C&E 058

Form 990-PF
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 2017

For c	alen	dar year 2017 or tax year beginning FEI	3 7, 2017	, and ending	JAN 31, 2018				
For calendar year 2017 or tax year beginning FEB 7, 2017, and ending JAN 31, 2018 Name of foundation A Employer identification number									
ONO PHARMA FOUNDATION 81-5299703									
Num	ber a	nd street (or P O box number if mail is not delivered to stree	et address)	Room/suite	B Telephone number				
2	00	0 LENOX DRIVE			609-219-10	10 (
City	or to	own, state or province, country, and ZIP or foreign	postal code		C If exemption application is p	ending, check here			
L.	AW.	RENCEVILLE, NJ 08648							
G C	heck	all that apply: X Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here			
		Final return	Amended return						
		Address change	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation			
H C	heck	type of organization; X Section 501(c)(3) e	exempt private foundation		 E If private foundation stat	tus was terminated			
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	under section 507(b)(1)				
I Fa	ır ma	arket value of all assets at end of year J Accoun	ting method: Cash	X Accrual] F If the foundation is in a (60-month termination			
(fr	om P	Part II, col. (c), line 16)	Other (specify)		under section 507(b)(1)				
_	\$	15120598 • (Part I, colu	mn (d) must be on cash bas	is.)					
Pa	rt'l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
		necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc., received	16158064.	X. 化 多家 安皇	经分类 化二色 源:彩				
	2	Check if the foundation is not required to attach Sch. 8			N. C. V. A. C. 4	Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	3	Interest on savings and temporary cash investments				10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	4	Dividends and interest from securities			7-00				
	5a	Gross rents				HECEIVED			
	b	Net rental income or (loss)							
an l	6a	Net gain or (loss) from sale of assets not on line 10				IIIN A A ANA			
ğ	b	Gross sales price for all assets on line 6a	1/3 2/3 4			* A 4 70 10 %			
Revenue	7	Capital gain net income (from Part IV, line 2)	1 1 1 1 1	0.	% % % 3				
Œ	8	Net short-term capital gain		6 4 1 6 1 6	A. O.	NOMEN SUIT			
	9	Income modifications				1. 19.10. 1. 10. 11			
	10a	Gross sales less returns and allowances		* * * * * * * * * * * * * * * * * * *		7 : X : X : X : X : X			
	b	Less Cost of goods sold	8 9 W W W	# 150 X % X		14. N. N. N. N. N. 1			
	С	Gross profit or (loss)		4. 5.55 7.7 1					
	11	Other income							
	12	Total. Add lines 1 through 11	16158064.	0.	0.				
	13	Compensation of officers directors, trustees, etc	0.	0.	0.	0.			
	14	Other employee salaries and wages							
70	15	Pension plans, employee benefits							
enses	16a	Legal fees STMT 1	31514.		0.	31514.			
pen	b	Accounting fees STMT 2	6316.		1	1			
Exp	c	Other professional fees STMT 3	142140.	0.	0.	142140.			
<u>×</u>	17								
trat	18	Taxes STMT 4	25.	0.	0.	25.			
nis	19	Depreciation and depletion				10 72 16 16 W/A			
Ē	20	Occupancy				<u> </u>			
ĕ	21	Travel, conferences, and meetings							
auc	22	Printing and publications			l				
Operating and Administrative	23	Other expenses STMT 5	18810.	0.	0.	18810.			
rati	24	Total operating and administrative			1				
Ē	ł	expenses. Add lines 13 through 23	198805.	0.	0.	198805.			
0	25	Contributions, gifts, grants paid	5090940.	· 特色》。36.66.78.78		862500.			
	26	Total expenses and disbursements.]			
		Add lines 24 and 25	5289745.	0.	0.	1061305.			
	27	Subtract line 26 from line 12:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		S. W. San Fra	TOTAL SERVICE			
	a	Excess of revenue over expenses and disbursements	10868319.						
	b	Net investment income (if negative, enter -0-)		0.	12.700.400. Visc. 472				
	c	Adjusted net income (if negative, enter -0-)	1900 TANK 1873						

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2017)
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Form 990-PF (2017) ONO PHARMA FOUNDATION

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, 1

Part II Balance Sheets Attached schedules and amounts in the description solume should be for and advers a mounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year			
	ai f	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash - non-interest-bearing		1271279.	1271279.			
	2	Savings and temporary cash investments						
	3	Accounts receivable >						
	1	Less; allowance for doubtful accounts						
	ı	Pledges receivable ► 13824964.	,					
	ĺ	Less; allowance for doubtful accounts		13824964.	13824964.			
	5	Grants receivable						
	ſ	Receivables due from officers, directors, trustees, and other		·				
	ľ	disqualified persons						
	7	Other notes and loans receivable						
	'	Less: allowance for doubtful accounts	<u> </u>					
	١.							
Assets		Inventories for sale or use		10000.	10000.			
Ass		Prepaid expenses and deferred charges		10000.	10000.			
-]	Investments - U.S. and state government obligations						
		Investments - corporate stock						
	C	Investments - corporate bonds			3			
	11	Investments - land, buildings, and equipment basis						
	1	Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other						
	14	Land, buildings, and equipment: basis						
	{	Less accumulated depreciation			l			
	15	Other assets (describe ► OTHER ASSETS)	0.	14355.	14355.			
	16	Total assets (to be completed by all filers - see the						
	ļ .	instructions. Also, see page 1, item I)	0.	15120598.	15120598.			
	17	Accounts payable and accrued expenses		196339.				
	18	Grants payable		4055940.				
Ś	19	Deferred revenue						
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons						
ğ	21	Mortgages and other notes payable	· · · · · · · · · · · · · · · · · · ·					
ت	1	Other liabilities (describe >	<u> </u>					
	1							
	23	Total liabilities (add lines 17 through 22)	0.	4252279.				
_		Foundations that follow SFAS 117, check here						
		and complete lines 24 through 26, and lines 30 and 31.)					
S	24			-2956645.				
ances	1	Unrestricted Temporaryly contricted	<u> </u>	13824964.				
	l l	Temporarily restricted	··	13024304.				
B P	26	Permanently restricted						
Ë		Foundations that do not follow SFAS 117, check here						
F		and complete lines 27 through 31.		1				
Net Assets or Fund Ba	27	Capital stock, trust principal, or current funds						
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund) 	ļ <u>-</u>				
ţ	29	Retained earnings, accumulated income, endowment, or other funds		10000000				
ž	30	Total net assets or fund balances	0.	10868319.				
			_					
_	31	Total liabilities and net assets/fund balances	0.	15120598.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
P	art	Analysis of Changes in Net Assets or Fund E	Balances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30					
-		st agree with end-of-year figure reported on prior year's return)		1	0.			
2	•	r amount from Part I, line 27a		2	10868319.			
		r increases not included in line 2 (itemize)		3	0.			
		lines 1, 2, and 3		4	10868319.			
		eases not included in line 2 (itemize)		5	0.			
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	10868319.			
<u>~</u>	· Ota	not account of fathe data local at one of your time a filling line of at til, c			Farm 000 PE (0017)			

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(a) List and describe	e the kind(s) of property so varehouse; or common sto	old (for example, real esta		(6) F P D	low acc - Purch - Dona	quired ase tion	(c) Date acqu (mo., day,)		(d) Date sold (mo., day, yr.)
la									
b NO	ONE								
C							<u>-</u>		
<u>d</u>									
<u>e</u>	· · · · · · · · · · · · · · · · · · ·		لـــــــــــــــــــــــــــــــــــــ	L.,		l_			
(e) Gross sales price	(f) Depreciation all (or allowable)		st or other basis expense of sale				(h) Gain (((e) plus (f)		
a									
<u>b</u>	 								
<u>C</u>	·								
d				+					
Complete only for assets show	ing gain in column (h) and	owned by the foundation	n on 12/21/60				V Caras (Oal (h\ ====	
Complete only for assets snow						col.) Gains (Col. (. (k), but not l	n) gain ess than	minus 1 - 0-) or
(i) FMV as of 12/31/69	(j) Adjusted bas as of 12/31/69		xcess of col. (1) r col. (j), if any				Losses (fro	m col. (I	1))
a				\dashv					
b									
<u>c</u>	 								
<u>d</u>	 _								
<u>e</u>	<u> </u>			_					
Capital gain net income or (net o	capital loss) { If gain	n, also enter in Part I, line is), enter -0- in Part I, line	7 27	}[2				
Net short-term capital gain or (left gain, also enter in Part I, line 8		1222(5) and (6):		٦					
If (loss), enter -0- in Part I, line				引	3				
	Under Section 49	10(e) for Reduced	Tax on Net	ĺην	estm	ent Inc	ome		
section 4940(d)(2) applies, leave las the foundation liable for the se "Yes," the foundation doesn't qua	ection 4942 tax on the dist lify under section 4940(e)	Do not complete this pai	rt						Yes I
Enter the appropriate amount in	n each column for each ye	ar, see the instructions be	efore making any ei	ntries					
(a) Base period years Calendar year (or tax year begin	ning in) Adjusted q	(b) ualifying distributions	Net value of no	(c) nchar		use assets	(col	Distrib I. (b) div	(d) ution ratio ided by col. (c))
2016									
2015									
2014									
2013									
2012									
							1.1		
! Total of line 1, column (d)							2		
Average distribution ratio for the		de the total on line 2 by 5.	.0, or by the number	er of y	years				
the foundation has been in exist	tence it less than 5 years						3		
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5						4			
5 Multiply line 4 by line 3						5			
Enter 1% of net investment inco	ome (1% of Part I. line 27h)					6		
Add lines 5 and 6	,	,					7		
	an Dort VIII I - 1								
I Enter qualifying distributions from If line 8 is equal to or greater the		Part VI, line 1b. and com	plete that part usin	o a 19	% tax r	ate.	8		
See the Part VI instructions.	, and and box in		,	<i>,</i> - '					

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Part VI Excise Tax Based on Investment Income (Section 49)		1948 -	- see instruct	ions)
1à Exempt operating foundations described in section 4940(d)(2), check here and		1 1		
Date of ruling or determination letter: (attach copy of letter if no				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	1		<u> </u>
of Part I, line 27b		1 1		-
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4	4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	2		0.
3 Add lines 1 and 2		3		0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only;	others, enter -0-)	4		0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		0.
6 Credits/Payments:			3 3 3 3	
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.			A B.I.
b Exempt foreign organizations - tax withheld at source	6b 0.	.T\ '\ig		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.	7 3	10	
d Backup withholding erroneously withheld	6d 0.	7. 4		
7 Total credits and payments. Add lines 6a through 6d	 	7	Secretaria de la composició de la compos	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8	i	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded	11		
Parti VII-A Statements Regarding Activities		1		
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	uslation or did it participate or interven	e in	Ye	es No
any political campaign?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1a	$\overline{\mathbf{x}}$
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses? See the instructions for the defi	nition	1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies				
distributed by the foundation in connection with the activities.	o any materiale publiched of			
c Did the foundation file Form 1120-POL for this year?			1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	he vear			- - - - - - - - - -
(1) On the foundation. > \$ 0 • (2) On foundation manage	_			
	· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expension managers. ► \$ 0 •	iditure tax imposed on roundation			
2 Has the foundation engaged in any activities that have not previously been reported to the	IDC2		2	x
	inor		1 - 12	
If "Yes," attach a detailed description of the activities.	- material articles of incomparation	~-		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporation,	OI	% _ ^ %	X
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	0		<u> </u>	$\frac{x}{x}$
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year.	ear	7.7	I/A 4b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	-n	14	5	X
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	I. •		2 1 2 1	<u> </u>
If "Yes," attach the statement required by General Instruction T	- Alice on			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	enner:			
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandate	ory directions that conflict with the sta	te law		- 44
remain in the governing instrument?			6	<u> </u>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	nplete Part II, col. (c), and Part XV		7 2	X 122
	_		l., : 1/4	
8a Enter the states to which the foundation reports or with which it is registered. See instruct	tions. >			
NJ				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney General (or designate)			A. Ai
of each state as required by General Instruction G? If "No," attach explanation			8b 2	X
9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(j)(3) or 4942(j)(5) for ca	lendar	L 21.	
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," co				X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche	dule listing their names and addresses	STMT		X
			Form 990-F	>F (2017)

Pa	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► HTTP://WWW.ONOFOUND.ORG			
14	The books are in care of ► MR. TETSUYA SUGIYAMA Telephone no. ► 609-2	19-1	010	
	Located at ► 2000 LENOX DRIVE, LAWRENCEVILLE, NJ ZIP+4 ►0			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	%. n	# # #!	70.500
	foreign country	4 ,	* * * *	
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		234	
<u></u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1.3, 1,	Yes	No
1:	a During the year, did the foundation (either directly or indirectly):	2	* *	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			5
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	***	9	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	100	100	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	4		
	(5) Transfer any income or assets to a disqualified person (or make any of either available		* ;	1.5
	for the benefit or use of a disqualified person)?		, ,	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			1, 3
	termination of government service, if terminating within 90 days.) Yes X No			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	\$,.		1 1
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1 % 1 1b	Mix.	أنسك سنمأ
	Organizations relying on a current notice regarding disaster assistance, check here		Ś ^	21 9200
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
,	before the first day of the tax year beginning in 2017?		2	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c	944	 ^
2	defined in section 4942(j)(3) or 4942(j)(5)):		X : 1	
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		× ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
•	before 2017? Lax year (s) beginning Yes X No		Ì	
	If "Yes," list the years ▶ , ,			
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	* > *******	
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20	56.6.1	నిజ ఒ
,				
9.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	100	7 X	
34	during the year? Yes X No			
	b if "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after		** '×	
•	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	100	1413	
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		() () () () () () () () () ()	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	22	LIX	
4.	· · · · · · · · · · · · · · · · · · ·	3b	-	x
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	, w. ·	 ^
			<u> </u>	X
_	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b) - P.F	
	rı	orm 99 (<i>-</i>	(2017)

Form 990-PF (2017) ONO PHARMA FOUNDATION			<u>81-529970</u>)3 _	Page 6
Part VII-B Statements Regarding Activities for Which F	form 4720 May Be F	Required (continu	ued)		
5a During the year, did the foundation pay or incur any amount to:				Yes	No
` (1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ĺ Y€	es 🔀 No	1	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				į
any voter registration drive?			es 🔀 No	1	j
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es 🗶 No		Ì
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			, ,	
4945(d)(4)(A)? See instructions			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f			, . .	
the prevention of cruelty to children or animals?		Ye	es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the exceptions described i	in Regulations	<u> </u>	<u> </u>	
section 53.4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A L	ib	
Organizations relying on a current notice regarding disaster assistance, check t	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined	<u></u>	¥	
expenditure responsibility for the grant?	N	I/A 🔙 Ye	es No		1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				á ľa.	(a)
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es X No		įį
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		(Sb	X
If "Yes" to 6b, file Form 8870.					\$ '
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗶 No 📙		.,***
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	'b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	у		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		(c) Compensation	[[d] 0		
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other inces
TETSUYA SUGIYAMA	PRESIDENT	 	25pa//32.25.1		
2000 LENOX DRIVE					
LAWRENCEVILLE, NJ 08648	10.00	0.	0.		0.
HIROSHI OCHIAI	SECRETARY				
2000 LENOX DRIVE					
LAWRENCEVILLE, NJ 08648	5.00	0.	0.		0.
ATSUSHI OYAGI	TREASURER				
2000 LENOX DRIVE					
LAWRENCEVILLE, NJ 08648	3.00	0.	0.		0.
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none, (b) Title, and average	enter "NONE."	(d) Contributant	(e) Exp	20000
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account	, other
MONTH	devoted to position		compensation	allowa	nces
NONE			ļ		
					
	 	 			
		 	 		
					
Total number of other employees paid over \$50,000	·				0
			Form	990-PF	(2017)

Form 990-PF (2017) ONO PHARMA FOUNDATION		2997 <u>0</u> 3 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pro	stical information such as the duced, etc.	Expenses
SEE STATEMENT 7		5289745.
		3203743.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A		
2		
All other program related investments. Can instructions		
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	>	0.
	<u> </u>	Form 990-PF (2017)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1424825.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1424825.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1424825.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21372.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1403453.
6_	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	69019.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here X and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5	77.5	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII. Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1061305.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1061305.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1061305.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies for t	the section

Form **990-PF** (2017)

Part XIII Undistributed Inco	me (see instructions)	N/A		Page 9
	(a)	(b)	(0)	1 40
	Corpus	Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part line 7	XI,		,	2017
2 Undistributed income, if any, as of the end of 20	17		,	
a Enter amount for 2016 only				
b Total for prior years:				
3 Excess distributions carryover, if any, to 2	2017:	 	, , , ,	· · ·
a From 2012	/	*	l` ,, ,` , ,	
b From 2013	 			
c From 2014		1 2 4 3 3 4 6 1		
d From 2015				
e From 2016				
f Total of lines 3a through e				
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior			** ** * * * * * * * * * * * * * * * *	
years (Election required - see instructions)			
c Treated as distributions out of corpus	, <u>, , , , , , , , , , , , , , , , , , </u>			
(Election required - see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corp.	us ************************************			·
5 Excess distributions carryover applied to 2017				
(ii an amount appears in column (d), the same amo must be shown in column (a))	ount (
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c and 4e Subtract line 5	- 100 mm 2 1 100 mm 1 1 100 mm			
b Prior years' undistributed income. Subtrac	t			
line 4b from line 2b		į.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		5.0 分 火 火		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		3		
e Undistributed income for 2016. Subtract lin	ie 🔻 🖟 💮		* ** ** ** ** ** **	
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	st			
be distributed in 2018				
Amounts treated as distributions out of	ľ			Karl Walk Ar Brid
corpus to satisfy requirements imposed by	1			
section 170(b)(1)(F) or 4942(g)(3) (Election	1			
may be required - see instructions)				
Excess distributions carryover from 2012			18/2/11/12/12	
not applied on line 5 or line 7				
Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	<u> </u>			
Analysis of line 9:	. 43 8 9 9 9			
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				
* EAGG3 II OHI ZU II				

723581 01-03-18

(4) Gross investment income

Part XV. Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

1 Information Regarding Foundation Managers:

section 4942(j)(3)(B)(iii)

(3) Largest amount of support from an exempt organization

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2	Information	Regarding	Contribution,	Grant,	Gift, Loan,	Scholarship,	etc., l	Programs
---	-------------	-----------	---------------	--------	-------------	--------------	---------	----------

Check here \(\bigcup \) if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 8

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form **990-PF** (2017)

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Form 990-PF (2017) ONO PHARMA FO Part XV Supplementary Information			81-5299	703 Page 1
3 ' Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient	 -	
a Paid during the year				
THE BROAD INSTITUTE, INC. / DR. DAVID	N/A	SEC 501(C)(3)	THE ONO PHARMA	
LIU & DR. BRIDGET WAGNER		1	BREAKTHROUGH SCIENCE	
415 MAIN STREET			INTITIATIVE AWARDS	
CAMBRIDGE, MA 02142			PROGRAM	345000
UNIVERSITY OF MASSACHUSETTS / DR.	N/A	SEC 501(C)(3)	THE ONO PHARMA	
JONATHAN WATTS			BREAKTHROUGH SCIENCE	
333 SOUTH ST., STE450			INTITIATIVE AWARDS	
SHREWSBURY, MA 01545-7808			PROGRAM	172500
STANFORD UNIVERSITY / DR. LINGYIN LI	N/A	SEC 501(C)(3)	THE ONO PHARMA	
3160 PORTER DRIVE	N/A	510 301(0)(3)	BREAKTHROUGH SCIENCE	
STANFORD, CA 94304-6215			INTITIATIVE AWARDS	
			PROGRAM	17250
MASSACHUSETTS INSTITUTE OF TECHNOLOGY	N/A	SEC 501(C)(3)	THE ONO PHARMA	
/ DR. ANGELA KOEHLER	N/A	BEC 301(C)(3)	BREAKTHROUGH SCIENCE	
77 MASSACHUSETTS AVE., NE18-901			INTITIATIVE AWARDS	
CAMBRIDGE, MA 02139-4307			PROGRAM	17250
Total		-	▶ 3a	86250
b Approved for future payment				
THE BROAD INSTITUTE, INC. / DR. DAVID	N/A	SEC 501(C)(3)	THE ONO PHARMA	
LIU & DR. BRIDGET WAGNER			BREAKTHROUGH SCIENCE	
415 MAIN STREET	1	1	INTITIATIVE AWARDS	
CAMBRIDGE, MA 02142		<u> </u>	PROGRAM	169137
UNIVERSITY OF MASSACHUSETTS / DR.	N/A	SEC 501(C)(3)	THE ONO PHARMA	
JONATHAN WATTS	1		BREAKTHROUGH SCIENCE	
333 SOUTH ST., STE450			INTITIATIVE AWARDS	
SHREWSBURY, MA 01545-7808		 	PROGRAM	84568
STANFORD UNIVERSITY / DR. LINGYIN LI	N/A	SEC 501(C)(3)	THE ONO PHARMA	
3160 PORTER DRIVE		1	BREAKTHROUGH SCIENCE	
STANFORD, CA 94304-6215		1	INTITIATIVE AWARDS	

Form **990-PF** (2017)

SEE CONTINUATION SHEET(S)

PROGRAM

845688.

4228440.

DON VIVE	Analysis of Income-Producing	A ativities
Part AVI-M	Analysis of income-rioducing i	MCHAIRIGS

nter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
10	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	741100111	Iditetion indenie
a	-				
b			+-		
<u> </u>			-}		· · · · · · · · · · · · · · · · · · ·
			+		
f	-		+		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			-		
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	· ***		Say.		S. Barrier March
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_ L				
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	¥ - #.	0	• "	<u> </u>	
13 Total. Add line 12, columns (b), (d), and (e)				13_	0.
(See worksheet in line 13 instructions to verify calculations.)	<u> </u>				
Part XVI-B Relationship of Activities	to the Acc	omplishment of I	Exemp	t Purposes	

				_
	· · · · ·			
	···			
				
				
				
				
				

Form **990-PF** (2017)

and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know

Preparer's signature

SHINJI KOYAMA

Phone no. 201-836-3710 Form **990-PF** (2017)

X Yes

P00854436

Firm's EIN ► 22-3462644

Sign Here

Paid

Preparer

Use Only

STE 1001

PRESIDENT

Check self- employed

Title

5-18-2018

Date

Signature of officer or trustee

Print/Type preparer's name

SHINJI KOYAMA

Firm's name ► EOS ACCOUNTANTS LLP

Firm's address ▶ 401 HACKENSACK AVE.,

HACKENSACK, NJ 07601

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ONO PHARMA FOUNDATION

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81-5299703

Part XV Supplementary Information				
3 Grants and Contributions Approved for Futu	re Payment (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
MASSACHUSETTS INSTITUTE OF TECHNOLOGY / DR. ANGELA KOEHLER 77 MASSACHUSETTS AVE., NE18-901 CAMBRIDGE, MA 02139-4307	N/A	SEC 501(C)(3)	THE ONO PHARMA BREAKTHROUGH SCIENCE INTITIATIVE AWARDS PROGRAM	845688.
Total from continuation sheets				845688.

Schedule B (Form 990; 990-EZ, or ,990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Name of the organization

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Employer identification number

	ONO PHARMA FOUNDATION	81-5299703
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50 General Rule X For an organiza	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Speci	otaling \$5,000 or more (in money or
property) from Special Rules	any one contributor Complete Parts I and II See instructions for determining a contri	butor's total contributions
For an organiza sections 509(a any one contril	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% su (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 putor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the I-EZ, line 1 Complete Parts I and II.	3, 16a, or 16b, and that received from
year, total conf	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or of cruelty to children or animals Complete Parts I, II, and III	
year, contribut is checked, en purpose Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ions exclusively for religious, charitable, etc., purposes, but no such contributions total ter here the total contributions that were received during the year for an exclusively relection complete any of the parts unless the General Rule applies to this organization becautable, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box ligious, charitable, etc ,
but it must answer "No	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul " on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or or eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization **Employer identification number** 81-5299703 ONO PHARMA FOUNDATION Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 ONO PHARMACEUTICAL CO., LTD Person Payroll 8-2 KYUTAROMACHI 1-CHOME 16157064. Noncash (Complete Part II for CHUO-KU, OSAKA, JAPAN 541-8564 noncash contributions) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroli Noncash (Complete Part II for noncash contributions) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) 723452 11-01-17

Name of orga	(Form 990, 990-EZ, or 990-PF) (2017)		Pa mployer identification number
, ONO DI	ADMA HOLDINATION		81-5299703
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	81-3299703
(a)	Terrodal Fragery (See institutions) and depicate copies of Fra	are in additional opace to recoded	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
			_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Employer identification number Name of organization 81-5299703 ONO PHARMA FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this into once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part i (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	LEGAL	FEES	S7	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL PROFESSIONAL FEE	31514.	0.	0.	31514.
TO FM 990-PF, PG 1, LN 16A =	31514.	0.	0.	31514.
FORM 990-PF	ACCOUNTI	NG FEES	Si	FATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS		ADJUSTED	(D) CHARITABLE PURPOSES
ACCCOUNTING SERVICE FEE	6316.	0.	0.	6316.
TO FORM 990-PF, PG 1, LN 16B	6316.	0.	0.	6316.
FORM 990-PF (THER PROFES	SIONAL FEES	Si	ratement 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	ADJUSTED	
OTHER PROFESSIONAL FEE	142140.	0.	0.	142140.
TO FORM 990-PF, PG 1, LN 16C	142140.	0.	0.	142140.
FORM 990-PF	TAX	ES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX AND LICENSE	25.	0.	0.	25.
TO FORM 990-PF, PG 1, LN 18	25.	0.	0.	25.
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ONO PHARMA FOUNDATION

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81-5299703

FORM 990-PF	OTHER E	XPENSES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
INSURANCE DUE & SUB OFFICE EXP MISC AMORTIZATION	2004. 12250. 398. 693. 3465.	0. 0. 0. 0.	0. 0. 0. 0.	2004. 12250. 398. 693. 3465.	
TO FORM 990-PF, PG 1, LN 23	18810.	0.	0.	18810.	
	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S ST	CATEMENT 6	

NAME OF CONTRIBUTOR

ADDRESS

ONO PHARMACEUTICAL CO., LTD.

8-2 KYUTAROMACHI 1-CHOME CHUO-KU, OSAKA, JAPAN 541-8564

FORM 990-PF	SUMMARY OF DIRECT	CHARITABLE ACTIVITIES	STATEMENT 7

ACTIVITY ONE

THE PURPOSE OF THE ONO PHARMA BREAKTHROUGH SCIENCE INITIATIVE AWARDS PROGRAM IS TO SUPPORT SCIENTIST PRINCIPAL INVESTIGATORS WITH CREATIVE IDEAS IN SELECTED SCIENTIFIC RESEARCH FIELDS WITH THE MISSION OF SEEKING DISCOVERIES/SOLUTIONS AND DEVELOPMENT OF HIGH IMPACT SCIENCE.

EXPENSES TO FORM 990-PF, PART IX-A, LINE 1 5289745. FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ONO PHARMA FOUNDATION 2000 LENOX DRIVE LAWRENCEVILLE, NJ 08648

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

609-219-1010

THE ONO PHARMA BREAKTHROUGH SCIENCE INITIATIVE AWARDS **PROGRAM**

FORM AND CONTENT OF APPLICATIONS

LETTER OF INTEREST MUST BE SUBMITTED BY ALL NOMINATED, INTERESTED, AND ELIGIBLE PRINCIPAL INVESTIGATORS. A FULL PROPOSAL MUST BE SUBMITTED BY INVITED AND QUALIFIED PRINCIPAL INVESTIGATORS.

ANY SUBMISSION DEADLINES

LETTER OF INTEREST DUE ON MAY 15, 2017. REQUEST FOR PROPOSAL DUE ON JULY 1, 2017.

RESTRICTIONS AND LIMITATIONS ON AWARDS

BI-ANNUAL REPORTS WILL BE REQUIRED ANNUALLY, SIX MONTHS AND ONE YEAR AFTER THE GRANTING OF EACH AWARD IN ORDER TO ASSURE THE RESEARCH FOLLOWS THE APPROVAL PROPOSAL IN CONTENT AND TIMEFRAME.