FNIH
Foundation for the
National Institutes of Health

May 22, 2015

Francis Collins, M.D., Ph.D.
Director, NIH
National Institutes of Health
Building 1 Room 26
Bethesda, MD 20814

Dear Dr. Collins:

Per statutory requirement, enclosed you will find the 2014 FNIH Annual Report to NIH. The report is comprised of the following:

- Brief FNIH overview
- 2014 Allocation of NIH Appropriations
- 2014 Operating Revenues and Expenses
- 2014 Program Revenues and Expenses
- FNIH Board of Directors
- NIH Proposal Review Committee Submissions to FNIH: August 2012 – December 2014
- FNIH Project Summaries through December 31, 2014
- 2014 Financial Audit
- 2014 FNIH Annual Report

You will find the first 8 items together in the spiral bound booklet. The 2014 FNIH Annual Report is a separate document included in the package.

Please do not hesitate to contact me if you have any questions.

Sincerely yours,

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

CC:
Charles A. Sanders, M.D.

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phone 301.402.4968 fax 301.480.2752

Foundation for the National Institutes of Health

2014 Annual Report to NIH

May 22, 2015

Bold new approaches are needed to tackle the human health challenges that face the world. Biomedical science needs to form powerful strategic collaborations, unlock new sources of intellectual and financial capital and adopt new research models. The Foundation for the National Institutes of Health (FNIH) is uniquely positioned to help.

The FNIH is an agile team of biomedical scientists, program managers and fundraisers. We work with a large network of forward-thinking leaders and organizations to seek new knowledge and apply it to improve health, lengthen life and reduce illness and disability. FNIH understands how to engage and motivate people around a common cause, to channel resources for the greatest impact, to harness transformative ideas and to thus, shape the future. FNIH organizes and administers research projects, supports education and training of new investigators, organizes educational events and symposia and administers a series of funds supporting a wide range of health issues.

In all FNIH does, we support the mission of the National Institutes of Health. Since 1996, FNIH has raised a total of $810 million for over 500 programs that support the mission of the agency.

2014 Allocation of NIH Appropriations *

Table 1

Activity		Cost
1) Lease 12,000 sq. feet of Office Space at FASEB	$	253,930
2) Unrecovered Program Salary & Benefits	$	149,590
3) Partial Operating Costs	$	96,480
Total	**$**	**500,000**

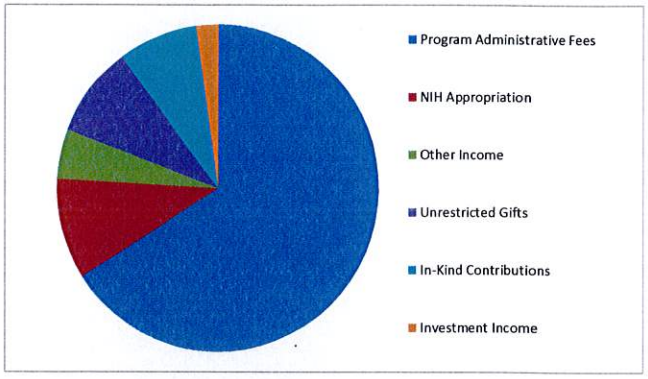
*** 2014 Expenses Allocable to the NIH Appropriation $ 4,136,484**

2014 Operating Revenues and Expenses

Table 2

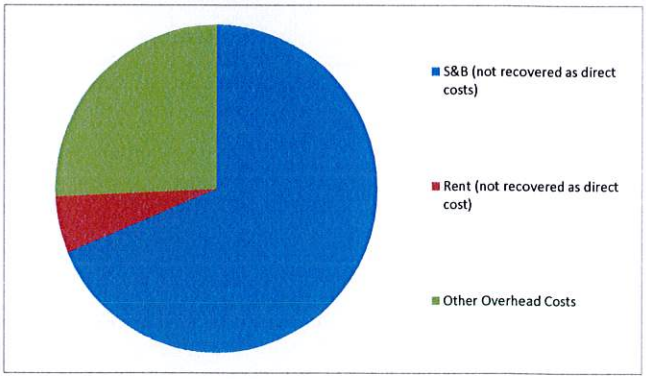
2014 Financial Support for Operating Activities

Program Administrative Fees	3,306,262	66%
NIH Appropriation	500,000	10%
Other Income	246,332	5%
Unrestricted Gifts	449,180	9%
In-Kind Contributions	405,777	8%
Investment Income	108,392	2%
Total Revenue	5,015,943	



2014 Operating Expenses

S&B (not recovered as direct costs)	3,118,115	69%
Rent (not recovered as direct cost)	253,930	6%
Other Overhead Costs	1,170,216	26%
Total Overhead Costs	4,542,261	
Current Appropriation as % of Total Overhead Costs		11%

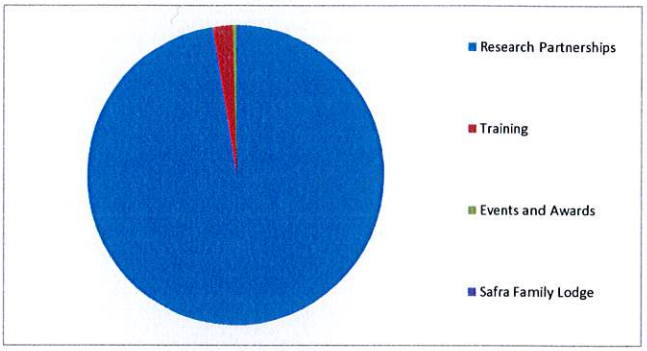


2014 Program Revenues and Expenses

Table 2

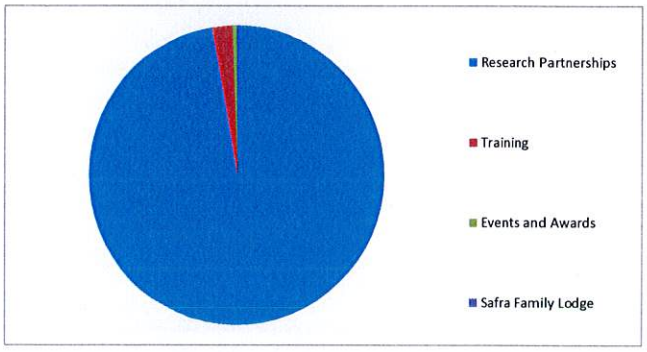
2014 Financial Support for Programs

Research Partnerships	71,931,384	97%
Training	1,616,912	2%
Events and Awards	294,314	0%
Safra Family Lodge	70,165	0%
Total Program Revenue	73,912,775	



2014 Program Expenditures

Research Partnerships	71,962,988	97%
Training	1,624,127	2%
Events and Awards	360,623	0%
Safra Family Lodge	107,030	0%
Total Program Expenditures	74,054,768	



BOARD OF DIRECTORS

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Director, National Institutes of Health

Margaret A. Hamburg, M.D.
Commissioner, Food and Drug Administration

NIH Proposal Review Committee Submissions: August 2012 - December 2014

ACTIVE PROJECTS

Name of Project	IC	Date FNIH rec'd RFC	Project Description	R&D Pipeline Area	Update
Research					
Sports and Health Research Program (SHRP)	OD	6/29/2012	A program designed to help accelerate the pursuit of pioneering research to enhance the health of athletes past, present and future and to extend the impact of that research beyond the playing field to benefit others, including members of the military.	Discovery	The program has funded six pilot projects on sports-related traumatic brain injury and spinal cord injury and two cooperative agreements focused on defining the scope of long-term changes that occur in the brain years after a head injury or after multiple concussions. Stemmimg from a workshop in July 2013 and a meeting on April 4, 2014 including NINDS, NFL, NCAA and DoD, a research plan has been signed by NFL, NINDS and FNIH describing the concept for a longitudinal study to collect, validate and analyze data such as MRI and PET images, genetics, cognitive tests, CSF and blood biomarkers to characterize CTE in mid-life individuals with a history of repetitive head impacts. A Request for Applications was posted by NINDS in the NIH Guide on July 29, with applications due October 31. Plans are underway for a meeting of the NIH, NFL and FNIH in March 2015 to discuss SHRP progress.
Severe Asthma Research Program (SARP)	NHLBI	7/9/2012	Develop a new disease paradigm in severe asthma that will define the disease at the molecular and cellular levels over time.	Discovery	FNIH Board review 10/24/12 - approved. In original discussions with NHLBI, FNIH was informed that NHLBI decided to withdraw the request and pursue the collaboration for SARP with another non-profit organization with which they have been interacting. In mid-June 2014, members of the SARP Steering Committee and NHLBI staff requested FNIH to take another look at SARP because the non-profit they had been working with decided they could not help with SARP after all. FNIH received a revised RFC from NHLBI on August 25, 2014. A positive funding scan was completed and the project was approved by the Board 8/26/14 to raise $3 million to expand the SARP cohort to 800 participants. FNIH staff are wroking with NHLBI and the SARP Steering Committee on language about data sharing to be included in LOAs with interested funders.
Coding for Cancer	NCI	8/15/2012	Design and management of a prize competition to develop novel algorithms for lung cancer screening.	Clinical	The project was fully approved by NIH and the FNIH Board approved moving forward with the project on 10/24/12, contingent on successful completion of a funding scan. FNIH then approached a number of major imaging companies in an attempt to raise up to $4 million to fund the project, but did not find any companies willing to contribute. In a meeting with Dr. Harold Varmus in the fall of 2013, FNIH was asked to revise its efforts on the project, with a smaller project scope. FNIH worked with NCI staff to revise the challenge criteria and reduce the budget to under $1 million. The fundraising effort will concentrate on high net worth individuals and family foundations that are interested in lung cancer. NIH will handle the technical logistics of the prize and FNIH will make the awards to the prize winners. An MOU for the project is currently being reviewed by NCI.
Accelerating Medicines Partnership	OD	11/2/2012	A project to address a critical need for collaborative efforts by industry, academia, and government to improve the selection of targets and research designs by leveraging the strengths of each sector and sharing precompetitive information.	Discovery/Pre-clinical	AMP completed its final research plans in 1) Alzheimer's disease; 2) Type 2 diabetes; and, 3) immune-mediated disorders (rheumatoid arthritis and lupus) and launched with considerable press coverage on February 4. FNIH is managing requests for funding from industry of $71 million. NIH is contributing $119M in grants. With the addition of $45M in industry in-kind contributions, the total value of AMP is $230 million. FNIH is managing three project Steering Committees, in Alzheimer's disease, type 2 diabetes, and rheumatoid arthritis/lupus,as well as the overarching Executive Committee. Grant solicitation notices have been issued by NIAMS for RA/lupus and by NIDDK in type 2 diabetes. FNIH has also issued 2 RFPs to supplement the NIDDK grants in type 2 diabets and transferred funds to supplement existing NIA grants in Alzheimer's. All grants/RFPs are expected to be awarded by early 2015.
Rapid identification of individuals with viable adult female worms of *Onchocerca volvulus*: a means to the end	NIAID	11/5/2012	Research to provide methods to identify viable adult worms of *Onchocerca volvulus*, the causative agent of onchocerciasis (river blindness).	Discovery	The award agreements with subawardees Thomas Jefferson University and New York Blood Center and MOU with NIAID are ongoing. The final Global Access Plan and plans for data sharing were completed in August. The first annual technical progress and financial report were submitted to BMGF in October. The project will present its work at the Annual Meeting of the Consortium of Biomarkers to Identify Female Adult *Onchocerca Volvulus*, to be held on November 19-20, with staff from NIAID and FNIH in attendance. The BMGF program officer and program coordinator for the project will visit FNIH and NIAID on November 21.

LungMaP	NCI	5/14/2013	A six-month planning effort to develop a final protocol and establish partnership governance and project management infrastructure for a trial with the overall aim to find new agents and companion diagnostics for precisely defined molecular subsets of patients with advanced squamous cell cancer. The master protocol, which will utilize the NCI Cooperative Group/National Clinical Trials Network (NCTN) infrastructure and the diagnostics company Foundation Medicine for molecular profiling, will have a single entry point, but will allow for multiple, simultaneous phase 2/3 randomized studies.	Clinical	The LungMAP study was launched on June 18, 2014. Five drugs have been selected from industry partners for the trial. As of Sept 12, 2014, 219 clinical sites have been approved to participate in the study and 35 patients have been registered to three different arms of the trial. Additional patient tumor samples are being analyzed and assigned to ancillary sub-studies. A Trial Oversight Committee with representation from NCI, FDA, SWOG, and industry (ex-pharma experts with no interest in the drugs being tested) convenes monthly, led by FNIH. FNIH also convenes Leadership Team and Project Management Office meetings on a weekly basis to insure effective progress is made on the trial and the partnership. FNIH continues to work closely with Jeff Abrams and other NCI CTEP staff on the effort.
Identifying the human infection reservoirs for the transmission of visceral leishmaniasis in Bihar, India	NIAID	8/21/2013	NIAID, Banaras Hindu University (BHU) in Varanasi, India, and the Bill & Melinda Gates Foundation (BMGF) have requested that the Foundation for the NIH (FNIH) submit a grant application to the BMGF for a collaborative research project to be scientifically managed by an NIAID intramural laboratory and administratively managed by FNIH. The proposed research is intended to: i) develop the necessary infrastructure; ii) evaluate technical feasibility; and, iii) write protocols for a larger follow-on study or studies designed to define the relative ability of specific human-subject groups across the infection spectrum to serve as reservoirs of Leishmania donovani infection to sand flies in areas of anthroponotic transmission.	Pre-clinical	A primary objective of this Phase 1 project was to develop a sand fly colony at the Kala Azar Medical Research Center (KAMRC) in Muzaffapur, India. This has been successfully accomplished through refurbishment of insectary and animal housing facilities at KAMRC as well as staff training by NIAID project personnel, and the sand fly colony is now functional. The technical feasibility of various methods for identifying the human reservoir of visceral leishmaniasis (VL) were reviewed at a project-supported workshop in March, and xenodiagnosis was identified as the most appropriate method. A proposal for Phase 2 of the project was submitted on August 25, 2014, and is under review at BMGF. The objective of Phase 2 is to gain an understanding of the dynamics and epidemiology of anthroponotic transmission and identify the human reservoir(s) for VL via xenodiagnostic studies of well-defined subject groups (active VL cases and those individuals progressing to disease during the weeks to months it takes from symptom onset to presentation for medical care, clinically cured cases, patients with post-kala-azar dermal leishmaniasis, and asymptomatic individuals) using live vector sand flies. Results are important for the development of vector control strategies.
African Centers of Excellence in Bioinformatics	NIAID	10/22/2014	The African Centers of Excellence in Bionformatics brings private sector partners to provide harware and engineering support to combine with training, technical and logistical expertise of the NIAID Office of Cyberinfrastructue and Computational Biology to build African Centers of Excellence. These Centers will support existing research institutions to improve the quality of research on diseases endemic to Africa.	Discovery	Received the RFC from NIH 10/22/2014. A telconference with NIAID and FNIH was held on November 12, 2014 to discuss the proposal. NIAID sent additional contacts for the 4 entities interest in supporting the project. FNIH is starting the funding scan.
Education & Training					

Inter-Society Coordinating Committee for Practitioner Education in Genomics (ISCC-PEG)	NHGRI	12/19/2014	Having an understanding of the basics of genetic and genomic information is central to providing healthcare services today and improving genomic literacy of physicians and other health practitioners is essential. The ISCC-PEG will establish a locus for coordination among healthcare professional organizations about genomic education needs and implementing genomic medicine. It will enhance the practice of genomic medicine through sharing of educational approaches and joint identification of educational needs.	NA	Received RFC from NIH 12/19 14.

Events					
Helping Small Businesses Advance Ground-breaking Technologies for Cancer Patients (2014 NCI SBIR Investor Forum)	NCI	1/22/2014	The National Cancer Institute (NCI) SBIR Investor Forum is designed to help catalyze the advancement of cancer diagnostics and treatments by facilitating the partnerships between currently funded NCI small business awardees and strategic partners that are needed to transfer cancer innovations into clinical practice and ultimately improve patient care.	NA	NCI asked FNIH to assist with fundraising to cover Forum costs and to handle certain logistics for the event, and received approval in April 2014 to hold and work with FNIH on the November 13, 2014 event. More than 30 organizations have been approached to fund this event. FNIH secired a total of $23,00 (from four companies) and an additional $30,000 in-kind from two companies, for a total of $53,000 in support for the event. FNIH also managed the catering and production of the program book for participants.
2015 NIH Alzheimer's Disease Research Summit	NIA	4/2/2014	This is the planned three-year follow-up AD Research Summit to the 2012 AD Research Summit. These Summits are crucial to the National Alzheimer's Project Act goal to treat and/or prevent the disease by 2025. The U.S. will also host one of four G8 Dementia Legacy meetings on February 11, 2015, in connection with the 2015 NIH AD Research Summit. The Legacy Meeting will be funded and coordinated by the U.S. Department of Health and Human Services. The 2015 AD Research Summit program agenda will be similar to the 2012 Summit with approximately six to seven scientific areas needed to discuss research goal for treatment and/or prevention of Alzheimer's disease. As the science has evolved, there are some new areas in discussion for addition to this Summit, such as vascular contribution to dementia and Down syndrome and AD. The agenda will also include discussions on minorities and health disparities, global efforts, and public-private collaborations.	NA	NIA asked FNIH to assist with fundraising (approximately $146,000) to cover Summit costs and to handle certain logistics for the event, in particular travel for about 60 speakers/session chairs, audiovisual, print materials and invitations. FNIH is currently fundraising for the event and working with NIA staff on logistics details. Approximately $105,00 in verbal pledges have been secured to date.
Cause Marketing Campaigns					
Heart Truth Campaign	NHLBI	8/15/2012	Multi-component campaign to provide a call-to-action for women to assess their risk of heart disease and to make fundamental changes to their lifestyle to promote a long and healthy life.	NA	In October 2012, FNIH ratified an MOU with NHLBI to extend the Foundation's management of the Community Action Program grants for another two years. As FNIH still holds more than $700,000 in grant funds for this program, FNIH and NHLBI are in the process of amending the MOU to allow FNIH to continue in its role for an additional year. For the 2014 grantmaking cycle, NHLBI and FNIH have agreed to a new program structure. Rather than disburse funds directly to community organizations, FNIH will make grants to organizations with the capacity to (1) promote The Heart Truth message to a geographically broad audience, (2) guide and fund multiple community partner organizations to implement activities to motivate women, particularly women at high risk, to take personal action to lower or control their risk for heart disease, and (3) provide meaningful evaluation of program results. FNIH will release a Request for Applications in October 2014 for grants to be awarded in the spring of 2015.

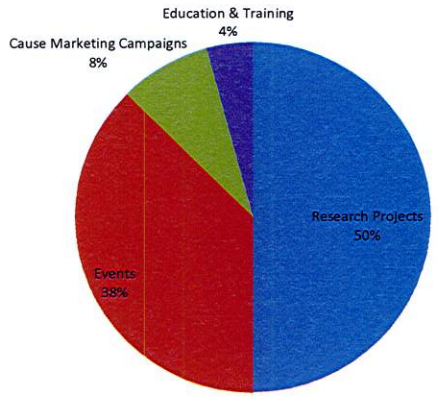
NIH Proposal Review Committee Submissions: August 2012 - December 2014

COMPLETED PROJECTS

Name of Project	IC	Date FNIH received RFC	Project Description	R&D Pipeline Area	Update
Research					
Treatment of Hemophilia Outcomes Using Global Hemostasis Tests (THOUGHT)	NHLBI	8/15/2012	The purpose of THOUGHT is to evaluate and standardize global assays of hemostasis in the characterization and management of hemophilia.	Clinical	FNIH reached out to Baxter, Bayer, Biogen Idec, CLS Behring, Grifols, Novo Nordisk, Octapharma, and Pfizer. The result of the feasibility scan was not positive: two of the companies approached did not respond, some expressed interest in the concept, a majority indicated that the proposed budget was substantial and beyond their capacity to give at the levels required. The FNIH Board reviewed the case on 12/14/2012 and declined including the project in the portfolio. NHLBI was informed 12/19/2012. This file is now closed.
Senior Independent Living Research Network	NIA	10/22/2012	Deployment of a proof of concept study to establish feasibility of the Senior Independent Living Research Network - a collaborative research environment and scalable infrastructure to improve the longitudinal study of aging and accelerate innovation in senior independent living.	Discovery	FNIH received support from RWJF for phase 1 of the proof of concept - the design phase. Despite strong outreach, there was no support for phase 2 (deployment phase) of the proof of concept. FNIH received a no-cost extension through July 31, 2013 for the RWJF grant that supported phase 1. On March 18, 2013, the PPP Committee voted no longer support fundraising for the project. With approval from RWJF and Intel, remaining funds at FNIH for support for SILvR were transferred to Oregon Health and Science University and Dr. Jeffrey Kaye, co-PI of SILvR. Final narrative and financial reports were sent to RWJF. This file is now closed.
Chimp Haven	OD	11/3/2012	Housing for chimpanzees retired from biomedical research.	NA	11/6/12 - expedited review by FNIH Board - approved. Chimp Haven had capacity to accept only 20 - 40 of the New Iberia Research Center chimpanzees. From November 2012 through May, 31, 2013, FNIH incorporated several fundraising outreach initiatives including online appeals to 14,067 individuals; direct mail campaigns to members of the Friends of the National Zoo; and, introductions of Chimp Haven to foundation contacts. FNIH raised $7,740 for this initiative and engaged the ARCUS Foundation in these efforts. It is expected that Arcus and NIH will work together on this project. FNIH's fundraising efforts ended May 31, 2013. This file is now closed.
NIH Centers for Accelerated Innovations (NCAI)	NHLBI	8/26/2013	The purpose of the NIH Centers for Accelerated Innovation (NCAI) is to help derive the greatest possible benefit from the investment in basic science discoveries for the public good. NIH invests billions of dollars a year in biomedical research, yet discoveries are often not effectively translated from academia to the marketplace. The NCAI provides a comprehensive, systems approach to addressing the early stage gaps in funding, knowledge and access to the expertise required for the technology development process.	Discovery	Received the RFC from NIH 8/26/13. The FNIH review process requires a feasibility scan prior to submitting the proposal to the PPP Committee for review. If/when the PPP approves the proposal, it goes to the Board for final approval. FNIH discussed with NHLBI the next steps needed for the feasibility assessment. NHLBI indicated they would prepare an informational packet about the program and a list of high potential private sector contacts so that FNIH may proceed with the feasibility scan. FNIH received the proposal, which had been reviewed by OGC, on July 25. A feasibility scan was completed with companies indicating a number of issues. After due diligence and careful consideratiln the Board recommended that FNIH not undertake the project. This file is now closed.
Events					
Alzheimer's Disease Measurement Improvement Symposium	NIA	7/10/2012	A meeting to establish a "mega-community" around improving quality of care and outcomes by improving measurement in Alzheimer's disease (AD).	NA	Approved by the Board. A very successful one-day conference was held on 12/3/12. Funding secured from Pfizer, Janssen, National Pharmaceutical Council. This file is now closed.
NIGMS 50th Anniversary Stetten Symposium	NIGMS	8/8/2012	Half-day symposium in the Natcher Conference Center on the NIH campus marking NIGMS' 50th anniversary.	NA	Approved - one day event held 10/17/12. Funding secured from multiple donors. This file is now closed.

Intramural NIAID Research Opportunities (INRO) 2013	NIAID	10/23/2012	Meeting to support the outreach activities of the Intramural NIAID Research Opportunities (INRO) program.	NA	FNIH agreed to do "best efforts" to secure corporate sponsorships for the INRO event. After two rounds of solicitations no donors expressed interest in funding the event. This file is closed.
Alzheimer's Disease Related Dementias Workshop	NINDS	11/2/2012	The workshop represents Action Number 1.A.4 of the National Plan to Address Alzheimer's Disease.	NA	The AD-RD Workshop was held on May 1-2, 2013. NINDS requested fundraising in the amount of $113,000. FNIH raised sponsorship funding of $47,500 from the Alliance for Aging Research, the Alzheimer's Association, ACT-AD, and the Association for Frontotemporal Degeneration. The funds were transferred to the NIH CAN number provided on March 21, 2013. This file is now closed.
Understanding Nutrition-Related Consumer Behavior: Strategies to Promote a Lifetime of Healthy Food Choices	NIDDK	1/22/2013	A satellite symposium to be held May 21 and 22, 2013 in association with the International Society of Behavioral Nutrition and Physical Activity in Ghent, Belgium. FNIH is being asked to secure sponsorships to support speakers and travel for government staff to attend the meeting.	NA	FNIH obtained corporate sponsorships from a number of organizations provided by NIDDK. A total of $68K was secured for sponsorship support by 5/8/13. The symposium was attended by approximately 100 people and discussions are under way regarding further research and engaging the food and beverage industry. This file is now closed.
Advances in Geroscience: Impact on Healthspan and Chronic Disease	NIA	10/22/2012	A summit to bring together scientific leaders from different disease-specific areas to discuss the extent to which aging itself represents a common major risk factor for most chronic conditions affecting the aging population.	NA	The event was approved by FNIH on 11/9/12. In follow-up conversations with Dr. Felipe Sierra (NIA), FNIH was asked to assist the Alliance for Aging Research and Gerontological Society of America with fundraising for the Summit. FNIH raised $30,000 for the event which occurred October 30-31, 2013. This file is now closed.
Opening of the Porter Neuroscience Research Center (PNRC)	OD	8/13/2013	This event marks the opening of the Edward Porter Neuroscience Research Center (PNRC) with: 1)a scientific symposium exploring the state of neuroscience research as it relates to the PRNC goals; and, 2) a dedication ceremony to honor former Congressman John Porter.	NA	This 2-part event took place March 31-April 1, 2014. Approximately 600 guests attended the very successful dedication ceremony on March 31. This file is now closed.
Cause Marketing Campaigns					
Underage Drinking: It *Is* a Big Deal	NIAAA	7/9/2012	A cause marketing campaign in conjunction with 'big box" stores to provide parents with the resources they can use, as well as the setting, in which they can talk to their college-bound children about drinking.	NA	FNIH Board review on 10/24/12. All agreed that this project addresses an important public health concern. FNIH's preliminary feasibility scan indicated that raising the necessary support for the project was problematic. As a result, the recommendation of the Board was that FNIH should decline to undertake the Underage Drinking project. NIAAA was informed 10/26/12. This file is now closed.

NIH Proposal Review Committee Projects by Type
August 2012 - December 2014

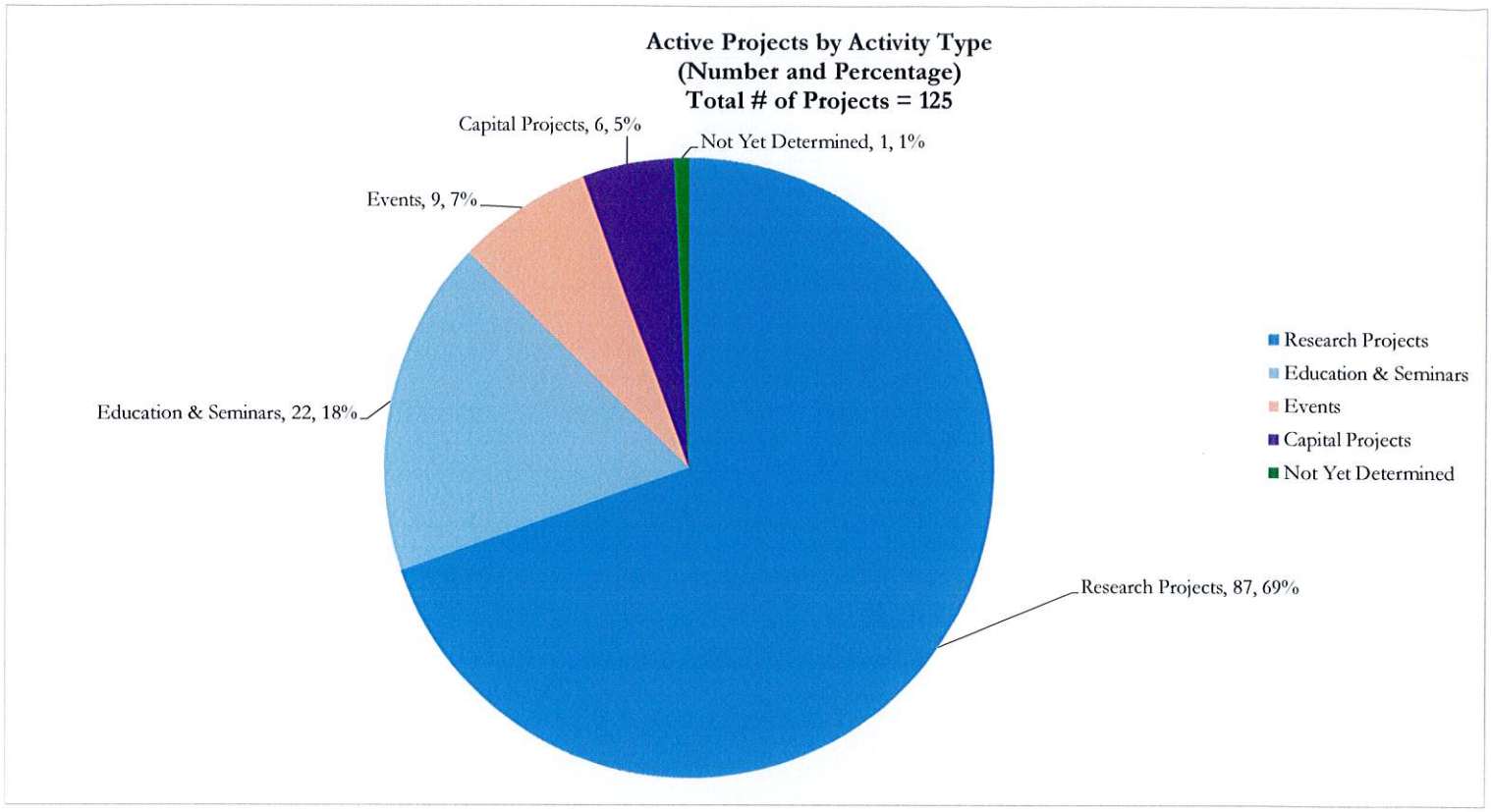


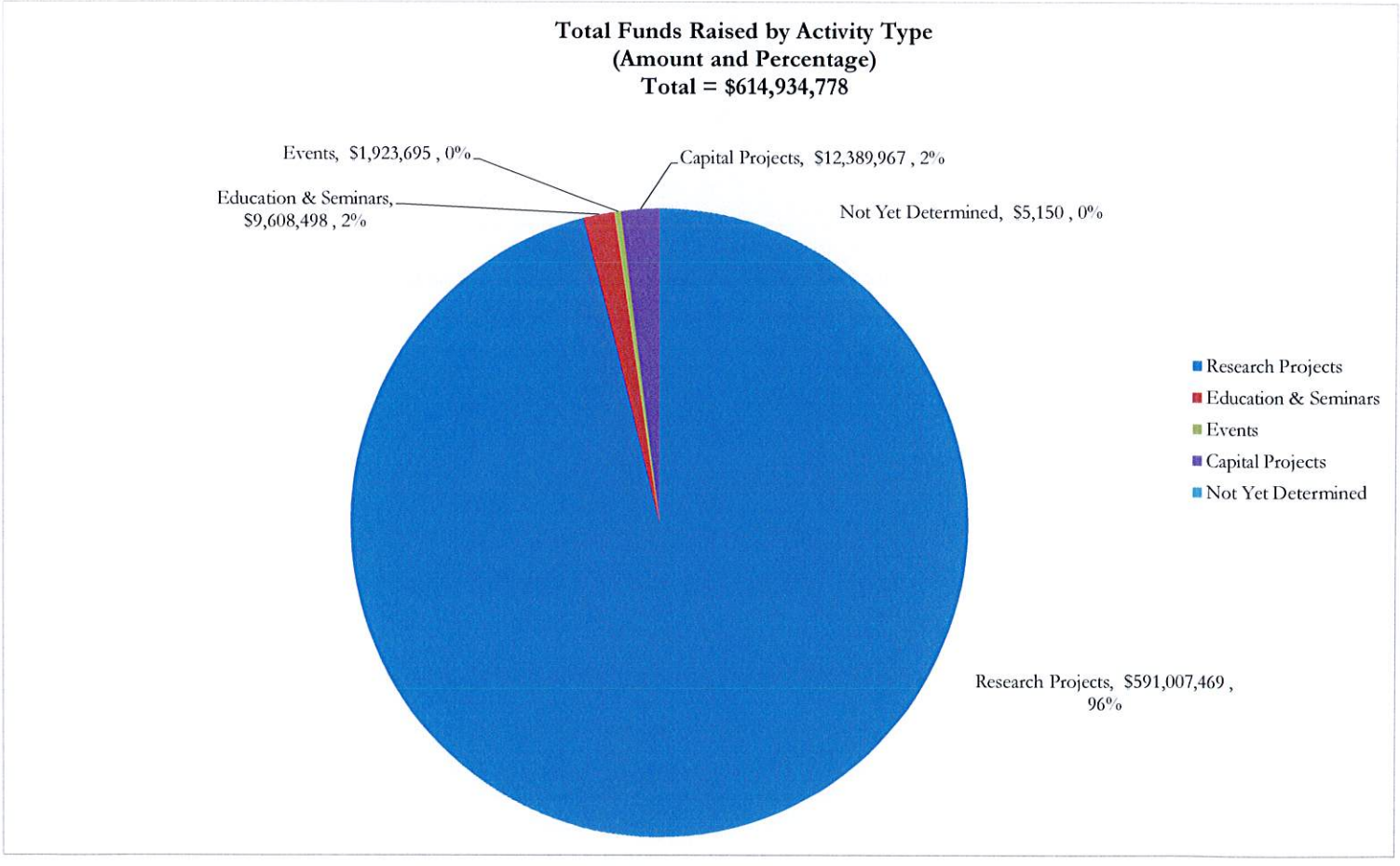
FNIH

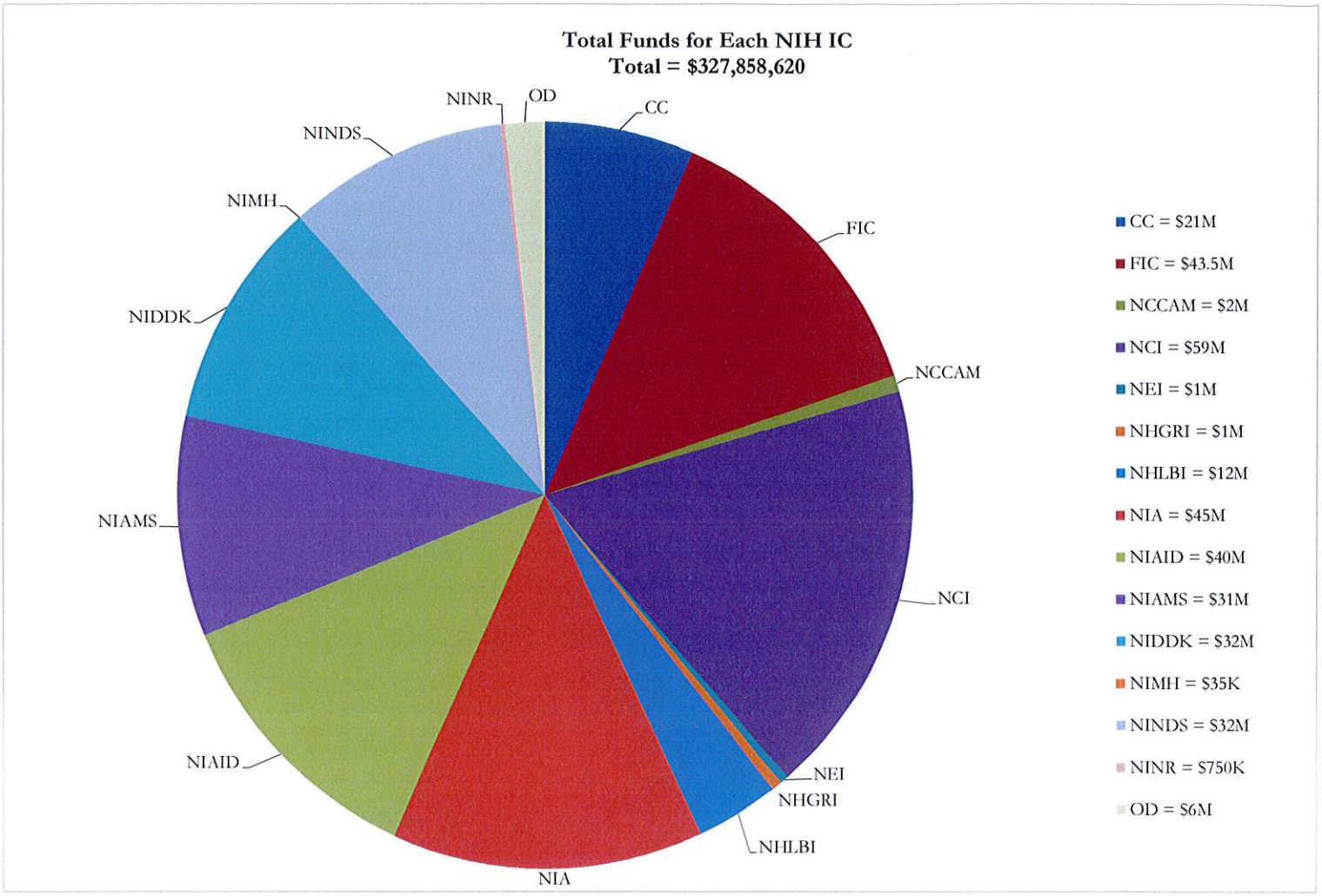
Foundation for the
National Institutes of Health

FNIH Project Summaries

December 31, 2014


Active Projects by Activity Type
(Number and Percentage)
Total # of Projects = 125
Capital Projects, 6, 5%
Not Yet Determined, 1, 1%
Events, 9, 7%
Education & Seminars, 22, 18%
Research Projects, 87, 69%
Research Projects
Education & Seminars
Events
Capital Projects
Not Yet Determined


Total Funds Raised by Activity Type
(Amount and Percentage)
Total = $614,934,778
Events, $1,923,695 , 0%
Capital Projects, $12,389,967 , 2%
Education & Seminars, $9,608,498 , 2%
Not Yet Determined, $5,150 , 0%
Research Projects, $591,007,469 , 96%
Research Projects
Education & Seminars
Events
Capital Projects
Not Yet Determined


Total Funds for Each NIH IC
Total = $327,858,620
CC
FIC
NCCAM
NCI
NEI
NHGRI
NHLBI
NIA
NIAID
NIAMS
NIDDK
NIMH
NINDS
NINR
OD
CC = $21M
FIC = $43.5M
NCCAM = $2M
NCI = $59M
NEI = $1M
NHGRI = $1M
NHLBI = $12M
NIA = $45M
NIAID = $40M
NIAMS = $31M
NIDDK = $32M
NIMH = $35K
NINDS = $32M
NINR = $750K
OD = $6M

National Cancer Institute

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 FNIH 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).	The two project teams joined forces with the Radiological Society of North America-sponsored Quantitative Imaging Biomarker Alliance to compile prospective clinical response data being obtained across multiple sites and multiple scanner platforms and is engaged in the Drug Development Tool qualification process with the FDA Biomarker Qualification Review Team. This collaborative discussion and information exchange with FDA will identify next steps before submission of full data packages, including the identification of what data need to be collected. The 3-year outcomes data will be ready in 2015.	$6,545,000	$1,423,542	1-Mar-06	
Biomarkers Consortium - High Definition Single Cell Analysis of Blood and Tissue Biopsies in Patients with Colorectal Cancer undergoing Hepatic Metastasectomy (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.	The Biomarkers Consortium Program Manager is working with the Biomarkers Consortium Cancer Steering Committee to develop the project plan.	Fundraising efforts are underway	Fundraising efforts are underway	31-Dec-14	X
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.	The goal of this 3-year project is to establish minimal residual diseases (MRD) as an indicator of clinical outcomes in adult acute lymphoblastic leukemia (ALL) clinical trials as it is in pediatric trials. A meta-analysis of study data from existing trials will be performed with the aim of predicting event-free survival in pediatric and adult ALL, the evaluation of which could establish MRD as a surrogate endpoint for adult ALL. The project launched in Q4 of 2014 and a literature review of MRD is underway from ALL trials.	$2,172,500	$378,233	1-Nov-14	
Biomarkers Consortium - Volumetric CT, Improving Metrics for Phase II Analysis of Clinical Trials results	Biomarkers Consortium - Vol-PACT	The inefficiency of drug development in oncology is widely acknowledged with many drugs failing late in development after investment of millions of dollars and thousands of patients. A review of 253 phase 3 trials of drugs for treatment of solid tumors published between 2005 and 2009 showed that 158 (62.5%) were negative. The large proportion of negative phase 3 trials suggests failure of phase 2 trial analysis in oncology as one cause, potentially stemming from inadequate endpoints for assessing the activity of new agents and their potential for phase 3 success. There is a need to develop response metrics to better predict phase 3 outcomes. Quantitative analysis of solid tumor oncology from non-small cell lung cancer, colorectal cancer, renal cell cancer, and melanoma, will be studied from phase III trials. This project aims to improve the efficiency and accuracy of phase II trial analysis through volumetric CT measurement.	The pilot phase has launched and data from a completed phase III trial is currently being analyzed by the investigators. FNIH is working with the project team and multiple companies to facilitate additional trial data transfers and execute agreements.	Fundraising efforts are underway	Fundraising efforts are underway	1-Jul-14	
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.	FNIH continues to provide the donors with communications about the gift, which will support Dr. Staudt's lab upon the donors death. The donors were pleased to learn that the gift annuity arrangement has increased from $250,000 to over $290,000, since the gift's inception.	$316,775	$58,003	1-May-12	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Burkitt Lymphoma Genome Sequencing Project (BLGSP)	Burkitt Lymphoma	A non-Hodgkin lymphoma, Burkitt Lymphoma is a rare but aggressive cancer. The endemic form primarily affects children (Africa), while the sporadic form affects children and adults (U.S. and Europe). The FNIH coordinates a partnership between the Foundation for Burkitt Lymphoma Research (FFBLR) and the National Cancer Institute to search for genetic clues to the disease that might lead to treatment and/or prevention. Key strategies are to: 1) identify and collect tissue samples and data from Burkitt patients; 2) employ high throughput technology to sequence patients' genes; 3) analyze and publish the data for other researchers to use.	As of December 16, 2014, FNIH transferred the remaining project funds to NCI, which brings the total amount transferred to NCI for this project to $1,017,000. FNIH has been asked to raise an additional $1M for Phase 3 of the project (collection of samples for the validation cohort and validation of findings)based on an up-to-date funding proposal. FNIH Development Officer Renée Bullion represented the FNIH at the FFBLR's Scientific Advisory Board meeting in San Francisco on December 6, 2014 where she provided a fundraising update. After more than 220 staff hours and 30+ asks, two companies- Astellas and Mirati- expressed interest in learning more about the project. FNIH will continue to foster this interest in the project. There has been expressed concern that it will become challenging to raise the requested amount without a critical scientific breakthrough in Burkitt Lymphoma.	$1,119,076	$211,922	1-Sep-10	
Coding for Cancer	Prize: Low Dose Helical CT	Coding for Cancer is an innovative public prize competition to develop better algorithms for detection and diagnosis of lung cancer. The competition will use images and data drawn from the National Lung Screening Trial (NLST), a major national study of computed tomography (CT) scanning in lung cancer patients recently conducted in the U.S. by the NCI. It would be managed by FNIH in collaboration with NCI and the White House Office of Science and Technology Policy (OSTP). The initial design was based on input gathered at a two-day workshop organized at the request of NCI and attended by invited experts and key opinion leaders in the field from government, academic institutions, and industry. The design was revised in early 2014 to include two challenges running simultaneously and planned to take 12 months from the official prize launch. The NCI lead on the project is Dr. Paula Jacobs.	The project was fully approved by NIH and the FNIH Board approved moving forward with the project on 10/24/12, contingent on successful completion of a funding scan. FNIH then approached a number of major imaging companies in an attempt to raise up to $4 million to fund the project, but did not find any companies willing to contribute. In a meeting with Dr. Harold Varmus in the fall of 2013, FNIH was asked to revise its efforts on the project, with a smaller project scope. FNIH worked with NCI staff to revise the challenge criteria and reduce the budget to under $1 million. The fundraising effort has begun, concentrating on high net worth individuals and family foundations that are interested in lung cancer. FNIH's responsibilities include fundraising and making awards to the winners. NIH will handle the technical logistics and management of the prize. Fundraising is in progress.	Fundraising efforts are underway.	Fundraising efforts are underway	1-Sep-11	
Fojo Lab: Genitourinary Malignancies Branch/Experimental Therapeutics Section	Fojo Laboratory	Support for the lab of Dr. Tito Fojo, Head of the Experimental Therapeutics Section, Genitourinary Malignancies Branch, at the National Cancer Institute. The funding amount represents equivalent donations of $50,000 from board member, James Donovan and his brother, John Donovan.	In October 2014, FNIH transferred $98,200 to NCI to support Dr. Tito Fojo's Lab.	$100,000.00	Project funds are completed	1-Aug-14	
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.	Until 2012, legal constraints unrelated to FNIH prevented disbursement of these funds. The FNIH Individual and Planned Giving Development Officer will continue discussions with NCI regarding the best possible use of the funds in support of melanoma research. Under the terms set by the donor, FNIH is receiving the funds in increments over a significant period of years, with an additional amount expected in December 2014. A small amount of the total has been received thus far.	$82,618	$74,356	1-Jun-08	
Jerry D. Jennings Memorial Fund	Jerry D. Jennings Memorial Fund	The fund honors the father of Catherine Jennings Davis who died of renal cell cancer in July 2006. The Jennings Family sent funds to NIH to support renal cell cancer research.	FNIH has been in contact with the donors regarding uses for the Fund. The donors have expressed interest in supporting the purchase of a device to help in renal cancer research needed for Dr. Richard Childs' laboratory at NHLBI. FNIH met with Dr. Childs to discuss the donors' interest and to identify additional areas of renal cell cancer research that could be supported through these funds.	$3,980	$3,940	1-Sep-06	
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.	Through a gift from the Newport Foundation, FNIH is able to provide support for kidney cancer research in Dr. Linehan's lab. FNIH transferred the sum of $189,000 to NCI in April 2014. FNIH will receive periodic research updates from Dr. Linehan periodically to share with the Newport Foundation.	$210,000	Project funds are completed	1-Nov-13	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Master Protocol for Treatment of Advanced Squamous Cell Lung Cancer (Implementation Phase)	LungMAP	Lung-MAP is a multi-arm, biomarker-driven clinical trial for patients with squamous cell lung cancer, a form of lung cancer with few established treatment options beyond surgery. Whereas clinical trials for targeted medicines have historically tested patients for a single biomarker and enrolled only a portion of patients tested, Lung-MAP uses new comprehensive genomic profiling technology to simultaneously test patients for many biomarkers connected to several different experimental treatment. The primary objective is to compare the efficacy of biomarker-driven targeted therapy (TT) or targeted therapy combinations to standard therapy (SOC), usually chemotherapy, in each biomarker-defined group of Squamous Cell lung cancer (SCCA) as measured by overall survival. The project is in the implementation phase of the clinical trial itself, which will be carried out by the NCI Cooperative Group SWOG with governance, funding, and project management support from FNIH.	The LungMAP trial was activated on June 16, 2014. Consistent with the accrual ramp-up targets described in the protocol, there are more than 400 sites open and 115 patients registered as of December 15, 2014. FNIH supports and manages weekly meetings of the trial leadership team, as well as monthly meetings of the multi-sector Trial Oversight Committee to ensure accrual and performance success.	$44,432,443	$154,739	1-Jun-14	
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.	FNIH continues to receive and hold donations for NOB. FNIH has been in touch with NCI in September 2014, with follow up in December 2014, to determine how to spend the funds. NCI requested FNIH to hold the received funds until a new Chief is appointed to the Neuro-Oncology Branch. Once the new Chief has been identified, NCI will begin discussing a possible transfer of funds.	$29,956	$25,890	1-Mar-11	
Overcoming Barriers to Early Phase Clinical Trials	Overcoming Barriers	Cancer patients come in all shapes and sizes, and they respond to treatments in different ways. This $5 million public-private partnership connected the NCI and five industry partners (Aventis, Bristol-Myers Squibb, GlaxoSmithKline, Eli Lilly and Novartis) in a program to investigate barriers that prevent patients, especially minority and elderly populations, from participating in early-phase clinical trials of innovative cancer therapies. Grants were awarded to six cancer centers chosen by an NCI selection committee. FNIH facilitated the involvement of the private-sector partners. The Association of American Cancer Institutes and Dr. Ellen Sigal played crucial roles in spearheading this program.	NCI's Andrea Denicoff proposed using the remaining balance of project funds to cosponsor, with NCI, a December 2014 meeting of the National Clinical Trials Network (NCTN). The meeting, held on December 4-5, focused on exploring the best way to work across the NCTN to identify opportunities and strategies to collectively address challenging trials and new genomically-driven trials that will require screening large numbers of patients. This meeting was conducted under the aegis of the Lung-MAP initiative.	$2,800,000	$86,171	1-May-02	
Stephen J. Solarz Memorial Fund	Solarz Memorial Fund	The Solarz Fund supports research in the laboratory of Dr. David Schrump 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. Schrump'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.	Dr. Elvin Hekimoglu was selected as the first post-doctorate fellow from Turkey to join Dr. Schrump in his lab. Dr. Hekimoglu will begin his fellowship in January 2015. Mrs. Solarz and FNIH prepared and sent stewardship letters to the Fund's donors to announce the Fund's first Fellow from Turkey. Building on the success of this endeavor, Mrs. Solarz travelled to Taipei, Taiwan in November to meet with several prospects to discuss supporting a Taiwanese fellow in Dr. Schrump's lab.	$305,249	$183,783	1-Nov-10	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
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 National Cancer Institute at NIH. 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.	Amy Loughman has been selected to be the 2015 Berry Award winner. She is scheduled to visit FNIH in Fall 2015. Her host is Dr. Kathleen Merikangas of the Genetic Epidemiology Research Unit of the National Institute of Mental Health. FNIH will support Ms. Loughman's travel cost through the Berry Fund.	$16,832	$6,807	1-Jan-03	
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.	In December 2014, Donor, Bob Roberts, made an additional contribution to fund scholarships in 2015. The Fund will support two travel scholarships to each of two conferences in 2015: The Gordon Research "Tissue Repair and Regeneration" conference at Colby-Sawyer College in June and the Federation of American Scientists and Experimental Biologists "TGF-Beta Superfamily Signaling and Development" conference at Snowmass Village, CO in July.	$40,055	$19,305	1-Jun-06	
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.	FNIH finalized a letter of agreement with Pew Charitable Trusts and a memorandum of understanding with NIAID for the 2014 Pew Latin American Fellow in the Biomedical Sciences Program, Dr. Juan David Ramirez Gonzalez. FNIH transferred to NIAID Dr. Ramirez-Gonzalez's first payment of his grant award. FNIH is also working with Pew Fellow Javier Magadan to procure equipment and supplies for him to use for his research when he returns to the Universidad Nacional de Cuyo in Argentina.	$299,250* *This is the total amount raised and is shared by all ICs involved in the project.	$38,638	1-Aug-09	
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 scientists at the National Cancer Institute.	FNIH spoke with the Fund Executor and NCI regarding refocusing the Fund to support retention and mentoring efforts of women in scientific careers. With the approval of the Fund Executor, NCI began the program in Q1 2014. In August 2014, FNIH transferred funds for the second year of the program. The new class of women scientists began their program in December 2014.	$787,980	$777,772	1-Jan-99	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
NCI SBIR Investors Forum	NCI SBIR Investors Forum	The annual Investor Forum, organized by the NCI SBIR program, aims to connect some of the most promising SBIR Awardees with the external investors and strategic partners that are critical to awardees moving their technologies towards the marketplace.	The 2014 SBIR Investor Forum was held on November 13, 2014, and was supported, either by in-kind donations or by direct financial support, by five companies-Agilent Technologies, Janssen, Millennium, Affymetrix and Becton Dickinson.	$26,000	Project funds not yet received.	1-Dec-11	
NCTN Meeting to Address Accrual Challenges: Identifying Network Strategies and Opportunities in the Era of Precision Medicine	NCI National Clinical Trials Network (NCTN) Workshop	Under the auspices of LungMAP, FNIH will be collaborating with NCI to host this 1.5 day workshop in December 2014. The purpose is to explore how to best work across the new NCI NCTN, including the Network Groups and Lead Academic Participating Sites (LAPS), to identify opportunities and strategies to collectively address challenging trials and new genomically-driven trials that will require screening large numbers of patients, as well as strategies to address trial-specific accrual of underserved populations. Each Network Group will present its most challenging precision medicine trials in an interactive work group setting, where the participants will brainstorm to address accrual. The sessions will encourage sharing of data and strategies among the participants and relationship and network building. LungMAP will be one focus of the agenda.	The NCTN workshop was held on December 4-5, 2014, at the NCI Shady Grove office. Approximately 100 participants attended the workshop. The FNIH Events Team worked on the logistics of the workshop with NCI staff (Holly Massett and Andrea Denicoff). FNIH Events is in the post-event stage and reconciling the budget with finance.	Fundraising efforts are underway.	Fundraising efforts are underway	18-Jun-14	

Projects completed this quarter

Biomarkers Consortium I-SPY Trial

New projects this quarter

Biomarkers Consortium - High Definition Single Cell Analysis of Blood and Tissue Biopsies in Patients with Colorectal Cancer undergoing Hepatic Metastasectomy (HD-SCA in CRC)

National Eye Institute

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	For the genetic study, funds raised by FNIH enabled the National Eye Institute (NEI) to collect DNA on 2,025 participants in AREDS2. These samples have been submitted for Exome Chip analyses with the AMD GWAS Consortium. NEI is considering further analyses in these samples to examine the genetic association with progression to advanced AMD.	$990,005	$381,764	1-Apr-10	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of September 15, 2014)	Total Funds Available (as of July 31, 2014)	Launch Date	New Project This Quarter?
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.	The eighth annual Sayer Vision Research Lecture was held October 14, 2014, with Dr. E.J. Chichilnisky as lecturer. FNIH also hosted a dinner that night in honor of Dr. Chichilnisky. The Donor was pleased with the lecture and dinner and has agreed to continue supporting the Fund. Planning will begin for the ninth annual lecture in Q2 2015.	$264,097	$200,990	1-Jan-01	

Projects completed this quarter

New projects this quarter

National Heart, Lung and Blood Institute

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Biomarkers Consortium - Advancing New COPD Therapies Through Biomarkers: Biomarkers of Lung Function Decline	Biomarkers Consortium - Biomarkers of Lung Function Decline in COPD	Current therapies for chronic obstructive pulmonary disease (COPD) are only moderately effective and there is a paucity of biomarkers available to track progression or treatment response to therapeutics beyond poorly correlative spirometry (forced expiratory volume in one second; FEV1). This project is designed to discover and replicate biomarkers that predict accelerated lung function decline in COPD patients through a minimally invasive blood test (bio-signature) that utilizes the existing ECLIPSE and CanCOLD cohorts (600 samples each) to evaluate genomic and proteomic biomarkers using Affymetrix microarrays and MRM-MS platform. The project will mine data and compare biosignatures and networks and pathways underlying lung function decline and acute exacerbation risk (AECOPD), assess recovered lung function, recovery from AECOPD, and COPD versus normal biosignatures.	The Biomarkers Consortium Executive Committee approved this project in October 2014. The Project is led by Drs. Bruce McManus and Don Sim from the PROOF Centre of Excellence and the University of British Columbia. FNIH has prepared a comprehensive fundraising package to send to potential donors by Q1 2015. During an August 2014 US-Canada COPD workshop, the Project received support from the COPD academic community, which may add to potential Project collaborations and enhancement with access to more cohorts and other expertise in the field.	Fundraising efforts are underway	Fundraising efforts are underway	1-Apr-13	
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, Evidera, 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 optimal 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.	Previously, the Atherosclerosis Project Team finalized the list of prioritized biomarkers and plans to use a statistical model for addressing the questions of interest to all project team members. A new vendor for the modeling, Evidera, was selected earlier this year, following the previous vendor's, Entelos, inability to deliver on the contractual milestones. In Q4 2014, the language for FNIH's contract with Evidera was finalized.	$1,923,000	$1,308,995	1-Jul-12	
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. The Cardiac Troponin project plan was approved by the Metabolic Disorders Steering Committee in late 2013 and by the Executive Committee in June 2014. Currently FNIH is in the fundraising stages for the project.	FNIH is actively fundraising for this project, which is estimated to launch in Q1 2015.	$1,062,500	Project funds not yet received	1-May-13	
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. Richard 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. This program is managed by NHLBI with the support of FNIH.	The ninth annual Boo! Run For Life took place on October 5, 2014. Fundraising for the event included improved mechanisms for team fundraising. A record amount of more than $70,000 has been received by the Fund in 2014. Planning for the 10th Annual Boo! Run for Life on October 4, 2015, will begin in Q1 2015.	$423,205	$156,701	1-Dec-03	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 that focuses on renal cell cancer research. The fellowship was established by the family in memory of Dr. Edward Rancic.	Through the Rancic Fund, the Rancic Family agrees to support a new Fellow in the lab of Dr. Richard Childs of NHLBI. FNIH's Advancement Team sent the donors a report on the Fellow's progress in the lab. The Donor is so pleased with the program that they have agreed to support the first year of a new Fellowship beginning in 2015.	$124,450	$47,074	1-Jul-04	
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 25-60 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 has awarded 33 grants with a total value of $1,084,480 since 2008.	For the 2015 grant making cycle, NHLBI and FNIH have agreed to a new program structure. Rather than disburse funds directly to community organizations, FNIH will make grants to organizations with the capacity to: (1) promote The Heart Truth message to a geographically broad audience; (2) guide and fund multiple community partner organizations to implement activities to motivate women, particularly high-risk women, to take personal action to lower or control their risk for heart disease; and, (3) provide meaningful evaluation of program results. FNIH will release a Request for Applications in January 2015 for grants to be awarded in early summer. FNIH currently holds more than $700,000 in grant funds for this program.	$2,188,255	$765,211	1-Jan-08	
NHLBI Bone Marrow Failure Group	NHLBI Bone Marrow Failure Group - Dr. Neal Young	The project is to support the work of Dr. Neal Young's Bone Marrow Failure Group at NHLBI. This is a one-time gift made possible by the Thomas and Jerrice Fritzien Family Charitable Fund.	In October 2014, FNIH transferred $1,900 to NHLBI to support the research efforts of the NHLBI Bone Marrow Failure Group.	$2,000	Project funds are completed	15-Aug-14	
Severe Asthma Research Program	SARP	The Severe Asthma Research Program (SARP) unites trans-disciplinary teams in a collaborative platform that will foster a new paradigm for an integrated understanding of severe asthma and its sub-phenotypes at genetic, molecular, cellular, and clinical levels over time. It will characterize a longitudinal cohort of 1400 subjects enriched for severe asthma and childhood asthma to refine and replicate previous and newly identified sub-phenotypes in children and adults. It will also augment cross-sectional characterization data with a longitudinal investigation to capture changes in lung structure and function, pathobiology, exacerbations, asthma control and quality of life in relation to pharmacotherapy and or evoked pharmacologic phenotypes	FNIH and NHLBI reviewed the draft MOU and negotiated some of the terms of the draft agreement, specifically around the Project's data access/data sharing policy. FNIH has requested revision of the SARP working data access policy and provided additional language for guidance on data access and sharing policy changes. FNIH has incorporated this updated data sharing and access policy in its LOAs with the prospective companies and in the MOU with NHLBI. The companies are in the process of reviewing the draft agreements, and NHLBI is processing the MOU for signature.	Fundraising efforts are underway	Fundraising efforts are underway	1-Sep-14	
SubPopulations and InteRmediate Outcomes Measures in COPD Study (SPIROMICS)	SPIROMICS	The goals of the study are 1) to divide the heterogeneous population of Chronic Obstructive Pulmonary Disorder (COPD) patients into meaningful subpopulations, and 2) to identify intermediate outcome measures that will allow increased efficiency in clinical trails of COPD. NHLBI hopes to expand the study with private sector funding. Their needs include 1) cash; 2) industry expertise to make the study valuable with FDA down the line; and, 3) in-kind assistance (industry could perform/analyze high throughput assays).	On October 1, FNIH convened members of the SPIROMICS External Scientific Board, NHLBI and the SPIROMICS Steering Committee to discuss updates to the SPIROMICS study and sub-studies. FNIH transferred $3.69M to NHLBI in October to support the efforts of the study (e.g., extension of study recruitment and enrollment, biomarker analyses, and extended participant follow-up).	$5,252,677	$171,432	1-Feb-08	
SPIROMICS Exacerbation Sub-Study	SPIROMICS Exacerbation Sub-Study	The objectives of the substudy are to obtain clinical data and specimens on SPIROMICS participants before, during, and after an acute COPD exacerbation defined by health care utilization and the EXacerbations of Chronic Pulmonary Disease Tool - Patient Reported Outcome (EXACT-PRO); and, to characterize the non-exacerbation "stable" state in COPD using EXACT.	The SPIROMICS Exacerbation Sub-study is underway, with the first 8 patients enrolled in the study. The project coordinating center has also distributed the PDAs to the site study coordinators to give to the enrolled patients. FNIH transferred $317,000 to NHLBI to support the SPIROMICS sub-study.	$980,250	$783,197	1-Feb-13	

Projects completed this quarter

Biomarkers Consortium - Carotid MRI Reproducibility Study (a substudy of the AIMHIGH Parent Trial)

New projects this quarter

National Human Genome Research Institute

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Human Microbiome Project Demonstration Projects	Human Microbiome Project (HMP)	The mission of the Human Microbiome Project (HMP) is to generate resources to enable comprehensive characterization of human microbiome data and analyze its role in human health and disease. FNIH seeks funding for years two and three of 11 three-year Demonstration Projects that are part of HMP.	Research efforts continue.	$300,000* *This amount is shared with all of the ICs involved in the project.	Project funds are completed.	1-Jan-10	
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.	FNIH includes the UDP among the list of programs it discusses with potential donors who may find it to be of interest. FNIH also receives some restricted funding for it through the Combined Federal Campaign (CFC).	$3,915	$2,405	1-Sep-11	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
Physician Education Program	Physician Education Program	The goal of the Project is to extend the capacity of the NHGRI-led Inter Society Coordinating Committee for Practitioner Education in Genomics (ISCC), including strengthened administrative and project management for ISCC resource development and maintenance, including development and implementation of work plans to maintain educational or resource materials' currency and quality; improvement of online resources; and outreach to keep the ISCC informed about other educational resources, models for delivering or implementing educational opportunities to practitioners.	FNIH received a $25,000 commitment from the Blue Cross/Blue Shield to support the ISCC. FNIH is awaiting NHGRI's request to transfer funds for the project.	$25,000	Project funds not yet received	1-Sep-14	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
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.	FNIH and the Natural History Museum raised a total of ~$4.2M for the exhibition initiative. The four-year traveling exhibit was launched in September 2014 in San Diego. The FNIH Director of Advancement and Advancement Officer, along with several other FNIH individual donors, attended the exhibit's opening reception. Planning is underway for the San Jose opening reception, scheduled for January 22, 2015. FNIH is fundraising to support education and public programming for the traveling portion of the exhibit (FY15-18). Potential donors include The Brin Wojcicki Foundation, Johnson & Johnson, and other organizations like Mars, Pacific Biosciences, and Affymetrix. FNIH is preparing a list of potential prospects for NHRGRI Director Eric Green to review.	$1,140,000	$288,813	1-Oct-11	

Projects completed this quarter

New projects this quarter

National Institute on Aging

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 which includes 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: 1)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. 2)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.	The investigators of AMP-AD Project A and B convened for a joint meeting in October 2014. Project A began collecting baseline tau PET imaging data in two of the three trials and will optimize tau PET power analyses based on emerging longitudinal data. The trials also plan to collect and store PAXgene tubes for future analysis. The investigators of Project A are also collaborating with Project B investigators on potential whole blood collection to support Project B aims. In Project B, analyses have begun and the first public data is expected to be released by Q1 2015. A working group has formed to align RNAseq data processing pipelines across the Project A and B investigator groups. In addition, the National Institute on Aging will create an inventory of research tools for target validation of the animal and cell models used /generated in this project.	$22,960,000	$1,541,437	1-Oct-12	
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.	Program activities continue, which include monthly ADNI Private Partner Scientific Board (PPSB) teleconferences, as well as teleconferences with the Clinical Endpoints Working Group. The ADNI PPSB Fall face-to-face meeting, was held in Washington, DC on October 23-24, 2014. Topics for the meeting included a summary of the major outcomes of ADNI 2 as well as the proposed goals for the ADNI 3 application. Additionally, representatives from other neurodegenerative disease-focused consortia (e.g., PPMI, etc.) presented a summary of their work, to provide a context to distinguish ADNI 3 from other efforts. Planning is ongoing for the ADNI PPSB Spring face-to-face meeting, which is scheduled to be held on Sunday, April 19, 2015, in Washington, DC.	$20,089,527	$4,862,210	1-Sep-08	
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.)	Planning is underway for ADNI 3. ADNI 3 project goals and plans were discussed at the ADNI Private Partner Scientific Board (PPSB) Fall face-to-face meeting on October 23-24, 2014, in Washington, DC, and continue to be discussed on the ADNI PPSB monthly teleconferences. The plans for ADNI 3 will be revisited and finalized during the ADNI PPSB Spring face-to-face meeting, which is scheduled to be held on Sunday, April 19, 2015, in Washington, DC.	Fundraising efforts underway.	Fundraising efforts underway.		
Alzheimer's Disease Neuroimaging Initiative 2 Computerized Cognitive Battery Pilot Study	ADNI 2 Cogstate Pilot Study	The Cogstate Brief Battery (CBB) is composed of four validated tasks measuring attention, speed of information processing, working memory, and learning. Change over an 18 month period on the learning measure distinguished healthy volunteers testing positive for brain amyloid with PET from those testing negative for amyloid. Given the potential utility of these findings for detecting and quantifying the clinical effect of a potential disease modifying drug, replication of these findings is an important objective. The ADNI2 Computerized Cognitive Battery pilot study will examine the feasibility of adding the CBB to the ongoing ADNI 2 study, and supplementing traditional in-clinic testing with a home-based computerized cognitive testing component, and will collect preliminary data in a large, heterogeneous sample spread over a large geographical area in the United States. If the pilot study is successful, the data gathered would be used in support of the application for the ADNI3 study.	FNIH is working with Cogstate, the ADNI leadership and the ADNI Private Partner Scientific Board (PPSB) members to finalize the project's protocol and budget. FNIH is also in discussion with PPSB partner companies about providing funding support of this initiative. FNIH will send draft LOAs to the participating PPSB companies in Q1 2015	Fundraising efforts underway.	Fundraising efforts underway.	31-Dec-14	X
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 FNIH 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?	The project plan for the Sarcopenia 2 Project, an effort which builds on the Sarcopenia 1 Project, was approved by the Biomarkers Consortium Metabolic Disorders Steering Committee on December 9, 2014. The Project Plan will be reviewed at an upcoming Biomarkers Consortium Executive Committee Meeting in 2015. FNIH is currently in the process of securing funding commitments for this initiative. Several pharmaceutical companies and non-profit organizations are interested in contributing to the project and have already joined the team. NIH and FDA are already participating in the ongoing discussions, aimed at focusing the initiative for the benefit of all stakeholders involved.	$470,000	$132,266	1-May-13	
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.	To date 40 datasets have been acquired by the Project Team and sent to the Alzheimer's Disease Collaborative Study (ADCS), for a total of over 9000 placebo subjects. Primary analyses are complete and a poster was presented at the 2013 AAIC meeting. Dr. Ron Peterson has prepared a final draft of a manuscript for the MCI portion of this project will intent to submit this to Lancet Neurology in Q1 2015. An ultimatum was sent to Dr. Paul Aisen in December 2014. The ultimatum states that if Dr. Aisen is not able to publish his manuscript, then the Biomarkers Consortium will publish the data on the Biomarkers Consortium website (www.biomarkersconsortium.org) and will not release the final payment to ADCS.	$423,775	$222,908	1-Feb-10	
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.	Data analysis for the MRM portion of this project is ongoing by Capnon and the statistical subteam. Manuscript development and review is ongoing for all parts of the CSF and BACE projects. Manuscripts were submitted in November 2014, and the project team is awaiting comments from the journal.	$695,050	$75,985	1-Jul-10	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
The Osteoarthritis Initiative 2	OAI-2	Osteoarthritis affects over 15 million people in the United States. In collaboration, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the National Institute on Aging (NIA), and the private sector are striving to improve the efficiency of drug development and clinical trials for the treatment of osteoarthritis. In 2009, the Osteoarthritis Initiative (OAI) began extended follow-up of its study cohort for an additional six years (OAI2) to gain a better understanding of the natural history and course of both early and established knee osteoarthritis and its determinants, as well as to help accrue additional endpoints for clinical investigation across the spectrum of the disease. Identifying early predictive biomarkers of osteoarthritis could lead to more efficient and faster clinical trials by identifying higher risk individuals and ultimately, to the development of drug treatments to slow progression or modify this disabling disease.	FNIH has received all final grant payments from the private-sector funders. In fall 2014, NIAMS indicated that it would contact the FNIH when a funds transfer was desired. As of December 2014, FNIH had $976,500 available to transfer to NIAMS. FNIH submitted a final grant report to Pfizer in December 2014.	$3,500,050	$651,000	1-Sep-08	
Research Partnership in Cognitive Aging	Research Partnership in Cognitive Aging	This project is a public-private effort between the National Institute on Aging and the McKnight Brain Research Foundation (MBRF), coordinated by FNIH, to support current and emerging research on age-related changes in the brain influencing cognition and memory loss associated with normal aging. Launched in 2009, this partnership supports research grants aimed at expanding understanding of how people think, learn and remember with age, and at developing interventions to maintain cognitive health as people grow older. This initiative consists of a Request for Applications seeking applications for one or two well-powered intervention trials to remediate or prevent age-related cognitive decline. In particular, it will strongly encourage therapeutic approaches that aim to drive beneficial plasticity of the aging brain and require investigators to monitor plastic changes through behavioral and biological biomarkers.	More than 90 publications have resulted from the grants funded through this partnership. Most recent among them is a paper was published in Nature Neuroscience on September 15, 2014: "Neural compensation in older people with brain amyloid-b deposition," with Dr. Bill Jagust as the senior author. The next phase of this partnership is funded through a new initiative, 'Mechanisms of Cognitive Remediation in Older Adults' with a new gift from MBRF.	$10,000,000	$0	1-Jan-08	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Alzheimer's Disease Research Summit: The Research Milestones to Prevent and Treat AD	2015 AD Summit	Scheduled for February 8-9, 2015, this is a summit to continue the development of an integrated multidisciplinary research agenda necessary to address critical knowledge gaps and accelerate the discovery and delivery of effective treatments for Alzheimer's patients at all stages of disease. Key to achieving this goal is the identification of resources/infrastructure and multi-stakeholder partnerships necessary to successfully implement this research agenda and strategies to empower patients and engage citizens.	The FNIH Events Team is working on the travel logistics for the 51 Summit speakers. It is anticipated that more than 450 people, from academia, advocacy organizations, industry, and government agencies, including DHHS Secretary Sylvia Mathews Burwell, will attend the meeting. Additional information about the Summit is available on the NIA website. The FNIH Development Team anticipates raising $145,000 from seven different organizations including: Alliance for Aging Research, Alzheimer's Association, Eisai, Genentech, Merck, and Novartis.	$75,000	Project funds not yet received	1-Aug-14	

Projects completed this quarter

New projects this quarter

Alzheimer's Disease Neuroimaging Initiative 2 Computerized Cognitive Battery Pilot Study

National Institute of Allergy and Infectious Diseases

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
African Centers of Excellence in Bioinformatics	African Centers of Excellence	NIAID proposes a solution to bridge the gap in computing infrastructure and support bioinformatics research in low- to middle-income countries, starting with a network of up to five African Centers of Excellence in Bioinformatics (ACEs). The goal of the project is to build a sustainable program that will: (1) provide high performance computing infrastructure and training to capable research institutes in Africa; (2) empower researchers to utilize computing resources and perform advanced biomedical data analysis; (3) create an independent community of bioinformatics specialists to encourage sharing of data, best practices, and collaborative projects; and (4) provision a sustainable model for delivering funding and in-kind donations.	FNIH has finalized four LOAs for in-kind donations to the project. FNIH and NIAID are reviewing the draft MOU. FNIH awaits feedback from NIAID on the MOU regarding the transfer of software licenses; once their comments are received, FNIH will finalize the LOA with the last company.	Fundraising efforts are underway	Fundraising efforts are underway	1-Nov-14	X
Biomarkers Consortium - HABP/VABP Working Group	Biomarkers Consortium - HABP/VAPB	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.	The HABP-VABP Project Team held a face-to-face meeting on December 3, 2014, in Washington, DC, to review project efforts to date, and to outline the data analysis on new endpoints. Highlights from the meeting include presentations from Shionogi (who will provide in-kind data from Doripenum trials) and ICON, and discussions around the development of HABP PRO. Several new companies have joined the effort which has resulted in FNIH exceeding the original fundraising goal for the project. With the additional funding, the Project Team will support the psychometric validation of the PRO that will be developed during 2015. ICON has submitted the preliminary letter of inquiry for the HABP PRO qualification with the FDA. Data analysis of clinical trial data from Shionogi, Theravance and Pfizer will take place by the end of Q1 2015.	$301,500	$61,660	1-May-13	
Centralized Envelope Comparative Immunogenicity Study	CECI	The project will test two centralized approaches (consensus and mosaic Envs) versus single wildtype Env as a means of enhancing the breadth and coverage of T cell responses to HIV. The goal is to understand how best to design T cell immunogens to address the broad genetic diversity of HIV-1, which has been a fundamental problem blocking the development of a successful HIV-1 vaccine. The project involves a broad partnership involving the Collaboration for AIDS Vaccine Discovery, the Center for HIV/AIDS Vaccine Immunology, the NIAID Division of AIDS, the NIAID HIV Vaccine Trials Network, and others. This grant will support the preparation of experimental immunogens to be used in a Phase I clinical trial. NIAID will provide substantial in kind support for the project through its manufacturing, quality control, and clinical trials capabilities. The project will provide an operational framework under which all partners will collaborate.	The CECI project is ending 2014 on a high note: the clinical trial officially opened on December 16 and expectations are to enroll the first subject before the end of the year. Work still ensues on completing the SwissMedic application to enable the trial site in Lausanne. Administratively, FNIH continues to work with BMGF and Duke University to transition the primary award from FNIH to Duke. While FNIH was able to play an instrumental role in facilitating DAIDS/NIAID participation in the development and manufacturing phases of the project, at this point project leadership and administration are more appropriately handled directly by Duke.	$6,844,719	$318,011	1-Nov-09	
Comprehensive T Cell Vaccine Immune Monitoring Consortium	CTVIMC 2	This is a five year continuation of the original award to provide cellular immune monitoring services to the Collaboration for AIDS Vaccine Discovery (CAVD). The project involves seven sub-awards, including the VRC/NIAID, Beth Israel Deaconess Medical Center, Duke University, Imperial College, Fred Hutchinson Cancer Research Center and the Vaccine and Gene Therapy Institute of Florida.	The demand for CTVIMC immunological services continues to increase, especially for non-human primate studies. While attending the 9th Annual CAVD Meeting in December 2014, the project team met with three new investigators who seek the project's assistance in evaluating the cellular responses to their novel HIV vaccine candidates. These investigators are particularly interested in the new multi-parameter flow panels the CTVIMC investigators are developing which will measure Th2 and Tfh responses, in addition to Th1 responses. The FNIH Scientific Program Manager and the Senior Grant Manager are negotiating a sub-award with Case Western Reserve University to support a CTVIMC investigator who recently relocated there.	$14,948,189	$889,295	1-Nov-11	
Development of a Second Generation Broadly Neutralizing Antibody	2GVRC01	This is a five year project to optimize the VRC01 antibody by increasing its potency and half-life. This optimized, second generation neutralizing antibody would be a lead candidate for advanced development, including manufacturing and use in clinical trials.	With approval from the Bill & Melinda Gates Foundation (BMGF), the VRC project team has refocused its effort on a new initiative to improve the solubility of novel 10E8 variants, another class of broadly neutralizing antibodies with promise for therapeutic infusion. As reported at the 9th Annual Collaboration for AIDS Vaccine Discovery (CAVD) meeting, great progress has already been achieved by the VRC project team: notably, a 10 fold increase in solubility. The FNIH and VRC project teams are focusing current efforts on the preparation of the annual report for the project, due to BMGF on January 15th. The FNIH team is also working with the NIAID office of technology development to update the MOU and Research Collaboration Agreement for the project.	$1,861,176	$237,792	1-Nov-11	
Epidemiology of Visceral Leishmaniasis in Bihar, India	Epi VL in Bihar, India	Endemic visceral leishmaniasis (VL) in Bihar, India may have an anthroponotic transmission cycle as only humans have been shown to harbor the etiologic agent, Leishmania donovani. However, which infected human populations act as functional reservoirs for transmission to the sand fly vector, Phlebotomus argentipes, and are required to maintain the transmission cycle is unknown - possibilities include: active VL and clinically-cured cases, PKDL cases, and asymptomatic individuals. Understanding the dynamics and epidemiology of anthroponotic transmission is important for developing control strategies. The project is intended to: i) develop infrastructure; ii) evaluate technical feasibility; and, iii) write protocols for a larger follow-on study to define which human populations serve as L. donovani reservoirs. Xenodiagnostic studies using lab-reared sand flies, and/or via molecular genetic approaches to identify specific human blood meal sources in field caught sand flies may be used.	Development of a P. argentipes colony is underway at an insectary built at KAMRC in India. The facility has been fully stocked and equipped, and the staff trained. The field team continues to collect female sand flies for depositing eggs in the laboratory. Subsequent generations will be bred to establish a self-sustaining colony (completion target March 2015). Once established, the sand fly colony will be used in the next phase to gain an understanding of the dynamics and epidemiology of anthroponotic transmission and identify the human reservoir(s). The problem will be addressed via xenodiagnostic studies of well-defined subject groups (active VL cases and those individuals progressing to disease during the time from symptom onset to presentation for medical care, clinically cured cases, patients with post-kala-azar dermal leishmaniasis, and asymptomatic individuals) using live vector sand flies. Results will inform vector control strategies.	$670,404	$125,196	1-Jun-13	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Human Microbiome Project Demonstration Projects	Human Microbiome Project (HMP)	The mission of the Human Microbiome Project (HMP) is to generate resources to enable comprehensive characterization of human microbiome data and analyze its role in human health and disease. FNIH seeks funding for years two and three of 11 three-year Demonstration Projects that are part of HMP.	Research efforts continue.	$300,000* *This is the total amount raised and is shared with all ICs involved in the project.	Project funds are completed	1-Jan-10	
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 TB. The 4 major objectives of this application are: 1) implementation of HTS 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.	In November 2014, the HIT-TB program obtained supplemental funding from the Bill & Melinda Gates Foundation. The supplement will provide support for the addition of two new moderate throughput assays for screening molecular libraries for hits that might provide leads for TB drug development. The supplement will also support expanded access to the NIAID marmoset colony, which provides a good predictive model for drug evaluation.	$13,172,979	$1,704,383	1-Jun-10	
KIDS THRIVE	KIDS THRIVE	A solicited population level behavior change (KIDS THRIVE) research program will be developed with collaborators, including NIH, USAID, and UNICEF. The intent of the KIDS THRIVE initiative is to support research that will provide the scientific evidence base needed to strengthen the development and implementation of programs and policies that will promote behavioral changes leading to a reduction in mortality in children under five years of age as well as improvements in healthy growth and achievement of developmental milestones in children living in resource-constrained low and middle income countries.	The first Scientific Advisory Committee (SAC) meeting was held in October 2014 to identify the important elements of the request for applications (RFA) for the KIDS THRIVE Research Initiative. Research supported through KIDS THRIVE will focus on behavior change interventions that improve child survival in developing countries. Specifically, the initiative will support smaller innovative intervention projects that need to achieve a proof-of-concept; and, larger intervention implementation projects evaluating scalability, adaptability and cost-effectiveness of interventions that previously reached proof-of-concept. Investigators will be encouraged to address cross-cutting issues such as gender dynamics, population stigma, and father engagement. In addition, multi-disciplinary and multi-institutional projects will be encouraged. A second SAC meeting is scheduled for February 2015 to finalize RFA language. RFAs are expected to be released in 2015.	$450,100	$88,018	1-Mar-14	
Rapid identification of individuals with viable adult female worms of Onchocerca volvulus: a means to the end	OvAF (Oncho)	To identify host- and parasite-specific biomarker(s) present in human subjects with viable adult females of Onchocerca volvulus (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.	On November 19-20, 2014, the Gates Foundation sponsored the first Annual Meeting of the Consortium of Biomarkers to Identify Female Adult Onchocerca Volvulus in Washington D.C. The Principal Investigators from each of the project's collaborating partners--NIAID, Thomas Jefferson University, New York Blood Center and FNIH--were in attendance. The two other member consortia were also represented. Each of the project partners provided a progress update, and several working group sessions were held to develop cross-consortia collaborations. FNIH submitted its year 1 annual progress report to the Bill & Melinda Gates Foundation in October 2014.	$1,252,423	$31,267	1-Dec-12	
Support of Ebola Research by the National Institute of Allergy and Infectious Diseases	Support of Ebola Research by NIAID	To support the Division of Clinical Research of the National Institute of Allergy and Infectious Diseases (NIAID) in its efforts of prevention and treatment to carry out Ebola research response in West Africa.	The John and Marcia Goldman Foundation provided a donation to FNIH to support Ebola research. At the request of NIAID, FNIH transferred some available funds for use by NIAID in Liberia and will be discussing with NIAID other uses for the fund in 2015.	$25,000	$23,700	1-Nov-14	X

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
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.	FNIH transferred funds to NIAID for the third annual Neva Lecture. The Lecture is scheduled for February 25, 2015. Dr. Hector H. Garcia, an accomplished researcher on cysticercosis, is scheduled to be the speaker.	$51,059	$35,861	1-May-12	
Clinical Infectious Diseases Supplement	CID Supplement	A $35,000 grant from the Bill & Melinda Gates Foundation to pay the Oxford University Press for a supplement to the *Clinical Infectious Diseases Journal*. The NIH/NIAID lead on the project is Dr. Mirjana Nesin.	FNIH applied for and received a $35,000 grant from the Bill & Melinda Gates Foundation to pay the Oxford University Press for a supplement to the *Clinical Infectious Diseases Journal*. The articles were accepted for publication in August, 2014 and appeared as Supplement 7 (Including Pregnant Women in Clinical Trials of Antimicrobials and Vaccines) in the journal's December 15, 2014 issue.	$35,000	Project funds are completed	1-Mar-14	
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.	FNIH finalized a letter of agreement with Pew Charitable Trusts and a memorandum of understanding with NIAID for the 2014 Pew Latin American Fellow in the Biomedical Sciences Program, Dr. Juan David Ramirez Gonzalez. FNIH transferred to NIAID Dr. Ramirez-Gonzalez's first payment of his grant award. FNIH is also working with Pew Fellow Javier Magadan to procure equipment and supplies for him to use for his research when he returns to the Universidad Nacional de Cuyo in Argentina.	$299,250* *This is the total amount raised and is shared by all ICs involved in the project.	$38,638	1-Aug-09	
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.	NIAID selected Dr. Chirosree Bandyopadhyay as the NIAID Roth Fellow. In September 2014, FNIH transferred the first year of funding ($50,000) to NIAID for the Fellowship.	$105,000	$0	1-Feb-14	
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.	Dr. Steven Holland of NIAID recently provided an update of needs in his lab that might be supported by the Fund. FNIH recently sent the donors a proposal and will schedule a time to discuss the proposal with them.	$92,500	$92,500	1-Oct-06	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, [illegible])	Launch Date	New Project This Quarter?
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.	FNIH continues to provide support to the monthly CAB meetings.	$21,695	$2,155	1-Jul-03	

Projects completed this quarter

New projects this quarter

Support of Ebola Research by NIAID

African Centers of Excellence in Bioinformatics

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 December 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.	The AMP RA SLE Steering Committee and Network Leadership Committee (all investigators) met for a two-day face-to-face meeting on October 29-30, 2014. The 29th was the investigator meeting at NIH and the joint meeting - run by FNIH - was the 30th. The meeting provide a strong review of the NIH grant applications for Phase 0 and 1 objectives of tissue acquisition, analytics and leadership and coordination of sites and planned at integration. The NLC is working on a final Phase 0 interim research plan and unified informed consents for all he tissue acquisition sites. Several working groups are being established to address each of the key objectives for Phase 0. The Leadership Committee will provide updates on project progress, along with the NIAMS program officers, bi-monthly, starting in February.	$21,000,255	$2,036,474	1-Sep-13	
Biomarkers Consortium - Bone Quality Project	Biomarkers Consortium - Bone Quality	The immediate goal of the Bone Quality Project, a three-year 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 and ASBMR. The Bone Quality Project launched in Q4 2013 and is currently being executed as a three-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.	In Q4 2014, the Bone Quality Project Team finalized the language for the data sharing agreement with the Project Team's 11 member institutions. Finalization of this agreement will allow the Project to complete 3 data transfer-related milestones by Q2 2015; which, together with completion of the Bone Turnover Marker Analysis Plan, will comprise 36% of the total Project milestones. Also this quarter, the research team at UCSF transferred NIAMS's imaging data to the project's imaging service provider, ON Diagnostics. This transfer of imaging data will allow the Project Team to begin the finite element analysis for the imaging portion of the project. UCSF also began data cleaning activities on data sets in-house at UCSF that do not require contractual permissions for use. Additionally, FNIH initiated talks and negotiation of confidentiality agreements with Novartis, Roche, Actavis, NPS Pharmaceuticals, and Pfizer to contribute further data to the project.	$2,310,000	$404,764	1-Jan-13	
Biomarkers Consortium - Cell Signaling and Treatment Response in Rheumatoid Arthritis (FUNCtion)	Biomarkers Consortium - FUNCtion Study	The treatment of RA can be dramatically more efficient and cost-effective through accurate, rational choice of drugs by the most efficacious, least toxic, and least expensive drug for an individual patient. Understanding the function of the normal human immune system at the single-cell level is critical for dissecting aberrant responses such as autoimmunity. This project will assess baseline (pre-treatment) TNF and IFN-gamma signaling pathways in subsets of peripheral blood cells associated with RA treatment response to methotrexate and to FDA-approved biologic agents (TNF inhibitors [etanercept, infliximab, adalimumab, golimumab, certolizumab], abatacept, tocilizumab, rituximab, and tofacitinib); to see the change or stability of these biomarkers over time and in response to these treatments.	The Project Plan was approved by the Biomarkers Consortium Executive Committee in June 2014. The Project Team met at the 2014 American College of Rheumatology annual meeting to outline strategies for enrollment, site contracting, and data access and sharing. The FNIH Program Manager and Development Team are preparing material for fundraising outreach efforts to pharmaceutical companies, smaller biotech companies, and non-profit advocacy groups.	Fundraising efforts underway	Fundraising efforts underway	1-Jun-13	
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.	The ABSSSI patient reported outcome draft instrument is complete and a final report was communicated to FNIH. FNIH is working on an update to the FDA briefing package which will include final endpoint supported results. The Project Team is completing the final interview for the CABP cognitive debrief; a draft instrument is being reviewed. The scope of work and plan for psychometric validation of both the CABP and ABSSSI instruments has been prepared and the Project Team has verbal agreements with 6 companies to use the instruments in Phase II-IV trials. Implementation of these instruments in the trials may result in a submission for additional FDA support.	$820,000	$235,728		
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.	The main focus remains the ongoing analysis of imaging and biochemical biomarker data. SAS datasets of all requested imaging and biochemical data are available to the Project partners. Project highlights from the annual American College of Rheumatology meeting in November 2014, was the presentation of a bone morphology quantitative MRI poster and a face-to-face meeting of the OA Project Team. A preliminary draft of the Phase 2 effort - for FDA qualification of biomarkers from this study- is being drafted with a goal of presenting this to the Biomarkers Consortium Inflammation and Immunity Steering Committee in early 2015. Additional highlights from this quarter include FDA/CDER joining the Project Team to advise in moving BMx from the current study into the qualification studies. The Project Team will finalize the plan for final data analysis, publication and iterative public data release before Q1 2015, with the plan to release public data by Q2 2015.	$3,635,085	$452,953	1-Mar-13	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Biomarkers Consortium - Reducing Cardiovascular Risk in Rheumatoid Arthritis (RACVD)	Biomarkers Consortium - RACVD	Cardiovascular (CV) disease is the leading cause of excess deaths in rheumatoid arthritis (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 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.	The project plan for the TARGET Biomarker Study was developed by lead investigators Dan Solomon (Brigham and Women's Hospital) and Joan Bathon (CU) and the working team included industry involvement from Merck, Regeneron and Amgen. Myriad RBM (DiscoveryMAP) and Crescendo Biosciences (VECTRA DA) have offered in-kind support (in the amount of $1M) in the form of services and kits for this project. The project plan was unanimously approved by the Biomarkers Consortium Inflammation and Immunity Steering Committee on December 9, 2014. Early funding asks will be done prior to bringing the project before the Biomarkers Consortium Executive Committee. The project leverages samples that will be obtained from a U01 grant - the TARGET Trial - submitted to NIAMS. NIAMS will hold its final review in Q1 2015, so all decisions will be on hold until the NIAMS's review is complete.	Fundraising efforts underway	Fundraising efforts underway	1-Sep-14	
The Osteoarthritis Initiative 2	OAI-2	Osteoarthritis affects over 15 million people in the United States. In collaboration, the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), the National Institute on Aging (NIA), and the private sector are striving to improve the efficiency of drug development and clinical trials for the treatment of osteoarthritis. In 2009, the Osteoarthritis Initiative (OAI) began extended follow-up of its study cohort for an additional six years (OAI2) to gain a better understanding of the natural history and course of both early and established knee osteoarthritis and its determinants, as well as to help accrue additional endpoints for clinical investigation across the spectrum of the disease. Identifying early predictive biomarkers of osteoarthritis could lead to more efficient and faster clinical trials by identifying higher risk individuals and ultimately, to the development of drug treatments to slow progression or modify this disabling disease.	FNIH has received all final grant payments from the private-sector funders. In fall 2014, NIAMS indicated that it would contact the FNIH when a funds transfer was desired. As of December 2014, FNIH had $976,500 available to transfer to NIAMS. FNIH submitted a final grant report to Pfizer in December 2014.	$3,500,050	$651,000	1-Sep-08	

Projects completed this quarter

New projects this quarter

National Institute of Diabetes and Digestive and Kidney Diseases

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Amount Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Accelerating Medicines Partnership: Type 2 Diabetes	AMP- T2D	The Accelerating Medicines Partnership (AMP) is a multiple-sector, pre-competitive partnership to 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 members from NIDDK/NIH, Eli Lilly and Company, Janssen Research and Development, LLC, Merck Sharp & Dohme Corp., Pfizer Inc., Sanofi US Services, and Takeda Pharmaceuticals. 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.	In Q4 2014, the AMP T2D Steering Committee (SC) evaluated responses to two FNIH request for proposals (RFPs) in support of the AMP T2D Knowledge Portal. The RFPs included requests for descriptions of work that would enhance the Broad's NIDDK-funded Knowledge Portal prototype and solicitation of data sets. The FNIH RFPs complement NIDDK AMP T2D funding streams. FNIH awards will be announced by February 2015, which will be followed by a SC-planned kick-off meeting with awardees in Boston, MA. The AMP T2D SC also continued to work through solutions for challenges to accessing subject-level data in Europe for the portal by convening a working group of subject matter experts, who met twice this quarter. Based on the working group's feedback, the AMP T2D SC intends to move forward with a federated database solution, with one or more data hubs in Europe to work within local regulatory restrictions. Additional FNIH AMP T2D funding opportunities are planned for 2015 to support the federated framework.	$21,775,000	$4,238,558	1-Sep-13	
Biomarkers Consortium - Biomarkers of Determination of Early Responders and Qualification of Adherence during Weight Loss Treatment	Biomarkers Consortium - Obesity Project	This two-year $350K Weight Loss Modeling Project has the following goals: 1. To calculate success probabilities, including all known variables that influence weight loss along with short-term weight loss patterns in order to predict the probability of long-term weight loss success. 2. To calculate the adherence metrics (amplitude and frequency) of pharmacotherapy-induced weight loss trajectories. The purpose of these metrics is to isolate drug effects on dietary adherence. 3. To translate the developed algorithms into a software platform ready for clinical application. The project will include all variables known to influence weight loss in the development of predictive computer models and personalized thresholds for each of the first three months of weight loss during treatment. The models developed will allow researchers to identify if participants are responding to individual drugs, quickly terminating the development of ineffective drugs, resulting in cost savings.	The Obesity Project Plan was reviewed by the Biomarkers Consortium Executive Committee on December 15, 2014. The project was not approved for further development.	$5,000	$4,237	1-Mar-12	
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 six pharmaceutical companies.	The Kidney Safety project launched in the summer of 2011. In October 2012, the first milestone was completed: the retrospective analyses from the mesothelioma and healthy volunteer studies were finished, which enabled the prioritization of the novel urine biomarkers for analyses in the prospective studies. The prospective studies are currently ongoing. The 25% mark for patient recruitment was reached in August 2014. The first set of data analyses is expected to be complete in early 2015. The FDA and EMA have reviewed the statistical analysis plan, the assay validation plan, and in 2015, will be receiving the results from the analysis of the first 25% of the data.	$3,502,000	$1,480,733	1-Jul-11	
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 Beta Cell Project incorporates multiple clinical studies performed separately in healthy volunteers, pre-diabetic, and diabetic subjects. The healthy volunteer study, pre-diabetic and diabetic study analyses are now complete. Two posters with the results were presented at the American Diabetes Association 74th Annual Scientific Sessions in San Francisco in June 2014. Two more posters were presented at the European Association for the Study of Diabetes Annual Meeting in Vienna, Austria in September 2014. An outpatient study is now complete. The second intervention study protocol is being planned along with an extension of the project with some additional analyses. A follow-up project, tentatively scheduled to begin in 2015, is being discussed.	$6,074,250	$2,808,881	1-Jan-11	

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Amount Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Drug Induced Liver Injury Network (DILIN)	DILIN - Drug Induced Liver Injury Network	The NIDDK established a multi-center DILIN (Drug Induced Liver Injury Network) in order to develop standardized instruments to identify and fully characterize cases of drug-induced liver injury; define the epidemiology and clinical spectrum of drug-induced liver injury; and obtain biological samples for study of the pathogenesis of drug-induced liver injury using the most current biochemical, serological and genetic techniques. Support from the private sector through FNIH, enabled the NIDDK to expand and broaden the Network's goals.	Research efforts continue.	$1,000,505	$185,874	1-Jun-05	
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.	Research is ongoing.	$180,000	$24,317	1-May-12	
Human Microbiome Project Demonstration Projects	Human Microbiome Project (HMP)	The mission of the Human Microbiome Project (HMP) is to generate resources to enable comprehensive characterization of human microbiome data and analyze its role in human health and disease. FNIH seeks funding for years two and three of 11 three-year Demonstration Projects that are part of HMP.	Research efforts continue.	$300,000* *This is the total amount raised and is shared by all ICs involved in the project.	Project funds are completed	1-Jan-10	

Projects completed this quarter

New projects this quarter

National Institute of Mental Health

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Biomarkers Consortium - Consortium on Biomarkers and Outcome Measures of Social Impairment for Use in Clinical Trials in Autism Spectrum Disorder	Biomarkers Consortium ASD	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 autism spectrum disorder (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.	FNIH is drafting letters of agreement to send to the consortium members providing financial and in-kind support to the project.	Fundraising efforts are underway	Fundaraising efforts are underway	1-Dec-14	X
Biomarkers Consortium - Development of Biomarkers for Drug Development in Autism	Biomarkers Consortium Autism	The purpose of this project is to develop a focused program plan and business case for a public-private partnership to facilitate the development and validation of biomarkers to accelerate and de-risk the development of effective therapies for autism spectrum disorders (ASD). This partnership will include representatives from the NIH, FDA and biopharmaceutical companies, as well as other non-profits and key academic scientists.	FNIH held an Autism workshop in March 2012, with $35,000 in support from 4 pharmaceutical funders (Johson & Johnson, Takeda, Roche and Eli Lilly). Potential "matching funds" has been identified from Autism Speaks and Simons Foundation to complement NIH and potential pharma funding for a biomarker-based project. The team is focused on an initial white paper submission in Q4 2014 to outline biomarkers to be utilized as clinical endpoints in autism trials. NIMH has published an RFAs (http://grants.nih.gov/grants/guide/rfa-files/RFA-MH-15-800.html) to support biomarker project through the Consortium based on eye tracking and EEG. NIMH and FNIH have started talks with FDA and EU-AIMS in order to a) get feedback on the most appropriate parameters for the study and b) coordinate with European effort. FNIH is going to bring the concept directly to the EC and expected Project Team expected to be formed in May (after RFA review). Start of project should be around July.	$35,000	Project funds are completed	1-Mar-12	
Lifespan Connectome Project	Lifespan Connectome Project	The Lifespan Connectome Project is a follow-on to 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 Lifespan Connectome is to obtain structural and functional connectivity data for the healthy human brain through all stages of life, divided into three age ranges: 0-4, 4-21, and 45 and older. The 0-4 age range presents a data collection challenge. This proposed public-private partnership will support data collection in the 0-4 age range.	FNIH Development Director is working with a potential donor of a portion of the Lifespan Connectome Project, the Baby Connectome Project. A draft Letter of Agreement is being reviewed by the company before it is processed for signature.	Fundraising efforts are underway	Fundaraising efforts are underway		X

Project completed this quarter

New project this quarter
Biomarkers Consortium - Consortium on Biomarkers and Outcome Measures of Social Impairment for Use in Clinical Trials
Lifespan Connectome Project

National Institute of Neurological Disorders and Stroke

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	FNIH is working with the Donor to continue raising funds for the NINDS Neurogenetics Branch. Fundraising efforts include implementing a fund webpage on the FNIH website, and sending information about the fund to Donor-identified individuals.	$17,468	$167	1-Jul-13	
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.	Per the terms of the endowment agreement, once sufficient interest income has accrued, FNIH will use the income to support NINDS research in the field of multiple sclerosis. Once sufficient income is available, FNIH will discuss possible uses for the Fund with NIH.	$60,203	$63,686	1-Aug-07	
Epilepsy Research in the Laboratory of Kareem Zaghloul, M.D., Ph.D.	Epilepsy Research in the Laboratory of Kareem Zaghloul, M.D., Ph.D.	Dr. Zaghloul'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. Zaghloul for 2 years and a piece of equipment for the lab.	FNIH has informed NINDS of funds available to transfer for Dr. Zaghloul's lab to support the fellow. NINDS is reviewing applications for the fellowship and will let FNIH know when a fellow has been identified.	$290,000	$261,000	1-Nov-13	
Sports and Health Research Program	Sports & Health	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 members of the military. Made possible by a founding commitment of $30 million from the National Football League (NFL), and with an initial focus on traumatic brain injury, the SHRP is designed to expand to encompass other areas of research on serious medical conditions prominent in athletes and to engage additional funding partners representing a breadth of relevant interests. Research supported through the SHRP will be conducted under the direction of the NIH.	Previously awarded grant and cooperative agreement projects are ongoing, including: six pilot projects on sports-related traumatic brain injury and spinal cord injury (R03, R21); and two cooperative agreements focused on defining the scope of long-term changes that occur in the brain years after a head injury or after multiple concussions. Applications were received in response to a funding opportunity request, to "Detect, Define and Measure the Progression of Chronic Traumatic Encephalopathy (U01)." The purpose of this initiative is to detect, characterize and measure the progression of neurodegeneration in individuals with a probable or possible diagnosis of chronic traumatic encephalopathy (CTE) using brain imaging and other biomarkers. Applications will be reviewed in February 2015. Planning has begun for a SHRP Stakeholders Board meeting in early 2015, which will include the donor, NIH and other interested parties, to discuss progress on SHRP projects.	$30,000,385	$4,827,699	1-Dec-11	
Support of Dr. Daniel Reich's Lab in Translational Neuroradiology	Dr. Reich's Lab	The purpose of this project is to support the research of Dr. Daniel Reich, an intramural investigator at the National Institute of Neurological Disorders' Stroke Translational Neuroradiology Unit.	FNIH received two gifts for this project from the Consortium of Multiple Sclerosis Centers and the Conrad N. Hilton Foundation. FNIH has transferred the available project funds to Dr. Reich's lab on December 12, 2014.	$4,500	$450	1-Oct-14	X

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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).	FNIH finalized the MOU with NINDS in October 2014, and transferred the first portion of Dr. Kevin L. Briggman's Pew Scholar grant award to NINDS.	$252,000	30000	1-Sep-14	
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.	Fabrian Jno. Baptiste and Jamie Chan continue as interns in the Lab of Dr. Susan Wray at NINDS. The next Robert Whitney Newcomb Memorial Lecture will take place June 15, 2015. FNIH has begun planning for the Lecture. The lecture topic and speaker are: "Photo-control of endogenous ion channels and neurotransmitter receptors in the CNS broadcast" by Richard Kramer, PH.D., University of California, Berkeley.	$1,122,450	$1,146,869	1-Jan-00	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
NIH Retirement Ceremony for Story Landis, Ph.D. - Director of NINDS	Retirement Ceremony for Dr. Landis	This project is for donations to help underwrite the NIH ceremony honoring the retirement of NINDS Director Dr. Story Landis, in the Neuroscience Atrium of the Porter Building that took place on Monday, September 29, 2014.	Dr. Landis' retirement ceremony was held on September 29, 2014, at the Porter Neuroscience Building. FNIH has finalized all of the post-event logistics for this event.	Project funds are completed	Project funds are completed	1-Aug-14	

Projects completed this quarter

New projects this quarter

Support of Dr. Daniel Reich's Lab in Translational Neuroradiology

National Institute of Nursing Research

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	Dr. Leorey Sligan is the NINR Principal Investigator for the Neurotropin project. The trial enrolled 30 patients, and began enrolling an additional 60 patients. No major side effects have been reported. Under the current agreements, FNIH has received all project funds. FNIH staff contacted NINR on September 30, 2014, to see if a transfer of funds is needed and was told a transfer was not necessary at that time.	$750,000	$285,000	1-Mar-08	

Projects completed this quarter

New projects this quarter

Fogarty International Center

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	The MAL-ED Network published 19 articles in a supplement of the November 1, 2014 edition of Clinical Infectious Diseases (v59suppl4) describing the characteristics of the study sites located in Bangladesh, Brazil, India, Nepal, Pakistan, Peru, South Africa and Tanzania along with methods utilized for the project. FNIH convened MAL-ED investigators on December 2-4, 2014 for a Data Analysis Workshop to review/revise results of data analyses for major health outcomes of the project (growth, cognitive development, vaccine response). In addition, investigators developed an action plan with timelines and milestones for implementation of analytical plans and for drafting of relevant publications. On December 1, 2014, FNIH signed an amendment to the grant agreement with the Bill & Melinda Gates Foundation for a $5.5 million supplement to support analytical and publication efforts using the 0-24 months old dataset; and, to extend follow-up of the MAL-ED birth cohort to five years of age.	$42,278,191	$1,021,912	1-Nov-08	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31,	Launch Date	New Project This Quarter?
World AIDS Foundation-Clayton-Dedonder Scholarships	Clayton-Dedonder Scholarship Awards (WAF)	NIH concept: World AIDS Foundation is planning to donate remaining funds of the existing leadership and mentorship award program for emerging leaders in AIDS research in the developing world to FNIH. FIC has asked FNIH to be the administrator of the these funds which will be $50,000 for each recipient. FIC and FNIH would work jointly as has been done in the past with the World AIDS Foundations in reviewing and implementing these awards.	In October 2014, support was provided for the second cohort of mentorship fellows. The financial resources for these five fellows (two from Kenya, one from Haiti, one from South Africa and one from Peru) was provided as administrative supplements to the respective FIC awards.	$1,227,249	Project funds are completed	1-Dec-04	

Projects completed this quarter

New projects this quarter

National Center for Complementary and Alternative Medicine

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
The Bernard Osher Foundation NCCAM Practitioner Research Career Development Award	Osher NCCAM CAM Award	In partnership with the National Center for Complementary and Alternative Medicine (NCCAM) at NIH, the Osher Foundation provides support for NCCAM fellowships to individuals studying complementary and alternative medicine.	Project activities continue.	$2,148,175	$56,304	1-Apr-06	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 Alternative Medicine (NCCAM). 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 NCCAM website.	The Donors continue to be pleased by the Fund-supported lectures. The upcoming Stephen E. Straus Distinguished Lecture in the Science of Complementary and Alternative Medicine will take place January 26, 2015. The topic and speakers are, " When Experts Disagree: The Art of Medical Decision Making" Jerome Groopman, M.D. (Beth Israel Deaconess Medical Center) and Pamela Hartzband, M.D. (Harvard Medical School).	$161,000	$116,052	1-Jan-07	

Projects completed this quarter

New projects this quarter

NIH Clinical Center

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	With the Donor's consent, FNIH transferred $5,125 to the NIH Clinical Center for the purchase of computer software for Dr. Berger's lab at the Clinical Center's Pain and Palliative Care Service. The software will help in the compilation of statistics for the treatment of patients. FNIH is working with Dr. Berger and his lab to identify additional uses for the Fund's remaining balance.	$23,434	$8,401	1-May-04	
Clinical Center Drug Donations	Clinical Center Drug Donations	An initiative to secure donated medical products/therapeutic agents from pharmaceutical companies for use by the NIH Clinical Center. Receiving these products free of charge enables funds from the Clinical Center's budget to support other clinical research activities.	The Clinical Center received a shipment of Lovenox and Docetaxel from Sanofi in June 2014. The NIH estimated value of this gift is $1,058,088. In November FNIH also requested a supply of Filgrastim for clinical trial use; this request is under consideration. FNIH has also requested a supply of Tobramycin inhalation solution from Novartis. Novartis is reviewing this request and a response is anticipated by the end of Q1 2015.	$5,677,257	$0	1-Jun-08	
Development & Production of Endotoxin under GMP for Human Clinical Research	Endotoxin	Endotoxin is an essential tool to study the effects of inflammation, to demonstrate proof of principle for the effects of inflammatory modulation therapies and, more recently, as a potent stimulus to enhance immune responses in trials of anti-cancer immunotherapy. Since 1997, NIH has provided endotoxin at no cost to both academic and pharmaceutical industry investigators. In 2008, FNIH was asked to raise funds to cover the cost developing and producing a new strain of endotoxin under GMP conditions. With funds raised through 2012, the Biological Resource Branch of the National Cancer Institute (NCI) helped the Clinical Center develop a Master Cell Bank for E. coli O113, the original bacterial strain. This qualified reagent will serve as the source material for the development of the next generation GMP endotoxin.	NIH has identified a vendor to produce and vial the new strain of endotoxin. This can be accomplished with the funds that have been raised to date. In December 2014, FNIH transferred $501,045 to the NIH for the project. FNIH also received a new gift from Pfizer in 2014, that is making funding available for additional production and/or small studies.	$1,101,800	$0	1-Feb-06	
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.	Under the terms of the new letter of agreement, the Fund is a temporarily restricted fund rather than an endowment, which could provide for more flexibility making Fund distributions. The Fund will support the Edmond J. Safra Family Lodge and clinical research needs of the intramural research program at the National Institutes of Health. The FNIH Director of Advancement and Advancement Officer will meet with the Donors to discuss possible uses for funds supporting the intramural research program.	$129,832	$117,385	1-Jan-13	
Pain and Palliative Care Program, Roxane Institute Fund	Pain and Palliative Care Program, Roxane Institute	A $175,000 cutting-edge initiative designed to benefit all patients living with chronic, life-threatening, or terminal illness as they struggle to overcome pain and suffering caused by the progression of disease or the adverse effects of treatment. The program, which is supported by the Roxane Institute and OrthoBiotech, offers new and effective means for patients and caregivers to address pain and symptoms.	FNIH transferred $5,125 to purchase computer software for Dr. Berger's lab at the Clinical Center's Pain and Palliative Care Service. The software will assist in the Clinical Center's compilation of data for patients' treatment. FNIH is working with Dr. Berger's lab to identify future uses for the Fund.	$175,000	$34,373	1-Dec-00	
Time Efficient Automatic Lesion Identification and Measurement on CT	Time Study	This project is designed to evaluate the ability of the Lesion Management Application (LMA), which is available at NIH, to: 1) automatically identify, segment, and measure post-treatment CT lesions targeted on baseline CT; 2)compare the agreement between manual and automated measurements and automated RECIST determinations; 3) assess the time savings of LMA in obtaining measurements and RECIST reports as compared to manual determinations.	Research is ongoing.	$36,842	Project funds are completed	1-Mar-12	

Capital Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Edmond J. 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.	Ongoing activities include fundraising to support holiday meals, as well as "wish list" items (like computers, etc.). Holiday meals for Thanksgiving, Hanukkah and Christmas are being supported by an FNIH donor in 2014. FNIH continues to fundraise, through letter appeals, for other Family Lodge activities.	$1,229,123	$0	1-May-05	
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.	In addition to pledges/gifts late in 2013 and in 2014 by the Newport Foundation and the Nichols Family to name a guest suite and guest room at the Family Lodge, respectively, the Reinish Family recently pledged a contribution for the naming of a garden bench.	$8,271,886	$56,212	1-Jan-98	
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.	Activities continue at the Family Lodge.	$1,500,000	$16,008	1-Jan-01	
Edmond J. Safra Family Lodge Kitchen Renovation	Safra Family Lodge-Kitchen Renovation	Mrs. Lily Safra donated funding to support a feasibility study to renovate the kitchen at the Edmond J. Safra Family Lodge. The kitchen is heavily used by families staying in the Lodge, with many people using the kitchen to prepare all their meals. The purpose of a renovation is to increase the number of people who can cook at the same time, and to add more storage space for refrigerated and dry foods.	Based on a feasibility study done by Esocoff & Associates, on April 24, 2014, the Fondation Lily Safra donated $625,000 for a comprehensive renovation of the Edmond J. Safra Family Lodge kitchen. The architectural firm LSY has been hired and construction drawings have been completed and approved by NIH. The contractor will be Phelps and Phelps. The renovation will replace some flooring, all cabinets and stone counters and add new and more functional appliances. The result will be a beautiful family-style kitchen with greater capacity to meet the needs of the many families that use the kitchen on a daily basis. The renovation should be completed in March, 2015.	$625,000	$267,721	1-Feb-14	
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.	Activities continue at the Family Lodge.	$750,000	$2,271	1-Dec-00	
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.	Funds from Tracy's Toy Box were used recently to create a children's area at the Edmond J. Safra Family Lodge. The area includes two new video screens, with a gaming and educational system as well as many new games. This will provide children with outlets for activity during the difficult periods when family members are being treated at the NIH. FNIH's Advancement Officer has been in discussions with the Family Lodge about other uses for the Fund and it was agreed that the funds might be used to help create a new children's area pending a potential expansion of the Lodge kitchen area scheduled for winter and spring 2015.	$13,957	$7,918	1-Jan-04	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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 recipient of the annual Distinguished Clinical Teacher's Award given by the NIH Fellows Committee is the invited lecturer as part of the Contemporary Clinical Medicine: Great Teachers Grand Rounds Program.	The 11th John Laws Decker Lecture and Luncheon were held in June 2014, with the lecture delivered by Dr. Juan Gea-Banacloche of the Center for Cancer Research at the NCI. Planning for the 2015 lecture, scheduled for June 10, 2015, with Ranganath Muniyappa, MD., PhD as speaker, has begun.	$40,760	$3,662	1-Jan-03	
NIH Medical Research Scholars Program	MRSP	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 builds upon two successful NIH training programs, the NIH-Howard Hughes Medical Institute Scholars and the Clinical Research Training Program, which ended in 2012.	For the 2015-2016 MRSP class, FNIH submitted requests totaling $4,940,663 in funding to 44 prospects. FNIH received funding commitments from The Doris Duke Charitable Foundation, Howard Hughes Medical Institute, and the American Association for Dental Research. There are three additional organizations that are considering option of supporting one scholar each. FNIH Development Officers will follow-up with remaining corporate prospects. In addition to reaching out to foundations, pharmaceutical companies and non-profit advocacy organizations, FNIH mailed a MRSP fundraising appeal letter to 2,700 prospects who are NIH research training alumni, including Yellow Berets (a career development program that preceded the HHMI and CRTP programs); and sent an email appeal to 4,088 CRTP and HHMI alumni. The FNIH website now features enhanced MRSP content, including the new video testimonial and a photo of the 2014-2015 class.	$3,650,126	$386,744	1-Jul-11	
Principles of Clinical Pharmacology Course	Principles of Clinical Pharmacology Course	The PhRMA Foundation has supported the Principles of Clinical Pharmacology Course since 2008. This program (sponsored by the Clinical Center) covers much of what researchers need to know about the clinical pharmacologic aspects of drug development and use, including pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations, and drug discovery and development.	The PhRMA Foundation has verbally committed $80,000 to support the Principles of Clinical Pharmacology course for the 2014-15 class year.	$363,943	Project funds are completed	1-Mar-08	
Safe and Effective Prescribing Initiative	Safe and Effective Prescribing	Building on a successful partnership among NIH, FNIH, and the PhRMA Foundation that supports the NIH's Principles in Clinical Pharmacology course, this initiative is designed to leverage expertise and materials developed for that course to develop a new, interactive course modules that will be made available to the medical school audience nationwide. The course is intended to respond to a 2008 AAMC report that cited a lack of sufficient training in safe and effective prescribing in the medical school curriculum. Project partners are the NIH, FNIH, the American Society for Clinical Pharmacology and Therapeutics (ASCPT), the Reagan-Udall Foundation for the FDA (RUF) and the PhRMA Foundation.	Videotaping of course segments began in December 2014. The PhRMA Foundation and ASCPT have each verbally committed funds to support the effort.	Fundraising efforts are underway	Fundraising efforts are underway	1-Dec-14	X

Projects completed this quarter

New projects this quarter

Safe and Effective Prescribing Initiative

Office of the Director

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
Accelerating Medicines Partnership: Membership	AMP-Membership	The goal of the Accelerating Medicines Partnership (AMP) is to bring together the resources of NIH and Industry to improve our understanding of disease pathways and facilitate better selection of targets for treatment. Collaborations with 10 companies and three NIH Institutes have been established across three major disease areas: Alzheimer's disease, Type 2 diabetes, and immune-mediated disorders (RA/lupus). The AMP Membership supports the infrastructure required to facilitate the development of the AMP projects.	FNIH convenes regular meetings of the AMP Executive Committee--co-chaired by Francis Collins (NIH) and Mikael Dolsten (Pfizer)--as well as supporting Steering Committees established to manage the research plans in each of the three disease areas. FNIH has completed funding agreements with all of the companies and non-profit patient organizations that have shown interest to date, and continues to seek additional partners for AMP. FNIH is also providing ongoing project management of the research conducted under each Steering Committee.	$4,200,000	$1,380,497	1-Nov-13	
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.	FNIH has $2,100 available to transfer, upon request from the NIH Director.	$38,350	$2,196	1-Nov-08	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	On September 23, FNIH was awarded a four-year, $850,000 grant from the Amgen Foundation to support the Amgen Scholars Program through Summer 2018. A draft memorandum of understanding between FNIH and NIH Office of the Director (OD) has been developed. OD is currently reviewing the draft agreement.	$850,000	Project funds not yet received	1-Jun-14	
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.	The program continues and has expanded to provide short-term, on-campus housing for the students.	$174,569	$2,358	1-Jan-04	

Projects completed this quarter

New projects this quarter

OTHER

Research Projects

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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."	As of December 31, 2014, the Biomarkers Consortium (BC) will have 27 contributing members -11 from non-profit or advocacy organizations and 16 from pharmaceutical or for-profit companies. This represents a 100% renewal rate for the pharmaceutical and for-profit partners. Beginning in 2015, a new membership category will be added with the aim to retain members and attract new partners who are only interested in participating in select BC steering committees. Companies with a $3B+ R&D budget can join at the rate of $40K per committee; $1-$3B R&D budget can join at the rate of $28K per committee; and $100M-$1B R&D budget can join at the rate of $15K per committee.	$13,254,295	$874,731	1-Mar-05	
Cancer Research Fund	Cancer Research Fund (General)	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.	As of October 31, 2014, FNIH has $95,000 available for the Fund.	$131,367	$95,102	1-Feb-00	
Eliminate Dengue	Eliminate Dengue (or ED)	To develop a heritable, self-sustaining biocontrol method using Wolbachia bacteria to interrupt transmission of dengue virus in Aedes aegypti 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.	This project is an extension of an ongoing project funded previously under the Grand Challenges in Global Health and VCTR programs. The Eliminate Dengue program is monitoring results of a second round of Wolbachia releases in Vietnam. The project team began releasing Wolbachia in the Rio de Janeiro region of Brazil in late September 2014. A new series of releases began in Townsville, northern Australia, to test the ability to deliver the technology on a city-wide scale. A consultant has been contracted to develop a business plan for the program.	$16,971,508	$3,188	31-Aug-13	
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.	As of October 2014, $1,190 is available for transfer to NHGRI.	$2,310	$1,198	1-Jan-13	
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.	In July 2014, $3,544 from the Global Health Fund was used to host the Bill & Melinda Gates Foundation/NIH Consultative Workshop Dinner. As of October 31, 2014, the balance of the Fund is less than $100.	$4,395	$68	1-Jan-13	
Grand Challenges in Global Health	GCGH	This is a research grant program dedicated to developing solutions to critical scientific and technological problems that, if solved, could lead to important advances against diseases of the developing world.	Several Grand Challenges in Global Health (GCGH) grants remain active, under no-cost extensions, in order to allow completion of ongoing research. All projects are scheduled to be completed by the end of 2014. FNIH is collaborating with the Bill & Melinda Gates Foundation on a 10-year retrospective of the GCGH initiative. Several FNIH staff members attended the 10th annual GCGH meeting which took place in Seattle, WA, in early October 2014.	$200,849,081	$119,258	1-Jan-03	
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.	Project activities continue.	$69,138	$42,573	1-Aug-13	
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.	Projects to develop a Wolbachia-mediated biocontrol method to eliminate dengue virus transmission and to use endonucleases for control of malaria transmission are ongoing. Field trials of the Wolbachia technology continue in Australia, Vietnam and Brazil. Discussions are in progress with regulatory authorities prior to applications to move studies of the endonuclease technology to the African environment; training, communications and community engagement activities are progressing in preparation for applications. Both projects are working with consultants to create development plans in anticipation of future proposals for additional funding. The four VCTR projects on insecticide discovery are ongoing. The Project's targeting of a potassium ion transporter in mosquitoes has led to the discovery of a small molecule inhibitor that may provide a lead for development of a new class of insecticides.	$55,571,801	$7,410,462	1-Nov-09	

Events

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
FNIH Award Ceremony 2015	Award Ceremony 2015	In 2015, FNIH will hold its third annual award ceremony at which it will present the Lurie Prize in Biomedical Sciences.	Although the contract has not yet been signed, it is likely that the event will be held in the Potomac View Terrace at the American Pharmacists Association. The FNIH Development Team has created sponsorship opportunities that will be shared with potential sponsors. The 2015 Lurie Prize award recipient will be selected by the end of January 2015. The save the date is being designed and will be sent to invitees in February 2015.	Fundraising efforts are underway	Fundraising efforts are underway	1-Sep-14	
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.	The deadline to submit nominations for the 2015 Lurie Prize in Biomedical Sciences was October 14, 2014. Once again, FNIH is pleased to have received nominations for a very accomplished group of candidates. Currently, the jury is engaged in its review. The 2015 prize will be presented to the recipient in an award ceremony in the spring of 2015.	$500,000	$0	1-Nov-11	

Education & Seminars

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
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.	The sixteenth annual Norman P. Salzman Memorial Symposium was held November 13, 2014, featuring Shannon Kenney (University of Wisconsin-Madison), Don Ganem (Novartis); Christopher Broder (Uniformed Services University), and Frank Malderelli (NCI). FNIH promoted the Symposium on its website and assisted with various logistics for the Symposium. FNIH also hosted a dinner honoring the speakers in November 2014. The Donor was pleased with the lecture and dinner and made an additional contribution to the Fund along with others. Planning has begun for the seventeenth annual Symposium, scheduled for November 5, 2015.	$217,113	$125,024	1-Jan-99	

Other

Project Name	Display Name	Description	Latest News	Money Raised (as of December 21, 2014)	Total Funds Available (as of October 31, 2014)	Launch Date	New Project This Quarter?
William McCormick Blair III Memorial Fund	William McCormick Blair III Memorial Fund	A memorial fund established in honor of William McCormick Blair III. Purpose to be determined.	FNIH's Advancement and Development Team members will reach out to the donor, shortly, to discuss an area of support for the Fund.	$5,150	$5,150	1-Dec-04	

Projects completed this quarter

New projects this quarter

Foundation for the National Institutes of Health, Inc.

Financial Statements as of and for the
Years Ended December 31, 2014 and 2013,
and Report of Independent Auditors

DHG
DIXON HUGHES GOODMAN LLP

Foundation for the National Institutes of Health, Inc.

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Report of Independent Auditors

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

Report on the Financial Statements
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, 2014 and 2013, 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, 2014 and 2013, 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.

DHG
DIXON HUGHES GOODMAN LLP

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 26 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 1, 2015

Foundation for the National Institutes of Health, Inc.

Statements of Financial Position

December 31,	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 13,888,313	$ 14,475,231
Appropriations receivable	500,000	500,000
Contributions receivable - net	16,050,466	9,595,946
Accrued interest	20,247	39,710
Prepaid expenses and other receivables	81,275	204,225
Total current assets	30,540,301	24,815,112
Contributions receivable	3,277,400	821,964
Investments	65,143,504	75,911,953
Furniture and equipment - net	54,336	32,016
	$ 99,015,541	$ 101,581,045
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued expenses	$ 1,338,401	$ 3,735,752
Funds held for others - agency transactions	1,338,837	1,196,132
Charitable gift annuity	163,461	170,004
Total current liabilities	2,840,699	5,101,888
Deferred grant revenue	4,587,961	5,320,739
Other deferred revenue	17,500	20,000
Total liabilities	7,446,160	10,442,627
Net assets		
Unrestricted		
Unrestricted - general	5,047,787	11,306,798
Board designated	6,710,785	-
Total unrestricted	11,758,572	11,306,798
Temporarily restricted	76,594,675	76,604,220
Permanently restricted	3,216,134	3,227,400
Total net assets	91,569,381	91,138,418
	$ 99,015,541	$ 101,581,045

The accompanying notes are an integral part of these financial statements.

Foundation for the National Institutes of Health, Inc.

Statement of Activities

Year Ended December 31, 2014

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, support and other changes				
Contributions	$ 356,880	$72,405,297	$ 8,734	$72,770,911
Grants	634,635	-	-	634,635
In-kind contributions	1,724,619	-	-	1,724,619
Government appropriations	500,000	-	-	500,000
Donated services	188,637	-	-	188,637
Fundraising event	184,675	-	-	184,675
Investment and interest income	108,392	98,087	-	206,479
Administrative fee - agency transactions and grants	197,177	-	-	197,177
Miscellaneous revenue	153,956	-	-	153,956
Net assets released from restrictions:				
Satisfaction of administrative fee requirements	3,109,085	(3,109,085)	-	-
Satisfaction of program restrictions	69,423,844	(69,423,844)	-	-
Total revenue, support and other changes	76,581,900	(29,545)	8,734	76,561,089
Expenses				
Program services:				
Fellowships and training programs	1,605,067	-	-	1,605,067
Memorials, awards and events	442,058	-	-	442,058
Capital projects	103,421	-	-	103,421
Research partnerships	69,780,507	-	-	69,780,507
Total program services	71,931,053	-	-	71,931,053
Supporting services:				
Management and general	3,928,920	-	-	3,928,920
Fundraising	270,153	-	-	270,153
Total supporting services	4,199,073	-	-	4,199,073
Total expenses	76,130,126	-	-	76,130,126
Change in donor designation	-	20,000	(20,000)	-
Change in net assets	451,774	(9,545)	(11,266)	430,963
Net assets - beginning of year	11,306,798	76,604,220	3,227,400	91,138,418
Net assets - end of year	$11,758,572	$76,594,675	$ 3,216,134	$91,569,381

The accompanying notes are an integral part of these financial statements.

Foundation for the National Institutes of Health, Inc.

Statement of Activities

Year Ended December 31, 2013

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue, support and other changes				
Contributions	$ 425,726	$57,313,515	$ 8,734	$57,747,975
Grants	887,026	-	-	887,026
In-kind contributions	589,208	-	-	589,208
Government appropriations	500,000	-	-	500,000
Donated services	43,000	-	-	43,000
Investment and interest income	124,208	213,181	-	337,389
Administrative fee - agency transactions and grants	333,361	-	-	333,361
Reduction in future pledges	-	(214,788)	-	(214,788)
Miscellaneous revenue	155,684	(4,909)	-	150,775
Net assets released from restrictions:				
Satisfaction of administrative fee requirements	2,768,221	(2,768,221)	-	-
Satisfaction of program restrictions	56,148,504	(56,148,504)	-	-
Total revenue, support and other changes	61,974,938	(1,609,726)	8,734	60,373,946
Expenses				
Program services:				
Fellowships and training programs	1,381,328	-	-	1,381,328
Memorials, awards and events	1,299,278	-	-	1,299,278
Capital projects	38,754	-	-	38,754
Research partnerships	55,290,526	-	-	55,290,526
Total program services	58,009,886	-	-	58,009,886
Supporting services:				
Management and general	3,352,175	-	-	3,352,175
Fundraising	104,008	-	-	104,008
Total supporting services	3,456,183	-	-	3,456,183
Total expenses	61,466,069	-	-	61,466,069
Change in donor restriction	-	100,070	(100,070)	-
Change in net assets	508,869	(1,509,656)	(91,336)	(1,092,123)
Net assets - beginning of year	10,797,929	78,113,876	3,318,736	92,230,541
Net assets - end of year	$11,306,798	$76,604,220	$ 3,227,400	$91,138,418

The accompanying notes are an integral part of these financial statements.

Foundation for the National Institutes of Health, Inc.

Statements of Cash Flows

Years Ended December 31,	2014	2013
Cash flows from operating activities		
Change in net assets	$ 430,963	$ (1,092,123)
Adjustments to reconcile to		
net cash from operating activities:		
Depreciation	26,542	43,683
Contributions restricted for long-term purposes	(8,734)	(8,734)
Net realized and unrealized (gain) loss on investments	7,824	(123,661)
Change in:		
Contributions receivable	(8,909,956)	866,172
Accrued interest	19,463	3,890
Prepaid expenses and other receivables	122,950	164,480
Accounts payable and accrued expenses	(2,397,351)	1,850,180
Funds held for others - agency transactions	142,705	(2,580,424)
Charitable gift annuity	(6,543)	(6,592)
Deferred grant revenue	(732,778)	(1,020,867)
Other deferred revenue	(2,500)	(25,300)
Net cash from operating activities	(11,307,415)	(1,929,296)
Cash flows from investing activities		
Furniture and equipment acquisitions	(48,862)	(2,000)
Sales and maturities of investments	71,282,940	194,601,025
Purchase of investments	(60,522,315)	(203,038,958)
Net cash from investing activities	10,711,763	(8,439,933)
Cash flows from financing activities		
Proceeds from contributions restricted for:		
Investment in permanent endowment	8,734	8,734
Net change in cash and cash equivalents	(586,918)	(10,360,495)
Cash and cash equivalents - beginning of year	14,475,231	24,835,726
Cash and cash equivalents - end of year	$ 13,888,313	$ 14,475,231

The accompanying notes are an integral part of these 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. 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.

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, 2014 and 2013, 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.

Furniture and Equipment

Furniture and equipment are recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets, which is three to five 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. As of December 31, 2014 and 2013, furniture and equipment was $662,632 and $613,770, respectively, and accumulated depreciation was $608,296 and $581,754, respectively.

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.

During 2014, there were no reductions in future pledges on the statement of activities. During 2013, there were several programmatic changes and a return of unspent funds. These amounts are reflected as a reduction in future pledges on the statement of activities.

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.

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, 2014 and 2013. Fiscal years ending on or after December 31, 2011 remain subject to examination by federal and state tax authorities.

Reclassifications

Certain reclassifications have been made to the 2013 financial statements to conform to the 2014 financial statement presentation. Such reclassifications have no effect on the change in net assets as previously reported.

Subsequent Events

In preparing these financial statements, the Foundation has evaluated events and transactions for potential recognition or disclosure through May 1, 2015, 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, 2014 and 2013, 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:

	2014	2013
Cash in banks	$ 637,673	$ 576,810
Money market funds	13,250,640	13,898,421
	$ 13,888,313	$ 14,475,231

5. Investments

Investments as of December 31, 2014, are summarized as follows:

	Cost	Market Value
Money market funds	$ 6,354,230	$ 6,354,230
Stocks	500,486	703,404
Corporate bonds	207,623	213,211
U.S. government bonds	56,901,467	56,897,792
Exchange traded funds	81,339	113,810
Bond mutual funds	614,943	591,522
Equity mutual funds	230,871	269,535
	$ 64,890,959	$ 65,143,504

The following schedule summarizes the investment return and its classification for 2014.

	Unrestricted	Temporarily Restricted	Total
Interest and dividends	$ 133,514	$ 80,789	$ 214,303
Realized losses	(54,907)	(10,878)	(65,785)
Unrealized gains	29,785	28,176	57,961
Total investment return	$ 108,392	$ 98,087	$ 206,479

Investments as of December 31, 2013, are summarized as follows:

	Cost	Market Value
Money market funds	$ 7,082,478	$ 7,082,478
Stocks	510,755	630,954
Corporate bonds	211,076	220,850
U.S. government bonds	66,999,646	66,982,917
Exchange traded funds	74,636	105,810
REIT	18,253	18,046
Bond mutual funds	647,728	651,722
Equity mutual funds	172,793	219,176
	$ 75,717,365	$ 75,911,953

The following schedule summarizes the investment return and its classification for 2013.

	Unrestricted	Temporarily Restricted	Total
Interest and dividends	$ 135,568	$ 78,160	$ 213,728
Realized gains (losses)	(16,030)	1,889	(14,141)
Unrealized gains	4,670	133,132	137,802
Total investment return	$ 124,208	$ 213,181	$ 337,389

6. Contributions Receivable

Contributions receivable at December 31, were as follows:

	2014	2013
Receivable in less than one year	$ 16,065,466	$ 9,610,946
Receivable in one to five years	3,355,212	842,935
Total unconditional contributions receivable	19,420,678	10,453,881
Less - discounts to net present value	(77,812)	(20,971)
Less - allowance for uncollectible contributions receivable	(15,000)	(15,000)
Net unconditional contributions receivable	$ 19,327,866	$ 10,417,910

The discount rate used on long-term contributions receivable was 2.25% in 2014 and 2013.

7. Conditional Contributions Receivable

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

	2014	2013
Conditioned upon the funder not notifying the Foundation by a specific date that they do not wish to fund the program:		
Comprehensive T Cell Vaccine Immune Monitoring Consortium	$ 1,933,733	$ 6,241,630
Comprehensive Investigation into the Risk Factors of Malnutrition and the Consequences for Child Health	3,767,419	-
Centralized Envelope Comparative Immunogenicity Study	629,092	629,092
Vector-based Control of Transmission: Discovery Research	1,540,004	1,540,004
Alzheimer's Disease Neuroimaging Initiative-2	210,000	1,015,000
Lurie Prize in Biomedical Research	300,000	400,000
Identification of high-quality HITs for Tuberculosis	3,223,919	1,272,820
Drug Induced Liver Injury Network (DILIN)	-	100,000
I-SPY TRIAL-2 (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis)	-	600,000
Pew Latin American Fellows Awards	39,375	-
Biomarkers Consortium – Bone Quality Project	810,000	1,120,000
Exacerbation Sub-Study of SubPopulations and InteRmediate Outcomes Measure in COPD study (SIROMICS)	160,000	260,000
FNIH Travel Support for NIH Scientists	79,978	79,978
Rapid identification of individuals with viable adult female worms of Onchoerca volvulus: a means to the end	286,932	286,932
Eliminate Dengue	4,059,554	15,251,988
Accelerating Medicines Partnership – Membership	1,900,000	675,000
Biomarkers Consortium Novel Cardiac Biomarkers in the General US Population	750,000	-
Conditioned upon meeting certain milestones and/or the funder not canceling:		
The Sports and Health Research Program	16,325,242	25,000,000
Osteoarthritis Biomarkers Project	-	450,000
Accelerating Medicines Partnership: Alzheimer's Disease	13,450,000	-
Accelerating Medicines Partnership: RA, SLE & Related Autoimmune Disorders	12,445,000	-
Accelerating Medicines Partnership: Type 2 Diabetes	13,000,000	-
Roth Fellowship for Chronic Active Epstein Barr Virus and Chronic Active Epstein Barr Virus-Hydroa Vacciniforme	52,500	-
Biomarkers Consortium Minimal Residual Disease Detection in Adult Acute Lymphoblastic Leukemia	1,384,000	-
Amgen NIH Scholars Program	637,500	-
The Pew Scholars Program in the Biomedical Sciences	204,750	-
	$ 77,188,998	$ 54,922,444

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

8. Board Designated Net Assets

For 2014, the Board of Directors established two board designated funds as follows:

Endowment Fund	$ 6,259,011
Contingency Fund	451,774
	$ 6,710,785

9. Temporarily Restricted Net Assets

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

	2014	2013
Fellowships and Training Programs		
Amgen Scholars Program	$ 177,500	$ -
Clinical Research Training Program	292,561	297,349
Dean R. O'Neill Renal Cell Cancer Research Fund	167,296	163,984
Dr. Edward T. Rancic Memorial Fund	47,083	41,954
Dr. John L. Barr Memorial Fund	8,620	13,497
35th Anniversary Fogarty International Center Celebration	4,650	4,650
Norman P. Salzman Memorial Award and Lecture in Virology	116,625	118,100
Pain and Palliative Care General Agreement	34,373	39,513
Robert Whitney Newcomb Memorial Lecture and Internship	1,124,377	1,079,927
Sallie Rosen Kaplan Fellowship for Women Scientists in Cancer Research	5,227	4,295
Medicine Director's Award	235	235
The Penates Fellowship	70,114	70,114
Women's Health Clinic Fellowship - AstraZeneca	2,326	2,326
Women's Health Postdoctoral Fellowship - Battelle Shared Post-Doctoral	41,933	41,933
The Bernard Osher Foundation NCCAM Practitioner Research Career Development Award	56,304	164,991
Principles of Clinical Pharmacology Course	55,504	59,277
Pew Latin American Fellows Awards	7,349	5,700
Pew Biomedical Scholars	45,000	-
US-Russian Collaboration	-	57,594
NIH Medical Research Scholarship Program	1,256,091	1,316,037
NOB Fund	25,983	25,890
The NIH Undiagnosed Diseases Program	2,405	2,405
US Russian Collaboration- Fellowship	-	25,191
US Russian Collaboration - Coke Fellowship Program	2,535	33,472
Neva Fund	35,033	36,578
Memorials, Awards and Events		
A Symposium in Honor of Martha Vaughn: Insights into Signal Transduction	9,995	9,995
Adam J. Berry Memorial Fund	7,020	6,681
Breast Cancer Summit	9,296	9,296
Carcinoid Summit Workshop	22,129	22,129
Celebrating 50 Years of Brain Research: New Discoveries, New Hope	171,451	206,608
Clinical Research Training Program 10-Year Reunion	23,642	23,642

	2014	2013
Dietary Supplements, Coagulation, and Antithrombotic Conference, January 13-14, 2005	2,485	2,485
Edna Williams Curl & Myron	63,698	63,620
HIV Awareness Day Reception	1,600	1,600
Innovation in Prevention Awards	9,473	9,473
John Laws Decker Memorial Fund	3,798	3,384
Minority Health Summit	4,738	4,738
Dr. Jane M. Sayer Vision Research Lecture and Award	219,900	204,502
Vaccine Research Center Open House Community Meeting	3,143	3,143
William McCormick Blair, III Memorial Fund	5,150	5,150
Polio Conference	40,698	40,698
Swanson Family Fellowship in Generic Thyroid Benign Chorea and IgA Deficiency (TTF-1)	92,500	92,500
Richard A. Lauderbaugh Memorial Fund Stephen E. Straus Award	116,975	115,931
Jerry D. Jennings Memorial Fund	3,940	3,940
Dr. Anita Roberts Memorial Fund	23,805	19,305
NIH Directors' Fund	2,196	2,921
Oxford Cambridge Programs	2,358	2,557
Human Genome Exhibition	283,832	342,729
Portrait of Congressman Louis Stokes for Building 50	1,123	1,123
Breast Cancer Summit 2	65,740	65,740
Alzheimer's Disease Research Summit: AD Summit	73,288	-
Ralph Steinman Symposium	542	542
NCI National Clinical Trials Network (NCTN) Workshop	39,007	-
Capital Projects		
Edmond J. Safra Family Lodge Bricks and Mortar	70,521	24,176
Edmond J. Safra Family Lodge All Programs	-	1,000,000
Edmond J. Safra Family Lodge GSK Endowment	16,782	29,911
Edmond J. Safra Family Lodge Weinberg Endowment	2,696	1,669
Edmond J. Safra Family Lodge Gallin Endowment	117,445	114,811
Edmond J. Safra Family Lodge Kitchen Renovation	929,277	-
Tracy's Toy Box	7,941	7,918
Research Partnerships		
Adolescent and Young Adult Oncology - Progress Review Group	2,755	2,755
Alzheimer's Disease Neuroimaging Initiative	-	994,980
Cancer Research Fund	100,137	85,101
Development of a Second Generation Broadly Neutralizing Antibody (2GVRC01)	229,086	556,963
Grand Challenges in Global Health	119,258	119,258
Imaging Database Resources Initiative	3,732	3,732
NCI Division of Clinical Services HIV/AIDS Malignancy	15,000	15,000
Overcoming Barriers to Early Phase Clinical Trials	-	86,171
Vaccine Research Center Community Advisory Board	2,155	2,155
VaxGen Vaccine Trial in Thailand	22,898	22,898
Comprehensive T Cell Vaccine Immune Monitoring Consortium	327,499	352,536
Comprehensive T Cell Vaccine Immune Monitoring Consortium (CTVIMCS2)	4,661,263	3,728,033
Fluorodeoxyglucose-Positron Emission Tomography (FDG-PET) Lung and Lymphoma	1,173,489	1,704,093
Schizophrenia Metabolic Initiative	108,891	108,891
Biomarker Consortium	1,367,058	933,814
Alzheimer's Disease Neuroimaging Initiative – Genotyping Analysis	1,318	1,318

	2014	2013
Understanding Targeted Cancer Therapies Tutorials	425	425
I-SPY TRIAL-2 (Investigation of Serial Studies to Predict Your Therapeutic Response with Imaging and Molecular Analysis)	277,965	-
Heart Truth Community Grant Award Program	773,608	701,668
Comprehensive Investigation into the Risk Factors of Malnutrition and the Consequences for Child Health	2,560,164	3,462,050
Nanotechnology Projects	5,620	5,620
Alzheimer's Disease Neuroimaging Initiative – 2	7,801,102	15,995,481
Centralized Envelope Comparative Immunogenicity Study (CECI).	318,172	784,859
VCTR (Vector-based Control of Transmission)	5,795,109	16,975,344
ADNI - Optimization of Alzheimer's Disease Cognitive Measures Project	15,980	34,730
Kidney Safety Biomarker	1,388,168	1,766,830
Biomarkers -Atherosclerosis Computer Modeling	1,440,544	1,494,085
Sarcopenia	-	30,853
CSF-Based Biomarkers in AD	75,511	97,550
Biomarkers - Placebo Data Analysis Project in AD	222,908	223,670
Gramlich Melanoma Research Trust	92,811	74,356
NIDDK DILIN	185,874	93,000
AREDS2 ancillary	381,764	451,186
Burkitt Lymphoma	80	212,172
Biomarkers Osteoarthritis Project	373,286	391,915
HIT-TB	3,135,836	4,319,553
Biomarkers Beta Cell Clinical Trial	2,673,165	3,660,402
Biomarkers CABP-Skin Infection	229,302	381,604
Spiromic Project	1,030,424	3,861,771
Solarz Memorial Fund	186,984	175,518
The Sports and Health Research Program	6,349,891	1,321,224
Biomarkers Consortium - Bone Quality Project	684,273	447,811
Biomarkers -Obesity Workshop	5,000	5,000
The Hemodialysis Fistula Maturation Cohort Study	24,317	24,317
Bradley Charitable Gift Annuity	52,733	59,574
Spiromics Exacerbation Sub-Study	420,597	788,204
Accelerating Medicines Partnership (Design Phase)	-	85,975
Master Lung Cancer Protocol (Design Phase)	-	455,243
LungMaP (Lung Cancer Master Protocol)	794,669	-
FNIH Travel support for NIH Scientists	37,839	54,882
Opening of the Porter Neuroscience Research Center (PNRC)	-	7,524
Rapid identification of individuals with viable adult female worms of Onchocerca volvulus: a means to the end	27,080	1,242,198
Epidemiology of Visceral Leishmaniasis in Bihar, India	121,050	657,049
Eliminate Dengue	3,818	1,289
Accelerating Medicines Partnership -Alzheimer's	6,263,440	171,747
Kidney Cancer Research	950	189,000
Epilepsy Research in the Laboratory of Kareem Zaghloul, M.D., Ph.D	261,000	261,000
Accelerating Medicines Partnership	1,933,746	769,498
Accelerating Medicines Partnership-RA, SLE, LUPUS (AMP: RA/SLE)	5,475,966	-
Accelerating Medicines Partnership: Type 2 Diabetes (AMP-Type 2 Diabetes)	8,606,127	-
Kids Thrive	161,416	-
Sarcopenia 2	483,453	20,000
Biomarkers-Pet Variability	25,000	25,000
Biomarkers - MRD Project	760,820	-

	2014	2013
Biomarkers Consortium - HABP/VABP Working Group	331,215	-
Novel Cardiac Biomarkers in the General US Population (Cardiac Troponin Biomarkers)	312,500	-
Vol-PACT	243,030	-
Support of Ebola Research by NIAID	15,943	-
Safe and Effective Prescribing Initiative	15,986	-
Other Temporarily Restricted Programs	56,170	57,416
	$ 76,594,675	$ 76,604,220

10. 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:

	2014	2013
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	830,894	830,894
Sallie Rosen Kaplan Fellowship for Women Scientists in Cancer Research	767,772	787,772
Norman P. Salzman Memorial Fund	100,000	100,000
CarMollNat Muscular Dystrophy Endowment	17,468	8,734
	$ 3,216,134	$ 3,227,400

11. 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.

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, 2014:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ -	$ 141,515	$ 3,216,134	$ 3,357,649
Board-designated endowment funds	6,259,011	-	-	6,259,011
Total	$ 6,259,011	$ 141,515	$ 3,216,134	$ 9,616,660

The changes in endowment assets were as follows for 2014:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ -	$ 153,974	$ 3,227,400	$ 3,381,374
Investment return:				
Investment income	-	12,011	-	12,011
Net appreciation (realized and unrealized)	-	(371)	-	(371)
Total investment return	-	11,641	-	11,641
Contributions	-	4,230	8,734	12,964
Appropriation of endowment assets for Expenditure	-	(48,330)	-	(48,330)
Transfers	6,259,011	-	-	6,259,011
Change in donor restriction	-	20,000	(20,000)	-
Endowment net assets, end of year	$ 6,259,011	$ 141,515	$ 3,216,134	$ 9,616,660

The endowment net asset composition, by type of fund, was as follows as of December 31, 2013:

	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	$ 153,974	$ 3,227,400	$ 3,381,374

The changes in endowment assets were as follows for 2013:

	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 173,003	$ 3,318,736	$ 3,491,739
Investment return:			
Investment income	4,539	-	4,539
Net appreciation (realized and unrealized)	26,337	-	26,337
Total investment return	30,876	-	30,876
Contributions	5,825	8,734	14,559
Appropriation of endowment assets for expenditure	(41,220)	-	(41,220)
Change in donor restriction	(14,510)	(100,070)	(114,580)
Endowment net assets, end of year	$ 153,974	$ 3,227,400	$ 3,381,374

During 2013, the donors of the John I. and Elaine K. Gallin Endowment changed the designation of the funds, and the earnings on such funds, from permanently restricted endowment to temporarily restricted.

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.

Spending Policy and How the Investment Objectives Relate to Spending Policy

Consistent with the Foundation's objective to ensure long-term results of its endowments, the Foundation has adopted the following spending policy for donor-restricted endowments:

1. There will be no payouts during the first 15 months the endowment is invested.
2. For gifts that have been with the Foundation for more than 15 months, and less than 48 months, spending shall be limited to the lower of (a) 50% of the net investment earnings or (b) 5% of the fair market value for the preceding trailing 12 quarters, lagged for one additional quarter.
3. For gifts that have been invested for 48 months, the Board of Directors currently permits the Foundation to spend up to 5 percent annually of the fair market value for the preceding trailing 12 quarters, lagged for one additional quarter.

The lower spending thresholds in the first 48 months ensure that the endowment gets a secure start and avoids a situation where the fair market value falls below that of the original gift. The Foundation's objective is to maintain the purchasing power of the endowment assets held in perpetuity or for a specified term as well as to provide additional real growth through new gifts and investment return.

12. 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.

13. 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 2014 and 2013, these in-kind contributions from NIH of $217,140 and $216,380, respectively, are reflected in the financial statements.

In 2014 and 2013, the Foundation received drugs from Sanofi-Aventis and Novartis for the Clinical Center Drug Donation project. The estimated value of the drugs is determined by the current market value that NIH pays for the drugs, and has been reflected in the accompanying financial statements as in-kind contributions with a like amount recorded as program contracts. For 2014 and 2013, in-kind contributions for these materials of $1,452,514 and $372,828, respectively, are reflected in the financial statements.

In 2014, the Foundation received other goods and services for various projects. 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 2014, in-kind contributions for these goods and services of $54,965 are reflected in the financial statements.

14. 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 2014 and 2013, donated services of $188,637 and $43,000, respectively, are reflected in the financial statements.

15. 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 2014 and 2013 was $458,277 and $451,560, respectively.

16. Concentration of Revenue

For 2014 and 2013, the Foundation received approximately 25% and 64%, respectively, of its revenue from contributions and grants from the Bill and Melinda Gates Foundation. For 2014, the Foundation received approximately 11% of its revenue from contributions from The National Football League.

17. 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.

18. 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.

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

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.

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

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, 2014 and 2013:

	Assets at Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Corporate bonds	$ 213,211	$ -	$ -	$ 213,211
U.S. government bonds	56,897,792	-	-	56,897,792
Equity mutual funds:				
Large-cap growth	42,929	-	-	42,929
Large-cap blend	73,865	-	-	73,865
Large-cap value	83,017	-	-	83,017
Mid-cap growth	21,841	-	-	21,841
Mid-cap blend	5,290	-	-	5,290
Small-cap blend	11,343	-	-	11,343
Small-cap value	3,697	-	-	3,697
Emerging market	5,530	-	-	5,530
Multi-alternative	5,351	-	-	5,351
Europe stock	8,398	-	-	8,398
Pacific/Asia	8,274	-	-	8,274
Bond mutual funds:				
Low extensive	72,240	-	-	72,240
Low limited	14,563	-	-	14,563
High yield	272,138	-	-	272,138
Medium moderate	18,369	-	-	18,369
Intermediate	66,668	-	-	66,668
International	100,377	-	-	100,377
Short term	27,089	-	-	27,089
Small growth	6,271	-	-	6,271
Emerging market	13,807	-	-	13,807
Exchange traded funds:				
Large-cap growth	32,029	-	-	32,029
Large-cap value	31,320	-	-	31,320
Mid-cap value	17,263	-	-	17,263
Mid-cap blend	4,725	-	-	4,725
Inflation-protected bond	28,473	-	-	28,473
Common stocks:				
Large-cap core	201,657	-	-	201,657
Large-cap growth	137,981	-	-	137,981
Large-cap value	189,073	-	-	189,073
Large-cap blend	45,237	-	-	45,237
Mid-cap core	11,382	-	-	11,382
Mid-cap growth	26,568	-	-	26,568
Small-cap value	83,741	-	-	83,741
Mid-cap value	7,765	-	-	7,765
Total investments	$ 58,789,274	$ -	$ -	$ 58,789,274

	Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Corporate bonds	$ 220,850	$ -	$ -	$ 220,850
U.S. government bonds	66,982,917	-	-	66,982,917
Equity mutual funds:				
Large-cap growth	51,825	-	-	51,825
Large-cap blend	67,244	-	-	67,244
Large-cap value	74,510	-	-	74,510
Mid-cap growth	19,881	-	-	19,881
Small-cap blend	5,716	-	-	5,716
Bond mutual funds:				
High-moderate	5,418	-	-	5,418
Low extensive	66,134	-	-	66,134
Low limited	25,251	-	-	25,251
High yield	245,786	-	-	245,786
Medium moderate	16,568	-	-	16,568
Intermediate	86,424	-	-	86,424
International	157,050	-	-	157,050
Short term	19,826	-	-	19,826
Small growth	6,000	-	-	6,000
Emerging market	23,265	-	-	23,265
Exchange traded funds:				
Large-cap growth	39,193	-	-	39,193
Large-cap value	38,139	-	-	38,139
Mid-cap value	11,987	-	-	11,987
Inflation-protected bond	16,491	-	-	16,491
Common stocks:				
Large-cap core	182,715	-	-	182,715
Large-cap growth	150,036	-	-	150,036
Large-cap value	191,025	-	-	191,025
Mid-cap core	23,865	-	-	23,865
Small-cap value	83,313	-	-	83,313
REIT	-	18,046	-	18,406
Total investments	$ 68,811,429	$ 18,046	$ -	$ 68,829,475

19. Conditional Grant Awards

As of December 31, 2014 and 2013, the Foundation has authorized conditional scientific grants under the following programs:

	2014	2013
Grand Challenges in Global Health and Vector-based Control of Transmission: Discovery Research	$ 6,295,317	$ 11,743,095
Comprehensive T Cell Vaccine Immune Monitoring Consortium	3,490,237	6,592,102
Centralized Envelope Comparative Immunogenicity Study	-	804,659
Comprehensive Investigation into the Risk Factors of Malnutrition and the Consequences for Child Health	-	441,577
HIT-TB	2,747,514	294,342
Development of Second Generation Broadly Neutralizing Antibody	-	429,889
Biomarkers Consortium – Osteoarthritis Project	24,500	138,846
Biomarkers Consortium – Bone Quality Project	695,115	736,500
Rapid identification of individuals with viable adult female worms of Onchocerca volvulus; a means to the end	278,858	267,370
Eliminate Dengue	3,866,242	14,525,703
	$ 17,397,783	$ 35,974,083

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.

20. Lease

The Foundation has 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 new lease agreement with FASEB for a ten year period which expires October 31, 2017. The Foundation also has an option to extend the lease for two additional five year terms.

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

2015	$ 448,102
2016	465,986
2017	401,125
	$ 1,315,213

Rent expense under this lease was $431,431 and $408,109, respectively, for 2014 and 2013.

21. 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.

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Supplementary Information

Foundation for the National Institutes of Health, Inc.

Schedules of Functional Expenses

Year Ended December 31, 2014, with Comparative Totals for 2013

	Program Services					Supporting Services				
	Fellowships and Training Programs	Memorials, Awards and Events	Capital Projects	Research Partnerships	Total Program Services	Management and General	Fundraising	Total Supporting Services	Total 2014	Total 2013
Salaries and benefits	$ 45,134	$ 91,925	$ 11,499	$ 3,078,840	$ 3,227,398	$ 2,700,222	$ 158,511	$ 2,858,733	$ 6,086,131	$ 5,820,510
Stipends	72,068	136,650	-	11,000	219,718	-	4,000	4,000	223,718	292,864
Program contracts	1,301,011	40,986	-	36,799,872	38,141,869	-	-	-	38,141,869	19,593,953
Grant awards	-	175	-	26,712,775	26,712,950	-	-	-	26,712,950	30,516,496
Meetings and travel	167,077	143,277	19,822	1,007,648	1,337,824	67,054	42,257	109,311	1,447,135	1,210,951
Office supplies and expense	3,680	1,116	357	8,558	13,711	9,463	77	9,540	23,251	14,397
Telephone	51	142	5	80,241	80,439	67,917	5,072	72,989	153,428	167,303
Books and supplies	-	56	-	4,471	4,527	7,427	341	7,768	12,295	9,972
Tuition	-	-	-	-	-	4,693	-	4,693	4,693	1,133
Insurance	-	-	-	123,196	123,196	48,678	-	48,678	171,874	192,411
Consultants	-	-	70,082	1,164,290	1,234,372	264,269	32,189	296,458	1,530,830	2,040,641
Professional fees	-	-	-	335,915	335,915	83,583	-	83,583	419,498	493,522
Depreciation	-	-	-	-	-	26,542	-	26,542	26,542	43,683
Rent/housing	6,284	-	-	177,501	183,785	264,970	-	264,970	448,755	442,941
Recruiting	-	-	-	63,840	63,840	91,127	-	91,127	154,967	6,508
Relocation	-	-	-	7,000	7,000	1,800	-	1,800	8,800	-
Temporary services	-	-	-	38,021	38,021	6,993	-	6,993	45,014	900
Dues and subscriptions	-	-	-	7,139	7,139	6,286	-	6,286	13,425	9,873
Equipment rental and maintenance	934	-	795	33,128	34,857	19,857	-	19,857	54,714	44,704
Printing and photocopying	7,036	12,355	653	39,225	59,269	27,974	13,813	41,787	101,056	48,515
Postage and delivery	540	1,269	148	2,415	4,372	10,508	6,113	16,621	20,993	20,512
Service charges	752	12,830	60	10,940	24,582	73,760	175	73,935	98,517	94,163
Communications	500	1,277	-	57,231	59,008	139,129	4,836	143,965	202,973	348,164
Advertising and promotion	-	-	-	15,000	15,000	-	-	-	15,000	18,992
Miscellaneous	-	-	-	2,261	2,261	6,668	2,769	9,437	11,698	32,961
	$ 1,605,067	$ 442,058	$ 103,421	$ 69,780,507	$71,931,053	$ 3,928,920	$ 270,153	$ 4,199,073	$ 76,130,126	$ 61,466,069