP-AD and the AMP Type 2 Diabetes projects. “Data from AMP and other FNIH partnerships are guiding our evolving strategy for AD and diabetes drug discovery and development,” said Dr. Lundberg. “Ultimately, that will benefit millions of patients including understanding disease sub-classification and patient stratification signature.” Learn more about AMP at fnih.org/AMP.



Dr. Lundberg continued, “It is essential to encourage the exchange and robust scientific discussion of new ideas. To this end, I would say the number one benefit to Lilly from our investment in FNIH is the foundation’s ability to accelerate biomedical research by creating public-private partnerships where scientists interact and learn from each other across different sectors of the biomedical healthcare system, including regulatory authorities.”

“Public-private partnerships involving the biopharmaceutical industry, NIH and academia have advanced key areas of human disease understanding and the potential for diagnostics and therapies by unifying resources and capabilities and making findings public.”

–Jan Lundberg, Ph.D.

EXECUTIVE VICE PRESIDENT, SCIENCE AND TECHNOLOGY AND PRESIDENT, LILLY RESEARCH LABORATORIES



In October 2017, Lilly Executive Vice President Dr. Jan Lundberg accepted a Charles A. Sanders, M.D., Partnership Award on the company’s behalf.

The FNIH acknowledges

and thanks each of our valued partners, whose generosity provides the critical resources needed to accelerate scientific discoveries to diagnose, treat and cure the world's most devastating diseases. Unrestricted gifts allow the flexibility to use donations where they are urgently needed, while restricted gifts serve a specific area of research. Other donors choose to partner and establish funds and endowments to pay tribute to loved ones.





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Learn more at fnih.org/PartnersSociety.

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Contribute to or establish a fund or endowment that advances research in a particular area of interest by searching FNIH programs at fnih.org/Programs.

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Find a specific research program to donate to at fnih.org/ResearchPrograms.

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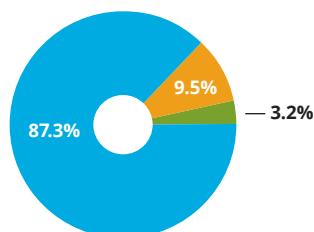
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Dana Bresin <i>In honor of Laura C. Hazzard</i>	Chris Hauck <i>In memory of Mary L. Rhim</i>	Thomas A. and Nancy I. Lusk	Judy Rose <i>In memory of Mary L. Rhim</i>	
Ryan Brown <i>In memory of Brian Griffin</i>	Robert Heady	Greg Lytle <i>In memory of Mary L. Rhim</i>	Sidney Rosenzweig ⁴	
Martin J. Corso, M.D. ⁵	Henry L. Hecht <i>In honor of Stuart H. Yuspa</i>	Dr. Adel A. Mahmoud and Dr. Sally Hodder	Walter G. Rostykus and Catherine Elliott-Rostykus	
Mary Frances Cotch and B. Fenton Hall	D. Henderson	Anne Alexander Marshall, Ph.D. and Davis Marshall ¹³	Michael Roytburd ²	
Daniel Czamecki	Greg and Sally Henderson <i>In honor of Christene Kazanas</i>	Travis McCaw	Janice W. Rutherford ³	
Rosemary Dawicki	Eva C. Holtz ⁸	Microsoft Corporation ²	Dr. Michael Ryan and Dr. Linda Ryan ⁵	
Larry Day ²	James Horton, M.D. ⁴	Stephen A. Migueles	Darren Schneider ³	
Jeffrey J. Doenges ³	Howard County General Hospital <i>In memory of Brian Griffin</i>	Gloria Monarrez ²	Mary Jo Shapiro	
Marguerite Durkin ²	Kathleen M. Hunn	Jorge Morazzani ⁴	Richard and Elizabeth Slucher <i>In memory of Harold L. Slucher</i>	
Jeffrey Dvoskin ³	Intel Corporation	Jonathan Moskow	Rainer F. Storb, M.D.	
Faye Fager ⁴		Susan M. Nebinski ⁵ <i>In memory of Stan C. Nebinski</i>	Anthony Tassone ⁶	
Arlene L. Feit ⁵		Benjamin S. and Elizabeth F. Neufeld, Ph.D. ²	Harold E. Varmus, M.D. ²	
Michelle M. Frack			David Vigil	
David A. Fryburg, M.D. ⁶				

Financial Highlights

2017 Expenses



- Research Programs
- Management and Fundraising
- Education and Events

Revenue and Support

	2017	2016
Contributions	\$58,518,484	\$80,605,604
Grants	381,969	351,613
Administrative fee	111,660	122,392
Government appropriations	1,110,000	1,150,000
Investment earnings	2,443,260	1,102,491
In-kind contributions	1,490,818	960,688
Donated services	39,000	30,000
Fundraising event	324,700	279,800
Total revenue and support	\$64,419,891	\$84,602,588

Expenses and changes in net assets

	2017	2016
Program services		
Fellowships and training programs	\$958,145	\$1,257,933
Memorials, awards and events	813,509	390,128
Capital projects	66,782	51,627
Research programs	49,897,652	41,957,442
Total program services	\$51,736,088	\$43,657,130
Supporting services		
Management and general	\$4,986,112	\$3,800,393
Fundraising	438,402	392,283
Total supporting services	\$5,424,514	\$4,192,676
Total expenses	\$57,160,602	\$47,849,806
Change in net assets	\$7,259,289	\$36,752,782
Net assets beginning of year	103,228,330	66,475,548
Net assets at end of year	\$110,487,619	\$103,228,330

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As of December 2017

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