FNIH
Foundation for the National Institutes of Health

2021 ANNUAL REPORT

INVESTING IN THE FUTURE OF HEALTH

PERSPECTIVE FROM OUR LEADERS

898
Donors in 2021

1,847
Donations in 2021

61
Projects Supported

80
Fellows and Scholars Supported

$150,196,396
Raised in 2021

89 Convenings with **13,663** Global Attendees

At the FNIH we often talk about identifying inflection points: those challenges and moments where a collaborative investment of human and financial resources can drive significant, lifesaving biomedical research.

In these pages, you'll learn how our early focus on one such inflection point — the establishment of a unique research collaboration to respond to the COVID-19 pandemic — yielded results in 2021, delivering definitive data on potential treatments to address SARS-CoV-2. These treatments were prioritized and then tested using "master protocol" clinical trials designed and executed through the FNIH-managed Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) public-private partnership.

As the pandemic continues to evolve, so does the ACTIV partnership, tackling new critical questions. ACTIV's Tracking Resistance and Coronavirus Evolution (TRACE) Working Group, for example, is taking a leading role in monitoring how current vaccines and therapeutics work on emerging viral variants.

2021 also marked an important inflection point for the FNIH as an institution. In September, FNIH President and Executive Director Dr. Maria Freire stepped down after nine years of remarkable leadership. We're deeply grateful for her significant contributions to the FNIH and to human health. In December, we also bid farewell to NIH Director Dr. Francis Collins, a tremendous scientific leader and longtime champion of FNIH's efforts to accelerate biomedical research and innovation by building strong alliances among governments, industry, and foundations.

These leadership changes had special resonance because they occurred during our 25th anniversary year. Anniversaries serve as their own inflection points, offering the opportunity to both celebrate past achievements and plan for the future. For the FNIH, 2021 was a time to intensify our pursuit of new discoveries and initiatives that promise to make life better for patients across many diseases and around the world.

For example, this year our long-standing Biomarkers Consortium partnership identified new tools that may pave the way toward improved treatments — and a better patient experience — for those who suffer from Alzheimer's disease and serious liver disease. We extended our support for the Comprehensive Cellular Vaccine Immune Monitoring Consortium (CCVIMC), which provides fresh insight into the decades-long challenge of creating a vaccine for HIV. And our newly launched Accelerating Medicines Partnership® Bespoke Gene Therapy Consortium (AMP® BGTC) Program is speeding the delivery of promising new therapies to patients with rare diseases that currently lack effective treatments.

Exciting new collaborations like these grow from a 25-year tradition of thoughtful, creative, and resolute problem-solving and partnering. As we lean into our next quarter century, the FNIH continues to seek out opportunities to bring together the best science from our public and private partners to address the most pressing biomedical challenges we face today, and those we know await us in the future.

Steven M. Paul, M.D.
Chairman of the Board

David Wholley
Interim President and
Executive Director

ACCELERATING MEDICINES PARTNERSHIP and AMP are registered service marks of the U.S. Department of Health and Human Services.

Dr. Julie Gerberding
CEO

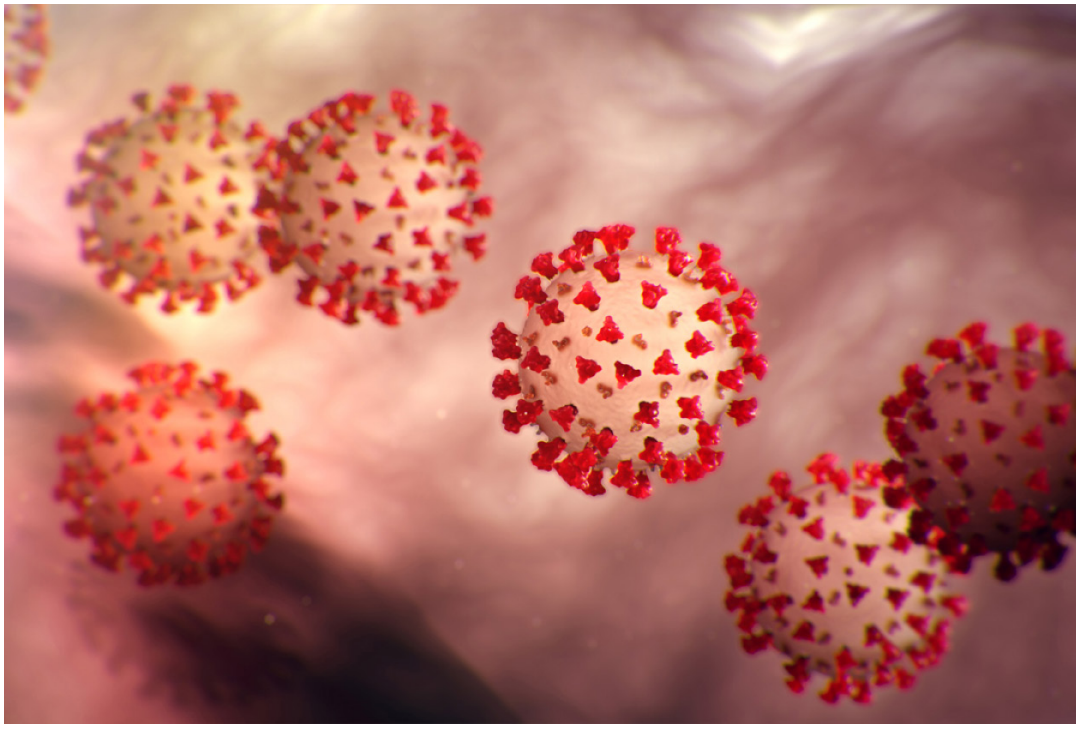
Welcome Julie Gerberding!

The FNIH Is delighted to welcome Dr. Julie L. Gerberding as our new CEO effective May 16, 2022.

As the first woman to lead the Centers for Disease Control, Dr. Gerberding managed responses to dozens of public health emergencies, including avian influenza and SARS-CoV-1. She later joined Merck as President of Vaccines, oversaw Global Public Policy and Strategic Communications for the company, and most recently served as Chief Patient Officer and Executive Vice President, Population Health & Sustainability. A leading voice for patient safety and empowerment, Dr. Gerberding has created programs addressing antimicrobial resistance, infection prevention, and medical error reduction in healthcare settings. At the FNIH, she will assume a critical role in guiding the continued growth of the FNIH and expansion of its unique public health mission.

Battling COVID

Combating the Pandemic



When desperately ill COVID-19 patients first began knocking at the doors of U.S. hospitals, healthcare workers frantically sought to develop effective treatments for the disease. Across the world, individual scientists as well as research institutions launched hundreds of studies to test various potential remedies. Unfortunately, many of these studies were too small or inadequately designed to yield conclusive results.[1] Meanwhile, a number of unsubstantiated reports of "effective" treatments flooded the media, which did little to relieve the "infodemic" overwhelming the healthcare workers trying to help these patients.

A nationally coordinated, focused plan for addressing the pandemic was clearly needed — and Dr. Francis Collins called on the FNIH to create a solution. The Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) partnership that resulted was formed in record time in April 2020. Over the following 10 months, ACTIV reviewed more than 800 potential COVID-19 treatments and launched 11 robustly designed "master protocol" clinical trials, each capable of testing multiple drugs in a relevant patient population and funded through NIH by the U.S. government's Operation Warp Speed initiative. Since its inception in April 2020, the ACTIV trial networks have tested over 30 therapies for effectiveness against COVID-19.

Of these promising leads, several have already reported results, with a majority of the trials due to read out by the fall of 2022. During 2021, data from the ACTIV trials contributed to Emergency Use Authorizations for three treatments, including the monoclonal antibody therapies from Brii Biosciences, Eli Lilly, and AstraZeneca, and led to an important change in clinical practice for the use of anticoagulation therapies in hospitalized COVID-19 patients. Importantly, ACTIV's prioritization efforts meant that valuable resources — money, laboratory space, healthcare workers' time, and patients' hopes — were focused on therapies likely to succeed as COVID-19 treatments.

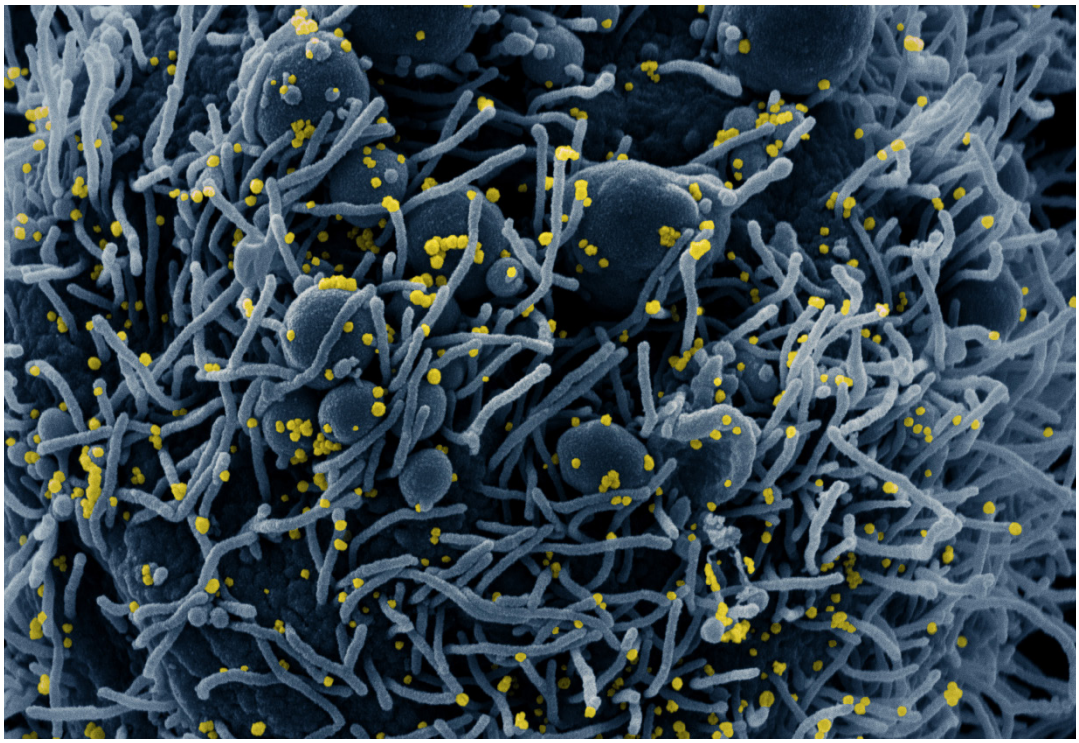
ACTIV, which includes eight U.S. government agencies, four nonprofit organizations, and 20 industry partners, stands out as perhaps the most remarkable collaboration to arise from the COVID-19 response. Its formation relied on the FNIH's proven partnership model — engage people and organizations with diverse knowledge, unique capabilities, and distinct viewpoints, and create an environment based on objective science where trust and the exchange of new ideas can thrive — while achieving its goals with unprecedented scale and speed. It's a blueprint that the FNIH will continue to follow to tackle a host of difficult biomedical challenges stemming from the current pandemic and many future challenges to human health.

[1] Bugin & Woodcock, Trends in COVID-19 therapeutic clinical trials, Nature Reviews Drug Discovery 20, 13 March 2021, pp 254-255, doi: https://doi.org/10.1038/d41573-021-00037-3.

"Having had the experience of working with the FNIH in the programs we call AMP, the Accelerating Medicines Partnership Program, I knew that creating this kind of partnership would be a really good way to build trust and capabilities in approaching COVID. We worked hard together through this incredibly challenging time in history, and amazing things have happened."

Dr. Francis Collins
Former Director of NIH

"TRACE"ing COVID Variants



In early 2020, scientists at NIH and around the world had quickly sequenced the new SARS-CoV-2 virus and began creating effective tools for stopping it. But then came the Beta variant. Gamma, Delta, and, most recently, Omicron variants followed. Each successive wave of the coronavirus caused death and disruption across the globe and threatened to diminish the effectiveness of newly available COVID-19 vaccines and therapies.

The urgency of tracking and studying these variants became painfully clear. While a variety of platforms were and continue to be used by different countries to sequence and share virus data, the FNIH and NIH recognized early on that a coordinated, global perspective is essential to understand the evolution of the virus and the impact of variants on therapeutics and vaccines.

In January 2021, the FNIH convened government agencies, academics, and private partners to establish the Tracking Resistance and Coronavirus Evolution (TRACE) initiative. Through genomic surveillance, data sharing, and assessments of treatment responses to new virus strains, TRACE standardizes and consolidates data from genetic databases worldwide to monitor and test COVID-19 variants. TRACE also assesses vaccine and therapeutic resistance and evaluates the impact of genetic variation on viral biology and on the clinical approaches for preventing and treating illness.

TRACE has successfully compiled all of this critical information into one clear, publicly accessible platform at the NIH's National Center for Advancing Translational Sciences and is rapidly sharing data on COVID-19 variants with the entire global scientific community.

Looking Ahead

In 2021, the FNIH supported a series of high-level consultations with experts from global health law, financing, biomedical science, prominent international organizations, and others to inform the international community on the potential for a global pandemic treaty. The FNIH also hosted a public forum among thought leaders from the World Health Organization, NIH, FDA, Pfizer, and the Chicago Community Trust on how the COVID-19 response is shaping the future of science.

These efforts were made possible by The Judy and Peter Blum Kovler Foundation and by the FNIH Pandemic Response Fund, which supports NIH and FNIH efforts to accelerate research on COVID-19 vaccines and treatments, end the threat from COVID-19, and prepare the United States to defend against future pandemics.

Accelerating New Treatments, Delivering Impact

Partnerships to Redefine the Future

The Bespoke Gene Therapy Consortium

Rare diseases are defined in the U.S. as those that affect fewer than 200,000 people — with some afflicting as few as 10 individuals in the world. But collectively these diseases are responsible for widespread harm. Some 25 to 30 million Americans, as well as their families and communities, suffer from the approximately 7,000 rare diseases known today, with few effective treatments.

One type of treatment has emerged that offers hope: gene therapy, a process that replaces defective genes that cause disease with functional ones. While gene therapies have been successfully used to treat common genetic diseases, they can also be tailored (or "bespoke") for much smaller populations. Developing these therapies, however, is complex and often expensive, and small patient populations make it challenging to get an adequate return on investment in the development process.

The Bespoke Gene Therapy Consortium (BGTC) promises to change the playing field for gene therapy development. Launched in late 2021 by the FNIH, NIH, and the FDA, the BGTC aims to generate a standardized "plug-and-play" that makes it easier to develop new gene therapies. Rather than create a custom therapy for each disease from scratch, developers could soon be able to use and reuse this common template to produce therapies more quickly and at lower cost.

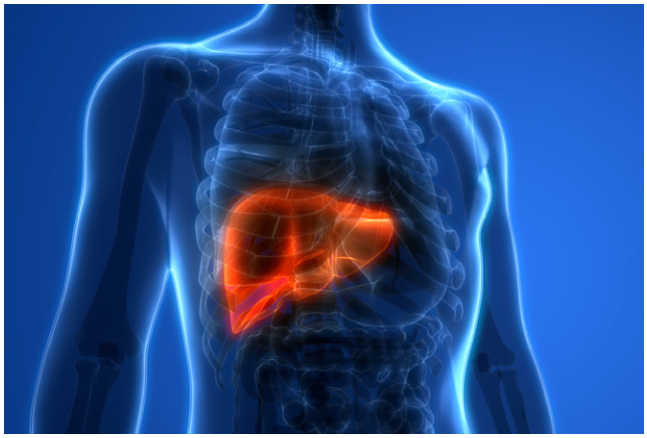
The BGTC is the latest initiative to emerge from the FNIH's highly successful Accelerating Medicines Partnership (AMP) Program. Building on the AMP collaboration model, the BGTC program brings together 30 public and private sector organizations, including many rare disease patient groups, to support a series of research projects and clinical trials intended to refine and standardize trial design, regulatory evaluation, and manufacturing processes, enabling the field to deliver more viable treatments for rare diseases to more patients.

Building on Success

The FNIH launched the first three Accelerating Medicines Partnership programs together with NIH in 2014. Focused on Alzheimer's disease, type 2 diabetes, and rheumatoid arthritis and lupus, they generated genomic and molecular data and analytical approaches that have substantially advanced our understanding of drug targets in these diseases.

These three partnerships have proved so successful that each has not only produced follow-on efforts that considerably expand their original research agendas, but they have also inspired completely new AMP programs in Parkinson's disease, schizophrenia, and gene therapies.

Non-Invasive Biomarkers of Metabolic Liver Disease (NIMBLE)



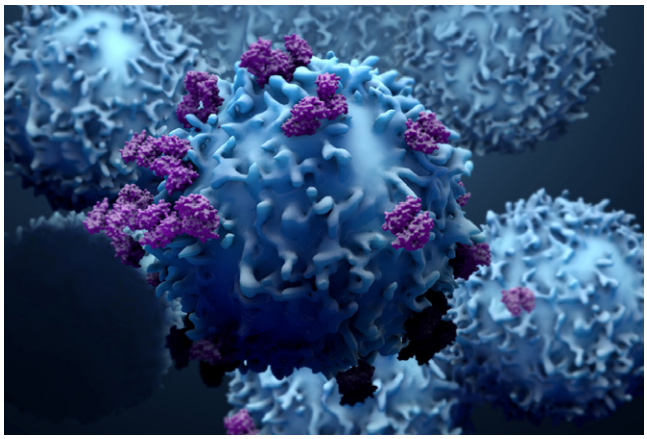
THE PROMISE:

Non-alcoholic steatohepatitis (NASH) is a serious liver disease estimated to affect between 9 and 15 million people in the U.S. The disease often remains undiagnosed in its early stages and can require a liver transplant or cause liver cancer — and ultimately death. Currently, diagnosing early-stage NASH requires a liver biopsy: a painful, invasive, and expensive process. In November 2021, the FNIH Biomarkers Consortium released the initial results from its NIMBLE project, which seeks to assess the suitability of several non-invasive, blood-based biomarkers for use in clinical trials of treatments for NASH. Several of these biomarkers did a better job of identifying patients at risk of developing NASH or progressing to cirrhosis than current standard tests and compared favorably with the diagnostic performance of liver biopsy, the current reference standard.

THE IMPACT:

Although further confirmatory study may be required, the new biomarkers examined by NIMBLE could potentially replace the need for patients who have or who may be at risk for NASH to undergo biopsies. If approved by the FDA, tests using these new markers could enable early and accurate diagnosis of at-risk patients, improving the quality of care, accelerating drug development, and reducing the burden imposed by current clinical care practices.

Partnership for Accelerating Cancer Therapies (PACT)



THE PROMISE:

Immunotherapies — treatments that stimulate the body's own immune system to fight cancer — have proven to be an effective and promising therapeutic option for certain cancers in recent years. Yet these immune treatments do not work for all patients and we lack a precise understanding of why. Developing standardized biomarker tests to understand how immunotherapies work in some patients, and thus to predict patient responses to treatment, is urgently needed for these therapies to benefit the maximum number of people.

PACT, a five-year public-private research collaboration launched in 2019 by NIH, the FNIH, FDA, and 12 pharmaceutical companies as part of the Cancer Moonshot, integrates the expertise of researchers at four top cancer research centers — Dana-Farber Cancer Institute, Stanford University, MD Anderson Cancer Center, and Mount Sinai Medical Center — to develop these assays and harmonize them for use across the cancer field.

THE IMPACT:

To date, PACT researchers have analyzed over 5000 samples from 12 clinical trials in different cancers and used the resulting data to validate existing assays across all four laboratories. Six existing assays commonly used in assessing immunotherapies and combination therapies across 15 different cancers have been harmonized to date. The resulting standards have been published in four major journal articles to make sure these tests can be performed uniformly in laboratories across the U.S. As data anticipated from an additional 35 trials becomes available, PACT researchers will be able to use it to help develop new biomarkers to help physicians select the most optimal immunotherapy treatments for their patients.

Mucosal Healing for Ulcerative Colitis

THE PROMISE:

In April 2021, the FNIH Biomarkers Consortium launched its Mucosal Healing in Ulcerative Colitis (UC) Project to improve diagnosis and treatment of a debilitating inflammatory bowel disease that affects more than three million people worldwide. This three-year initiative aims to generate best practices and consensus standards for assessing disease activity at the tissue-level in UC clinical trials. The program also hopes to develop cutting-edge methodologies to measure mucosal healing — the body's ability to restore intestinal lining damaged by UC, and an important outcome in clinical trials — more accurately in the future.

THE IMPACT:

Creating a more precise measure with which to judge the outcome of clinical trials promises to meaningfully accelerate the development of new therapies for patients with UC. The ability to use a common protocol and automate the evaluation of mucosal inflammation and healing will enable these measurements to be applied more consistently, precisely, and rapidly and may reduce the number of biopsies needed. The goal is to advance physicians' ability to help guide appropriate treatment to reduce or even prevent relapses and complications, improving the patient experience.

Advancing Global Health

Partnering with the World Health Organization against Malaria

In the midst of an already-stalled global struggle against malaria, COVID-19-related disruptions to health care systems prompted a dangerous resurgence of this deadly disease in 2020. Recognizing the urgent need for new strategies, in May 2021 the World Health Organization (WHO) — with support from the FNIH's GeneConvene Global Collaborative — published an updated guidance framework to inform research and development of genetically modified mosquitoes.

Modifying the genes of malaria-carrying mosquitoes can reduce their ability to reproduce, so that there are fewer to spread the disease, or decrease the mosquitoes' ability to transmit the malaria parasite. If proven safe, effective, and affordable, these technologies could offer a game-changing addition to the existing arsenal of interventions against malaria. But there are many important questions for decision makers to address when evaluating whether and how to move forward with research and implementation.

The FNIH-led GeneConvene initiative works to ensure that all stakeholders — including researchers, policymakers, regulators, and communities affected by malaria — are equipped with the right tools to make informed, responsible decisions about these technologies. The new WHO guidance is a significant milestone in this effort. It provides answers to some of the toughest questions in the field, including:

- How can the potential effectiveness and risks of genetically modified mosquitoes on reducing disease be evaluated?
- What are the key ethical considerations?
- Which regulatory frameworks will oversee decisions about research?

Like many other FNIH collaborations, GeneConvene centers on a critical inflection point where advances in biomedical research depend on bringing diverse groups together to pursue a common goal. With malaria causing more than 600,000 deaths worldwide in 2020 alone, there is an urgent need to evaluate the promise of genetically modified mosquitoes both quickly and responsibly.

Tackling the Thorniest Issues — Together

Hundreds of participants around the world joined a 2021 series of virtual discussions cohosted by GeneConvene and McMaster University in Ontario, Canada, to explore critical ethical questions related to gene drive. Topics included the ethical principles that should govern gene drive research, and justice and equity considerations for applying gene drive at the local community level.

The Gene Drive Research Forum (GDRF) organized by GeneConvene developed these panels, as well as a companion series — co-hosted by GeneConvene and the Genetic Biocontrol of Invasive Rodents (GBIRd) Partnership — that focused on best practices for engaging stakeholders to explore gene drive technologies together.

Developing Lifesaving Vaccines

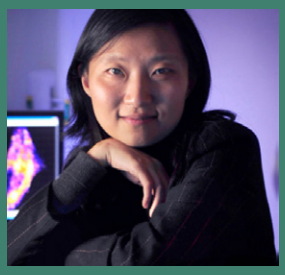
In July 2021, the Gates Foundation renewed for another five years the remarkable work of the Comprehensive Cellular Vaccine Immune Monitoring Consortium (CCVIMC).

Focused on supporting the development of an effective vaccine for HIV, the virus that causes AIDS, the CCVIMC convenes leading scientists to provide standardized measurements from clinical and pre-clinical studies of the disease and share data to optimize vaccine platforms being developed through the Collaboration for AIDS Vaccine Discovery.

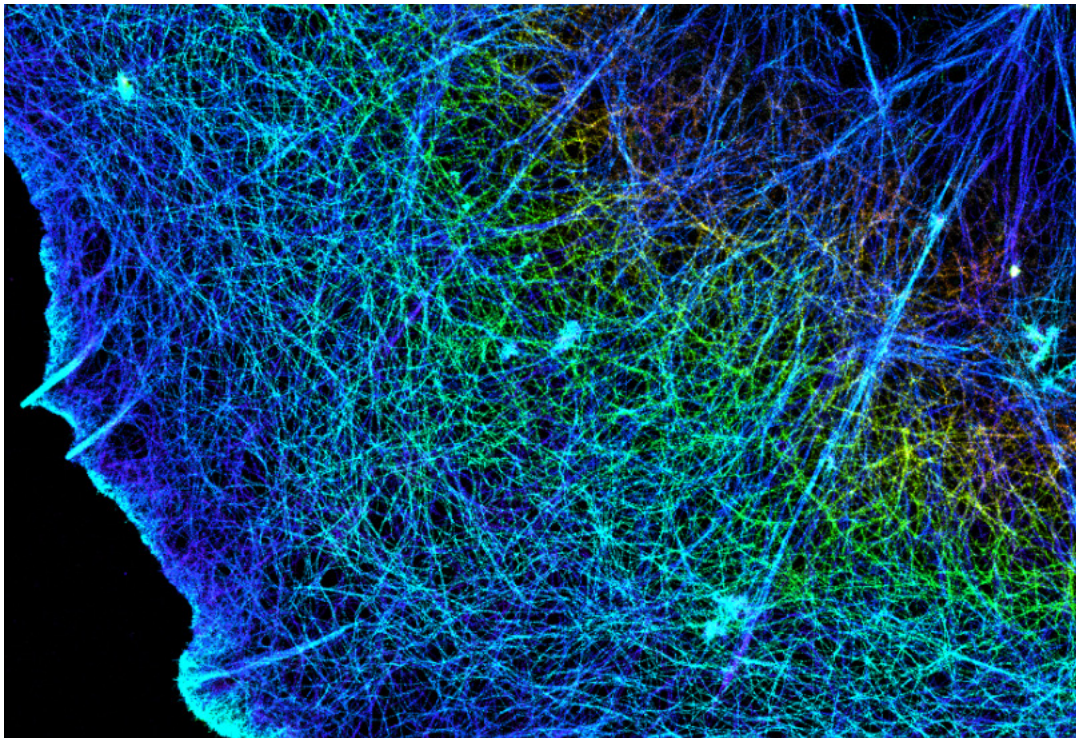
Globally 1.5 million people are infected with HIV annually. Over the next five years the CCVIMC will continue to build on research enabling new approaches to HIV vaccines to be studied. The end goal is development of a safe and broadly effective vaccine that will prevent HIV infection.

Recognizing Excellence

2021 FNIH AWARDS



Xiaowei Zhuang, Ph.D.
David B. Arnold Professor of Science at Harvard University; Howard Hughes Medical Institute Investigator; Co-Founder of the life sciences company Vizgen



THE LURIE PRIZE IN BIOMEDICAL SCIENCES

The Lurie Prize in Biomedical Sciences is an annual award given to promising younger investigators who have achieved groundbreaking advances in biomedical science. In 2021, the FNIH honored Xiaowei Zhuang, Ph.D., for her revolutionary work on developing super-resolution microscopy and genome-scale imaging that revealed new spatial and functional organizations of molecules and cells.

Dr. Zhuang's innovative work with microscopy has enabled researchers to visualize with high resolution the positioning of and interactions between molecules in a cell, as well as the spatial organization of distinct types of cells in tissues. Her discoveries have made a significant impact

across the field of biology, with seminal applications to cell biology.

Dr. Zhuang is a professor at Harvard University, a Howard Hughes Medical Institute investigator, and co-founder of the life sciences company Vizgen.

The Prize is made possible by a generous gift from noted philanthropist and FNIH Honorary Board Member Ann Lurie.

TRAILBLAZER PRIZE FOR CLINICIAN-SCIENTISTS

Piro Lito, M.D., Ph.D.
Associate Member and Attending Physician, Memorial Sloan Kettering Cancer Center

The Trailblazer Prize for Clinician-Scientists was established in 2018 to highlight the essential role of early career clinician-scientists whose research has led or has the potential to lead to innovations in patient care.

In 2021, Piro Lito, M.D., Ph.D., Associate Member and Attending Physician at Memorial Sloan Kettering Cancer Center, was awarded the prize for catalyzing breakthroughs in the understanding of oncoprotein signaling and the development of novel therapeutic approaches for cancer.

Working at the interface of basic research and clinical practice, Dr. Lito studies how mutated proteins drive tumor growth. He is particularly interested in a protein called KRAS, which is commonly mutated in lung, colorectal, and pancreatic cancers. Dr. Lito has uncovered how mutant KRAS transitions between its active and inactive states in cancer cells and, by exposing vulnerable events during this transition, he has made key contributions to the development of novel therapeutic approaches for cancer.

Funding for the Trailblazer Prize is provided by the Gallin Fund at the FNIH.

CHARLES A. SANDERS, M.D., PARTNERSHIP AWARD

Each year, the FNIH bestows the Charles A. Sanders, M.D., Partnership Award to recognize people or organizations that have made particularly significant contributions to the Foundation's efforts to build, implement, and nurture public-private partnerships in support of the mission of the NIH.

In 2021, the FNIH presented the Partnership Award to Janssen Research & Development, LLC, and to the eight Co-Chairs of the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) Working Groups.

Janssen Research & Development, LLC, the Pharmaceutical Companies of Johnson & Johnson, has been an exemplary partner and leader across many FNIH programs, including ACTIV, several Accelerating Medicines Partnerships®, the Biomarkers Consortium, the Partnership for Accelerating Cancer Therapies (PACT), and the Alzheimer's Disease Neuroimaging Initiative (ADNI). The many Janssen scientists who have participated in these partnerships have consistently promoted a highly collegial, collaborative approach to problem-solving with an emphasis on teamwork and transparent communication that enables open, precompetitive science.

In support of finding therapeutics and vaccines to combat COVID-19, the ACTIV Working Group Co-Chairs spent countless hours collaborating with the FNIH and NIH to design strategies for combating the COVID-19 pandemic and execute them with unprecedented speed. They participated in hundreds of meetings, reporting regularly to the ACTIV Leadership Team, and devoted valuable time and effort to identify opportunities for and help resolve challenges to the partnership. Their all-out efforts were essential to enabling ACTIV to navigate the rapidly changing nature of the threats to global human health posed by SARS-CoV-2.

Funding for the Charles A. Sanders, M.D., Partnership Award is provided by the Charles A. Sanders Legacy Fund at the FNIH.

Janssen R&D, LLC

Alex Gorsky
Executive Chairman,
Johnson & Johnson

The Co-Chairs of the ACTIV Working Groups

Christine M. Colvis, Ph.D.
Director of Drug Development Partnership Programs, National Center for Advancing Translational Sciences (NCATS) at NIH

Elizabeth Desrosiers, M.S., P.M.P.
Executive Director of Clinical Sciences and Study Management at Merck & Co., Inc.

Eric Hughes, M.D., Ph.D.
Global Head of Clinical Development and Analytics at Novartis

Kathrin Jansen, Ph.D.
Senior Vice President and Head of Vaccine Research and Development at Pfizer

Michael Kurilla, M.D., Ph.D.
Director, Division of Clinical Innovation, National Center for Advancing Translational Sciences (NCATS) at NIH

Douglas Lowy, M.D.
Principal Deputy Director, National Cancer Institute (NCI) at NIH

Sarah Read, M.D.
Deputy Director, Division of AIDS, National Institute of Allergy and Infectious Diseases (NIAID) at NIH

John Young, Ph.D.
Global Head of Infectious Diseases and Vice President at Roche Pharma Research and Early Development

ACKNOWLEDGING OUR DONORS

THANK YOU TO OUR 2021 DONORS

We acknowledge and thank each of our donors — the many generous individuals, not-for-profits, foundations, and corporations listed here. Your unrestricted gifts provide important flexibility to meet urgent needs. Restricted gifts serve specific areas of programming — often through funds and endowments that also provide for the future. Our Statutory Report to Congress reports private-sector contributions by donor name, exact gift amount, and purpose of each gift.

Gifts made by our donors enable the FNIH to fulfill its mission of advancing human health. The ongoing generosity of both individuals and institutions allows us to establish and grow innovative research, training, and education initiatives that truly "move the dial" on biomedical research and ultimately benefit patients and their families. **During 2021, three separate gifts illustrate how donations to the FNIH support present advances in research and offer hope for the future.**

THANK YOU to the Corliss Foundation. A new donor in 2021, the Corliss Foundation's gift funds rare kidney cancer research, specifically hereditary leiomyomatosis and renal cell cancer (HLRCC). Funding supports the laboratory of Dr. Marston Linehan, the leading researcher globally in making inroads in cures for kidney cancer, at the National Cancer Institute.

THANK YOU to the Estate of James T. Wendel. His 2021 bequest supports research in neuromuscular and neurogenetic disorders in children. Funding to the National Institute of Neurological Disorders and Stroke benefits the work of Dr. Carsten Bönnemann, whose lab is identifying the genetic and cellular mechanisms of these diseases in hopes of developing molecular-based treatment.

THANK YOU to the Judy and Peter Blum Kovler Foundation. In 2021, the Foundation made the first-ever philanthropic gift to the National Institute on Minority Health and Health Disparities. The gift funds a research fellowship for Dr. Gargya Malla to support NIH's Community Engagement Alliance Against COVID-19 Disparities.

"NIH's Community Engagement Alliance Against COVID-19 Disparities works closely with the communities hit hardest by COVID-19. As donors, we are glad to support this initiative by funding a fellow who can provide critical coordination in communities of color, creating positive change in health disparities."

Judy and Peter Kovler

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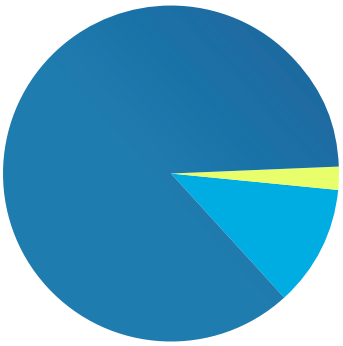
REVENUE AND SUPPORT	2021	2020
Contributions	$ 100,066,760	$ 96,981,262
Grants	43,744	40,694
Administrative Revenue	50,000	-
Transfers from NIH	1,250,000	1,250,000
Investment Income	1,882,441	2,789,697
In-kind Contributions	3,936,832	600,486
Donated Services	16,900	49,500
Fundraising Event	352,300	330,000
Other Revenue	913,617	350,943
Total revenue and support	**$ 108,512,594**	**$ 102,392,582**

EXPENSES AND CHANGES IN NET ASSETS	2021	2020
Program services		
Fellowships and Training Programs	$ 852,431	$ 541,462
Memorials, Awards, and Events	457,912	521,016
Capital Projects	53,512	43,887
Research Programs	50,719,285	51,546,218
Total program services	**$ 52,083,140**	**$ 52,652,583**
Supporting services		
Management and General	$ 6,310,346	$ 6,609,054
Fundraising	374,002	437,019
Total supporting services	**$ 6,684,348**	**$ 7,046,073**
Total expenses	**$ 58,767,488**	**$ 59,698,656**
Change in net assets	$ 49,745,106	$ 42,693,926
Net assets beginning of year	161,204,216	118,510,290
Net assets at end of year	**$ 210,949,322**	**$ 161,204,216**

2021 EXPENSES



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