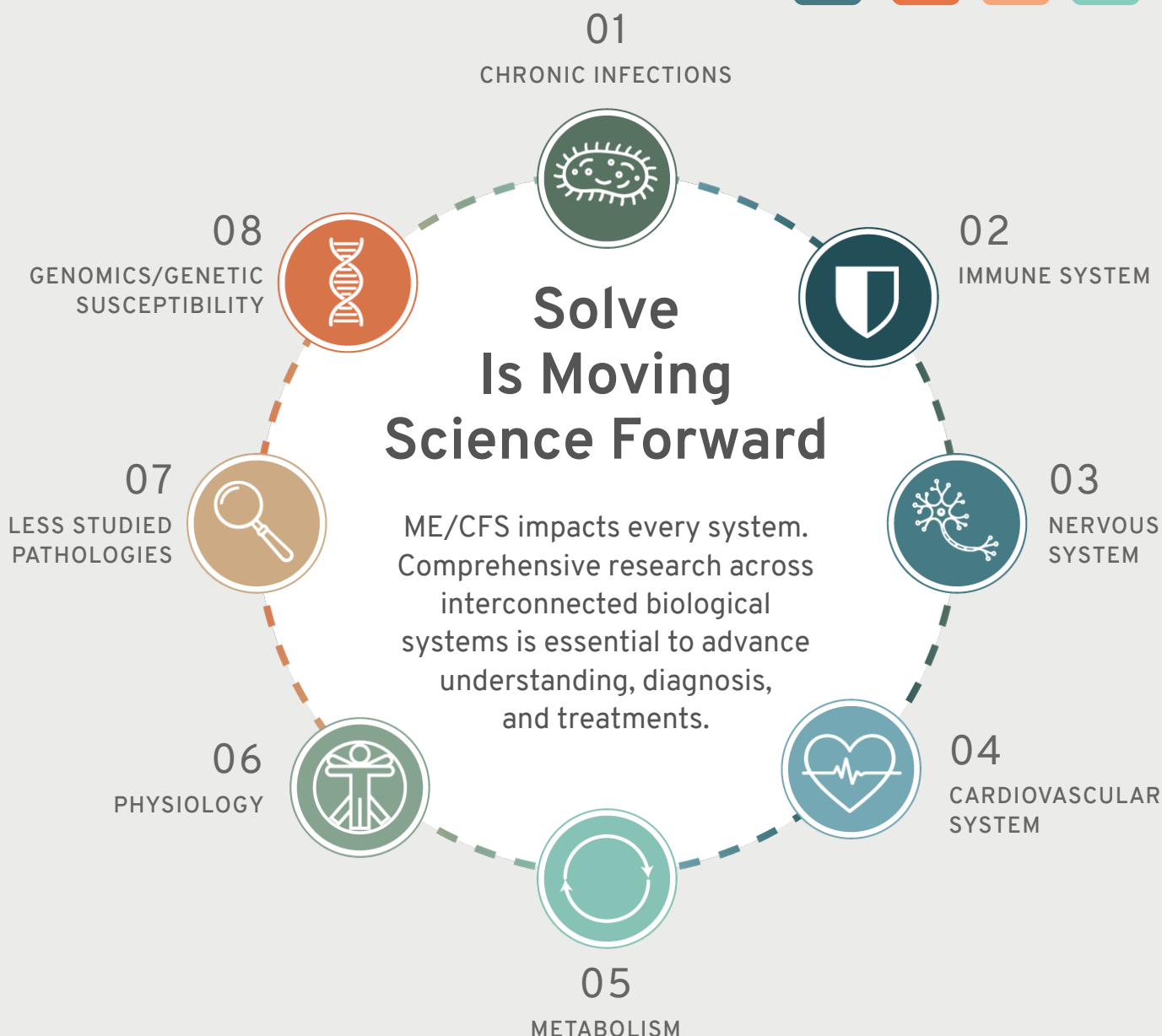




Solve M.E.

Annual Report 2024-2025



Letter from the President

As we close another remarkable year at Solve M.E., I am struck by how much our community continues to accomplish together. Every advancement this year reinforces something we have long believed: meaningful progress happens when patients, researchers, clinicians, advocates, and donors unite behind a shared purpose.

When Long Covid arrived, we made a decision to expand our programs to include the flood of millions of people who began developing ME/CFS symptoms after a COVID infection. This year validated that decision. Solve has continued to strengthen its role as a catalyst for change across the ME/CFS, Long Covid, and infection-associated chronic conditions landscape.

We have seen a dramatic increase in the number of research studies looking into ME/CFS in the past five years, largely because this community was willing to take the risk of standing shoulder to shoulder with our new Long Covid community members in advocacy and education. Solve welcomed the Long Covid community and fought from the beginning for its recognition and the integration of ME/CFS into the work.

Our investment in the [Ramsay Research Grant Program](#) continues to yield high rewards, with those researchers publishing impactful studies and garnering significant follow-on funding to continue their work. With the launch of our new [ME/CFS Catalyst Award Program](#), we're also funding promising research projects that have already made significant strides in advancing our understanding of ME/CFS, Long Covid, and associated conditions and are poised to deliver meaningful results with just a bit more support.

At the same time, we worked to ensure that scientific progress is matched by public awareness and meaningful policy action. From leading advocacy efforts to protect and expand federal research investments to advancing the vision of a dedicated research home for infection-associated chronic conditions, our community continued to make its voice impossible to ignore. Together, we educated policymakers, mobilized thousands of advocates, and championed the resources needed to accelerate discovery.

These achievements are not isolated successes—they are part of a larger movement. The growing recognition of ME/CFS and Long Covid, the increasing collaboration across disciplines, and the accelerating pace of research all point toward a future that would have seemed out of reach only a few years ago.

None of this would be possible without you. Your generosity, advocacy, and determination fuel every discovery, every conversation, and every step forward.

Thank you for standing with Solve M.E. Together, we are transforming possibility into progress—and bringing us ever closer to a future where these devastating diseases are diagnosable, treatable, and ultimately preventable.



Emily Taylor
President & CEO
Solve M.E.



The Solve ME/CFS Catalyst Awards: Accelerating Breakthroughs with Targeted Research Funding



Solve ME/CFS
CATALYST
AWARDS

In the next phase of advancing our mission to make ME/CFS, Long Covid, and associated chronic conditions widely understood, diagnosable, and treatable, Solve is providing a new stream of research funding with our ME/CFS Catalyst Awards.

Launched this year on World ME Day (May 12), the Catalyst Awards provide a critical boost to research that has already demonstrated strong potential. By directing additional resources to projects investigating ME/CFS, Long Covid, and related conditions, these awards help researchers build on their existing work and move closer to findings that can make a difference. These awards will accelerate progress, providing targeted funding to help outstanding studies reach completion, publication, or the next phase of investigation faster.

By spotlighting projects with strong potential widespread impact, the Catalyst Awards ensure that vital progress doesn't stall—and that innovative science continues to move forward regardless of federal funding cycles.

[Dr. Akiko Iwasaki](#) (Yale School of Medicine) was the first recipient of a Catalyst Award for her study "Probing Functional Autoantibodies in Patients with ME/CFS." Dr. Iwasaki's project is a vital step to uncover the biological drivers of ME/CFS and Long Covid. This study focuses on a crucial and emerging area of investigation: the role of **autoantibodies**—antibodies that mistakenly target a person's own tissues—in the long-term neurological symptoms seen in patients with ME/CFS.

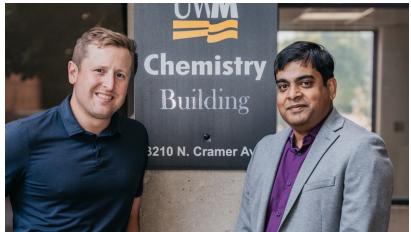


Dr. Akiko Iwasaki

Dr. Iwasaki's lab will investigate whether these autoantibodies can actually cause symptoms such as fatigue, pain, cognitive issues, and motor dysfunction by introducing patient-derived antibodies into mice and analyzing their effects.

The team will also use an advanced technology (called HuProt) to scan all human proteins to find which ones are targeted by specific autoantibodies. Autoantibodies against specific human proteins may be effective biomarkers—measurable features that help diagnose patients faster or customize how to treat each patient.

The second recipient of our Catalyst Award was non-profit research center Simmaron Research, for their study "Low Dose Rapamycin in ME/CFS, Long Covid, and Other Infection-Associated Chronic Conditions." The study, led by Ramsay Program alumnus Dr. Avik Roy and Dr. C. Gunnar Gottschalk, hypothesizes that mTOR inhibition through rapamycin may address observed findings of autophagy impairment and symptoms in a subset of patients with ME/CFS and associated conditions.



Dr. C. Gunnar Gottschalk and Dr. Avik Roy of Simmaron Research

A key strength of the study is tracking autophagy biomarkers to determine if these markers will help predict patients most likely to respond to this treatment and develop a test to that end.

Early results from almost 80 participants are highly encouraging—rapamycin treatment is significantly lowering fatigue, post-exertional malaise (PEM), orthostatic intolerance, and sleep issues for selected participants. With Solve Catalyst Award funding, the research team will enroll more participants and collect more samples at no cost to patients.

Fiscal Year in Review



July 2024

Solve [launches an advocacy action](#) urging Senators to support our requests for FY2025, including \$10 million for an Office of Infection-Associated Chronic Conditions and Illnesses (IACCI) at NIH, increased funding for Long Covid and ME/CFS research, and enhanced public health surveillance and provider education.

“[Hypocortisolemic ASIA: a vaccine- and chronic infection-induced syndrome behind the origin of Long Covid and myalgic encephalomyelitis](#),” is published in *Frontiers In Immunology*. The Solve-funded study, co-authored by Solve Ramsay Research Grant alumni Dr. Bruno Paiva and Manuel Ruiz-Pablos, posits that damaged pituitary glands could cause ME/CFS, Long Covid, and associated conditions.

Solve [publishes educational coverage](#) of UniteToFight, a virtual conference on Long Covid and ME/CFS organized by patients, attended by over 10,000 participants, and featuring presentations by Ramsay Research Grant Program alumni Dr. Rob Wüst, Dr. Carmen Scheibenbogen, and Dr. Bhupesh K. Prusty.

Solve hosts the webinar, “[Covid Vaccinations: Efficacy, Options, and Special Considerations for Chronic Illness](#),” funded in part by an educational grant from Novavax.

August

The Long Covid Research Moonshot Act is [introduced in Congress](#). Solve and community advocates fought for this landmark legislation, which is crucial for advancing biomedical research, enhancing public health surveillance, and

promoting education for both the public and healthcare providers.

Dr. Avik Roy publishes the Solve-funded study, “[Dysregulation of tetrahydrobiopterin metabolism in myalgic encephalomyelitis/chronic fatigue syndrome by pentose phosphate pathway](#)” in *The Journal of Central Nervous System Disease*.

September

To provide free and easy-to-understand scientific updates to the community, Solve [publishes coverage](#) of the NIH RECOVER-TLC program’s three-day workshop in Bethesda, MD. The event features presentations by world-renowned experts, including researchers, biologists, biostatisticians, clinical trial experts, immunologists, industry representatives/neurologists, pediatricians, regulatory representatives, and patient advocates.

The Department of Defense [announces allocation of \\$500 million](#) for women’s health research through its Congressionally Directed Medical Research Programs (CDMRP). Solve has successfully advocated for ME/CFS to be included in the CDMRP every year since 2019, and the announcement represents the positive impact of our community advocacy efforts with Congress.

Solve [announces](#) the co-production of a four-part webinar series with Bateman Horne Center. “Severe ME/CFS: Care, Rights, and Research” features medical professionals, legal experts, scientists, and care partners discussing providing practical advice and insights into different aspects of severe ME/CFS care.

With our Action Center toolkit for advocates, [Solve rallies community support for the Long Covid Research Moonshot](#)

[Act \(S.4964\)](#). The Moonshot Act would provide \$1 billion per year to the NIH for a new Long Covid research program, coordinated by a Director and Advisory Board.

As part of our Solve Author Series, Solve hosts Peter Rowe, MD (Director of the Chronic Fatigue Clinic at Johns Hopkins Children’s Center and member of Solve M.E.’s Research Advisory Council), for [a webinar to discuss his book, Living Well with Orthostatic Intolerance: A Guide to Diagnosis and Treatment](#).

October

Solve M.E. and Bateman Horne Center (BHC) [co-host a webinar on caregiving and Severe M.E.](#), with a focus on navigating health systems, role changes, daily care, caregiver mental health, and maintaining healthy relationships.

In her op-ed, “[Creating a Research Home for ME/CFS, Long Covid, and Others](#),” published in *Open Access Government*, Solve CEO Emily Taylor calls for more funding and multidisciplinary collaboration for research of ME/CFS, Long Covid, and other infection-associated chronic conditions and illnesses (IACCI), and the establishment of a dedicated IACCI research institute at the National Institutes of Health (NIH).

Ramsay Research Grant Program alumnus Dr. Rob Wüst joins Solve for the [webinar](#) “Skeletal Muscle Fatigue & Post-Exertional Malaise in People w/Long Covid & Implications for ME/CFS,” updating viewers on his Solve-funded studies of PEM and fatigue in people with ME/CFS and Long Covid.

November

Solve Ramsay Research Program alumnus Dr. Heather Edgell publishes her Solve-funded, “[Inspiratory muscle training improves autonomic function in myalgic encephalomyelitis/chronic fatigue syndrome and post-acute sequelae of SARS-CoV-2: A pilot study](#),” in the journal *Respiratory Physiology and Neurology*.

Solve and co-host Bateman Horne Center present “[Legal Planning for Severe ME/CFS](#),” the second installment of our four-part webinar series, “Severe ME/CFS: Care, Rights, and Research.”

December

Solve is the featured organization in the December issue of the *RECOVER Representative Digest*, a digital newsletter distributed to the entirety of the NIH RECOVER network.

Solve sponsors the Long Covid Grand Rounds for the University of Rochester Medical Center, an event designed to improve care in the region. In support of the event, Solve CEO Emily Taylor co-authors the op-ed, “[A Ray of Hope for Long Covid patients](#),” in Rochester’s local paper, *The Democrat and Chronicle*.

Solve and co-host Bateman Horne Center present “[Severe M.E.: Medical Care](#),” the third installment of our four-part webinar series, “Severe ME/CFS: Care, Rights, and Research.”

Solve presents the [webinar](#), “The Future of IACCI and Long Covid Research: ME/CFS and the Unfinished Work of the COPVS Task Force,” hosted by Solve CEO Emily Taylor and featuring Dr. Leonard Jason. In it, they discuss their work as members of the NIH RECOVER Initiative Commonalities with Other Post-Viral Syndromes Task Force and what their

findings signal for the future of ME/CFS and Long Covid research.

Thanks to the support of our community, Solve completes a successful \$200,000 year-end matching challenge campaign.

January 2025

Solve CEO Emily Taylor co-authors, “[Incidence and Prevalence of Post-COVID-19 Myalgic Encephalomyelitis: A Report from the Observational RECOVER-Adult Study](#),” in the *Journal of General Internal Medicine*. The paper, part of the NIH’s RECOVER study, analyzes the frequency with which adults infected with SARS-CoV-2 go on to develop ME/CFS and how ME/CFS relates to Long Covid.

Immunologic Research publishes the Solve co-funded study, “[Inactivation of ATG13 stimulates chronic demyelinating pathologies in muscle-serving nerves and spinal cord](#),” by Dr. Avik Roy, presenting new animal models for studying muscle fatigue and post-exertional malaise (PEM) in people with ME/CFS.

As part of his Solve-funded research, Dr. Rob Wüst publishes, “[Skeletal muscle adaptations and post-exertional malaise in Long Covid](#),” in *Trends in Endocrinology and Metabolism*. The review article explores how changes in the muscles of patients with Long Covid relate to PEM.

Solve Board Member Cynthia Adinig is [selected](#) as a member of the Health and Human Services Secretary’s Advisory Committee on Long Covid (ACLC), formed to bring perspectives from outside the government to inform action of the Executive Branch on Long Covid and associated conditions (with a focus on health equity) by providing recommendations to the Secretary through the Assistant Secretary for Health.

Solve and Bateman Horne Center co-host “[Severe ME/CFS Research: Removing Barriers to Access](#).” It’s the fourth and final installment in our series “Severe ME/CFS: Care, Rights, and Research.”

February

Ramsay Research Grant Program alumnus Dr. Deborah Duricka publishes the Solve-funded, “[Stellate Ganglion Block reduces symptoms of SARS-CoV-2-induced ME/CFS: A prospective cohort pilot study](#),” in *Fatigue: Biomedicine, Health & Behavior*.

Solve assists with recruitment for the “REVERSE-LC trial (Evaluating Baricitinib on Persistent Neurologic and Cardiopulmonary Symptoms of Long Covid).” The clinical trial will test whether the drug baricitinib improves neurocognitive function and other functions severely diminished by Long Covid.

March

After establishing the [Infection-Associated Chronic Conditions Patient Advocacy Coalition \(IACC PAC\)](#) by securing \$77,000 in funding through the CDC Foundation’s Infection-Associated Chronic Conditions Understanding and Engagement (ICUE) program in 2023, Solve and the Long Covid Alliance [publish the first IACC resource guide](#). The guide is a living document that includes disease-specific patient advocacy organizations, as well as information on specialists, pertinent research, and support services.

Solve’s 2025-26 Lived Experience Task Force (LET) members are [announced](#). The 15-person cohort will serve as leadership partners for the organization, and –for the first time–includes two international members.

Registration opens for [Advocacy Week 2025](#) (June 23-27), offering advocates the opportunity to introduce information about ME/CFS and associated conditions to a new Congress and administration.

Solve [signs on](#) to a letter supporting the bipartisan SSI Savings Penalty Elimination Act, which – for the first time in nearly 40 years – would raise the amount of money Supplemental Security Income (SSI) beneficiaries can save without jeopardizing vital income support from SSI.

Solve awards occupational therapist Amy Mooney a microgrant to present a three-hour interactive workshop at the American Occupational Therapy Association (AOTA) in Philadelphia. The workshop will build a network of PEM-informed OT providers and establish a foundational Pacing for PEM standard of care for individuals with ME/CFS and Long Covid.

April

Solve [previews](#) an upcoming collaborative partnership with the Brain Inflammation Collaborative (BIC) around our real-world data platform, Solve Together. The collaboration will advance and expand our research efforts, bringing together data, insights, and expertise to accelerate breakthroughs.

Solve [mobilizes advocates](#) for a campaign urging Congress to preserve the ME/CFS Program at the Centers for Disease Control (CDC) and protect crucial national tracking data, a large-scale clinical research study, and a platform that coordinates efforts across federal agencies, researchers, and patient groups.

Rasmay Research Grant winners Dr. Liisa Selin, Anna Gil, and other members of their research team join Solve for the educational [webinar](#), “Investigating Immune Dysfunction and T-Cell Exhaustion

via Single Cell Immune Profiling in ME/CFS and Long Covid.”

Solve supports the Metrodora Institute with recruitment for their MELO study to evaluate biomarkers in ME/CFS and Long Covid.

May

On May 12, World ME Day, Solve debuts the ME/CFS Catalyst Awards Program, accelerating progress by providing targeted funding to help outstanding studies reach completion, publication, or the next phase of investigation faster. [Dr. Akiko Iwasaki](#) is the first recipient of the [Catalyst Award](#) for her study, “Probing Functional Autoantibodies in Patients with ME/CFS.”

Solve and the World ME Alliance launch the awareness and education campaign, “[Six Myths and Facts Everyone Should Know About ME](#)” on World ME Day.

In honor of National Clinical Trials Day, [Solve promotes notable clinical trials](#) related to ME/CFS and Long Covid, including those for Ampligen, Baricitinib, Bezesterim, and low-dose Naltrexone.

[Health Rising](#) publishes “[Finding the Key? Could Unraveling T-cell Exhaustion Solve ME/CFS and Long Covid?](#)” highlighting our April webinar with Dr. Liisa Selin.

June

Solve [announces](#) additional funding for studies by Ramsay Grant alumni Dr. Geraldine Cambridge (Class of 2016) and Dr. Dana Yelin (Class of 2022).

[Solve selects Simmaron Research](#) as the recipient of a Catalyst Award to accelerate its low-dose rapamycin trial for ME/CFS, Long Covid, and IACCs.

After Congress slashes over 57% of funding from the Congressionally Directed Medical Research Programs (CDMRP), which supports research into diseases like ME/CFS, [Solve launches a campaign](#) to get this funding restored in legislation. Solve also provides advocates with a toolkit for contacting their Representatives and urging them to cosponsor H.R. 3906– a bill that protects national security, supports veterans and service members, and safeguards one of the only federal funding sources for ME/CFS research.

As part of our Advocacy Week 2025 activities, Solve hosts the EmPOWER M.E. Event “[Pacing: Power In Slowing Down.](#)” Panelists include Todd E. Davenport, PT, DPT, PhD, MPH, Dr. Lisa Hamilton, OTD, OTR/L, Hollis Mickey, MA, MFA, and Clayton Powers, DPT. In addition to the panel presentation, Solve hosts two community forums: “Pacing in Public: Know Your Rights,” and “Pacing at Home: Prioritizing, Planning, and the Art of Asking.”

Solve closes out the fiscal year with a successful \$321,000 matching campaign.

Advocacy Week 2025: Power, Progress, and Patient-Led Change

From June 23–27, Solve convened over 200 advocates from across the U.S. to educate Congress about ME/CFS, Long Covid, and associated conditions.

This year’s Advocacy Week was intentionally focused. We prioritized key bipartisan members of Congress involved in the federal budget process—at a time when essential ME/CFS and Long Covid programs and funding are on the chopping block. We trained new advocates, empowered seasoned leaders, and adjusted in real-time to fast-moving developments in D.C.

In a single week, the Solve M.E. community took part in nearly 200 congressional meetings—sharing powerful personal stories, urgent data, and clear policy goals with Senate and House offices. This coordinated, cross-country effort was a bold reminder to our elected leaders in the lead up to the budget votes that we’re here, we’re organized, and we demand action.

Our Core Policy Asks This Year:

- Fully restore funding for the Congressionally Directed Medical Research Programs (CDMRP) and protect ME/CFS as a topic area within the Peer Reviewed Medical Research Program (PRMRP)
- Protect and restore the CDC’s Chronic Fatigue Syndrome Program – maintaining the line item in the budget appropriations process
- Fund the NIH’s ME/CFS Research Roadmap (in collaboration with MEAction and #NotJustFatigue)
- Support a 10-year follow-up to the 2015 IOM/NASEM report
- Ensure ME/CFS is included in NIH restructuring discussions

This year we also focused on strengthening state-based teams. It’s been wonderful seeing our state teams start to connect and get to know each other as they advocate together over multiple years. Our state teams are coalescing and becoming a powerful force for good!



Solve M.E. ADVOCACY WEEK June 23-27, 2025

187 Congressional Meetings

226 Attendees

36 States & D.C. Represented

98% Meetings Confirmed

8 member-level meetings

67 Senate meetings

120 House meetings

116 Democrat offices

69 Republican offices

2 Independent office

Independent Auditor's Report

To the Board of Directors
Solve ME/CFS Initiative
Glendale, California

Opinion

We have audited the accompanying financial statements of Solve ME/CFS Initiative (a nonprofit organization), which comprise the statement of financial position as of June 30, 2025, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Solve ME/CFS Initiative as of June 30, 2025, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Solve ME/CFS Initiative and to meet our other ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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. In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Solve ME/CFS Initiative's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Solve ME/CFS Initiative's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Solve ME/CFS Initiative's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Report on Summarized Comparative Information

The 2024 financial statements of Solve ME/CFS Initiative were audited by Lewis Sharpstone & Co., now the nonprofit services group of Fournberg, Juneja, Rocher & Co., P.C., and in its report dated March 6, 2025, Lewis Sharpstone & Co. expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2024 is consistent, in all material respects, with the audited financial statements from which it has been derived.

Fournberg, Juneja, Rocher & Co., P.C.

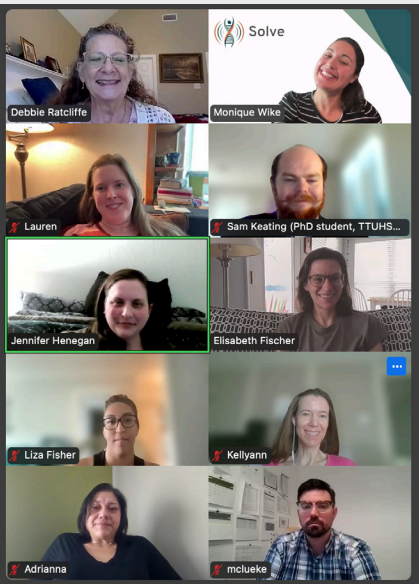
Encino, CA
December 22, 2025



Advocate Rebecca Groble Hull with Illinois State Representative 18th District and Majority Leader Robyn Gabel



Solve CEO Emily Taylor and Director of Advocacy Monique Wike in Washington, D.C.

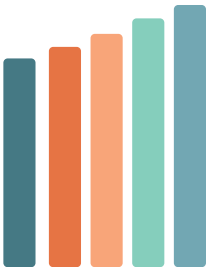


Community advocates in Texas assemble for online congressional meetings during Advocacy Week 2025

Statement of Financial Position

June 30, 2025
(With Comparative Totals as of June 30, 2024)

ASSETS	2025	2024
Cash and cash equivalents	\$ 368,142	\$ 246,884
Investments	638,217	628,974
Contributions and grants receivable	22,503	141,372
Prepaid expenses and other assets	80,034	54,313
Property and Equipment, net	1,284	2,720
Total Assets	\$ 1,110,180	\$ 1,074,263
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accrued expenses	\$ 151,452	\$ 313,990
Total Liabilities	151,452	313,990
NET ASSETS		
Without donor restrictions	913,056	649,931
With donor restrictions	45,672	110,342
Total Net Assets	958,728	760,273
Total Liabilities and Net Assets	\$ 1,110,180	\$ 1,074,263



Statement of Activities

Year Ended June 30, 2025
(With Comparative Totals for the Year Ended June 30, 2024)

	2025			2024
	Without Donor Restrictions	With Donor Restrictions	Total	Total
REVENUES AND SUPPORT				
Contributions and grants	\$ 1,808,382	\$ 263,148	\$ 2,071,530	\$ 1,911,527
In-kind contributions	77,027	-	77,027	197,339
Investment income	19,976	-	19,976	35,579
Net assets released from restrictions	327,818	(327,818)	-	-
Total Revenues and Support	2,233,203	(64,670)	2,168,533	2,144,445
EXPENSES				
Program services				
Research	517,700	-	517,700	906,316
Advocacy and communication	656,706	-	656,706	850,965
Total program services	1,174,406	-	1,174,406	1,757,281
Management and general	322,064	-	322,064	693,305
Fundraising	473,608	-	473,608	593,759
Total Expenses	1,970,078	-	1,970,078	3,044,345
CHANGE IN NET ASSETS	263,125	(67,670)	198,455	(899,900)
NET ASSETS, Beginning of Year	649,931	110,342	760,273	1,660,173
NET ASSETS, End of Year	\$ 913,056	\$ 45,672	\$ 958,728	\$ 760,273

Solve M.E. Team



Board of Directors

Each board member has a personal connection to infection-associated diseases. They either live with these diseases, have a loved one who suffers, or care for people who are impacted.

Cynthia Adinig, Alexandria, VA
Michael Atherton, Arlington, VA
Victoria Boies, Chicago, IL
Stewart Gittelman, Lloyd Neck, NY
William Hassler, Esq. Washington, DC
Carol Head, Secretary, Los Angeles, CA
Gurdyal Kalsi, MD, MFPM (Hon), Treasurer, Baltimore, MD
Barbara Lubash, Vice-Chair, Corona Del Mar, CA
Pete Masloski, Glenview, IL
John Nicols, Chair, Redwood City, CA
Ryan Ratcliffe, Fairfax Station, VA
Mary Riew, Greenwich, CT
Rick Sprout, Secretary, Fairfax, VA
Janice Stanton, Harrison, NY

Staff

Afifah Ayub, Clinical Data Coordinator
Ilise Friedman, Director of Advancement
Erin Gary, Manager of Human Resources and Operations
Tim Hsiao, Chief Scientific Officer, Head of Research Strategy and Alliances
Karman Kregloe, Associate Director of Communications
Amanda Martin, Engagement Manager
Elissa Regan, Associate Director of Advancement
Emily Taylor, President and CEO
Monique Wike, Executive and Advocacy Manager

Research Advisory Council (RAC)

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Simcox-Clifford-Higby Professor of Medicine, Harvard Medical School
Susan Levine, MD
Founder, Medical Office of Susan M. Levine
Maureen Hanson, PhD
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Peter Rowe, MD
Professor of Pediatrics, Johns Hopkins University School of Medicine
Lucinda Bateman, MD
Founder & Chief Medical Officer, Bateman Horne Center
Rochelle Joslyn, PhD
Immunologist, Independent Consultant
Sheila Stewart, PhD
Associate Professor, Washington University School of Medicine
Daan Archer, MBA, MSc
Technology Entrepreneur
John Nicols, MBA
Biotechnology Industry Advisor;
CEO, Codexis Inc. (2012-2022)
Morgan Fairchild,
Actress and Activist
ExOfficioMember
Oved Amitay
President & CEO, Solve M.E.



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