

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Open to Public Inspection

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization <u>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</u>		D Employer identification number <u>95-2160097</u>
Doing Business As		E Telephone number <u>(858) 453-4100</u>
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ <u>209,411,955.</u>
<u>10010 N. TORREY PINES ROAD</u>		
City or town, state or province, country, and ZIP or foreign postal code <u>LA JOLLA, CA 92037-1002</u>		
F Name and address of principal officer: <u>ELIZABETH BLACKBURN</u> <u>10010 N. TORREY PINES ROAD LA JOLLA, CA 92037-1002</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "No," attach a list. (see instructions)		

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SALK.EDU

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1960 **M** State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>BASIC RESEARCH IN THE FOLLOWING: MOLECULAR BIOLOGY & GENETICS, NEUROSCIENCE, AND PLANT BIOLOGY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<u>32.</u>	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>28.</u>	
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<u>1,081.</u>	
	6 Total number of volunteers (estimate if necessary)	<u>111.</u>	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<u>12,021.</u>	
7b Net unrelated business taxable income from Form 990-T, line 34	<u>-3.</u>		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<u>106,020,719.</u>	<u>101,155,413.</u>
	9 Program service revenue (Part VIII, line 2g)	<u>0.</u>	<u>0.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>13,297,108.</u>	<u>24,667,404.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>5,947,860.</u>	<u>2,387,202.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>125,265,687.</u>	<u>128,210,019.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>0.</u>	<u>0.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>65,119,071.</u>	<u>65,706,375.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>4,368,188.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>50,870,446.</u>	<u>51,166,322.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>115,989,517.</u>	<u>116,872,697.</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>9,276,170.</u>	<u>11,337,322.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<u>484,480,296.</u>	<u>456,410,477.</u>
	21 Total liabilities (Part X, line 26)	<u>107,461,301.</u>	<u>108,429,751.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>377,018,995.</u>	<u>347,980,726.</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	<u>Kimberly M. Castillo</u> Signature of officer	Date <u>5/5/17</u>
	<u>Kimberly M. Castillo, CFO</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name <u>KELLEY SIMON</u>	Preparer's signature <u>Kelley Simon</u>	Date <u>05/10/17</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00791436</u>	
	Firm's name ▶ <u>ERNST & YOUNG U.S. LLP</u>	Firm's EIN ▶ <u>34-6565596</u>				
	Firm's address ▶ <u>370 17TH STREET #3300 DENVER, CO 80202</u>	Phone no. <u>720-931-4000</u>				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 99,341,292. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 99,341,292.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 990, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (32), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 3
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

KIMBERLY CASTILLO 10010 N. TORREY PINES ROAD LA JOLLA, CA 92037-1002 858-453-4100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII. X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM R. BRODY, M.D., PH.D. PRESIDENT (OUTGOING 12/31/15)	50.00 0.	X		X				972,604.	0.	31,654.
(2) IRWIN M. JACOBS, S.M., SC.D. CHAIR	3.00 0.	X		X				0.	0.	0.
(3) DARLENE M. SHILEY VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(4) THEODORE WAITT VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(5) EDWARD CALLAWAY, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X						309,810.	0.	36,744.
(6) LINDA L. CHESTER TRUSTEE	.50 0.	X						0.	0.	0.
(7) FREDERICK J. DOTZLER TRUSTEE	.50 0.	X						0.	0.	0.
(8) JENNIFER L. HOWSE, PH.D. TRUSTEE	.50 0.	X						0.	0.	0.
(9) DEAN KAMEN TRUSTEE	.50 0.	X						0.	0.	0.
(10) BENJAMIN H. LEWIS TRUSTEE	.50 0.	X						0.	0.	0.
(11) CORINNE MENTZELOPOULOS TRUSTEE	.50 0.	X						0.	0.	0.
(12) HOWARD H. NEWMAN, PH.D. TRUSTEE	.50 0.	X						0.	0.	0.
(13) RALPH S. O'CONNOR TRUSTEE	.50 0.	X						0.	0.	0.
(14) GERALD L. PARSKY TRUSTEE	.50 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) FREDERIK PAULSEN, PH.D. ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(16) CARYL PHILIPS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(17) ERNEST S. RADY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(18) FAYE HUNTER ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(19) MARY JANE SALK ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(20) BENJAMIN S. SCHAPIRO ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(21) CARLA J. SHATZ, PH.D. ----- TRUSTEE/NON RESIDENT FELLOW	.50 ----- 0.	X						0.	0.	0.
(22) JERRE L. STEAD ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(23) DAVID F. HALE ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(24) HARVEY P. WHITE ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(25) MARNA C. WHITTINGTON, PH.D. ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								1,282,414.	0.	68,398.
c Total from continuation sheets to Part VII, Section A								4,006,306.	0.	379,631.
d Total (add lines 1b and 1c)								5,288,720.	0.	448,029.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 83

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 14

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) M. FAYE WILSON TRUSTEE	.50 0.	X					0.	0.	0.	
27) DANIEL C. LEWIS TRUSTEE	.50 0.	X					0.	0.	0.	
28) SANJAY K. JHA, PH.D. TRUSTEE	2.00 0.	X					0.	0.	0.	
29) GREG LEMKE, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X					238,197.	0.	27,727.	
30) ELIZABETH KEADLE TRUSTEE	.50 0.	X					0.	0.	0.	
31) ALAN D. GOLD TRUSTEE	.50 0.	X					0.	0.	0.	
32) BEVERLY EMERSON, PH. D. TRUSTEE/PROFESSOR	50.00 0.	X					215,936.	0.	25,201.	
33) ELIZABETH BLACKBURN, PH.D. PRESIDENT (INCOMING 01/01/16)	50.00 0.	X		X			0.	0.	0.	
34) MARTIN HETZER, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X					254,589.	0.	33,978.	
35) CHRISTOPHER KINTNER, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X					214,976.	0.	31,424.	
36) HAEYOUNG KONG TANG TRUSTEE	.50 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 83

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) DONALD L. COHN TRUSTEE	2.00 0.	X					0.	0.	0.	
(38) RICHARD A. HEYMAN TRUSTEE	.50 0.	X					0.	0.	0.	
(39) EDWIN K. HUNTER TRUSTEE	.50 0.	X					0.	0.	0.	
(40) THOMAS M. JESSELL, PH.D. TRUSTEE	.50 0.	X					0.	0.	0.	
(41) MARKUS REINHARD TRUSTEE	.50 0.	X					0.	0.	0.	
(42) TERRY ROSEN TRUSTEE	.50 0.	X					0.	0.	0.	
(43) DANIEL TIERNEY TRUSTEE	.50 0.	X					0.	0.	0.	
(44) MARSHA A. CHANDLER, PH.D. EXEC. VICE PRES/COO	50.00 0.			X			551,000.	0.	27,126.	
(45) JULIA A. MILLER, J.D. SECRETARY/GEN. COUNSEL	50.00 0.			X			275,804.	0.	38,406.	
(46) KIM E. WITMER TREASURER/SR. VP/CFO	50.00 0.			X			415,582.	0.	38,406.	
(47) FRED H. GAGE, PH.D. PROFESSOR	50.00 0.					X	367,452.	0.	33,585.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 83

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes rows for REBECCA R. NEWMAN, INDER VERMA, PH.D., ANTHONY HUNTER, PH. D., and GEOFFREY WAHL, PH.D.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 83

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	861,970.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	47,802,760.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	52,490,683.					
	g Noncash contributions included in lines 1a-1f: \$		1,454,614.					
	h Total. Add lines 1a-1f			101,155,413.				
	Program Service Revenue	2a _____	Business Code					
b _____								
c _____								
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				0.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			2,763,148.			2,729,505.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			2,343,458.			2,343,458.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		102,801,350.						
		b Less: cost or other basis and sales expenses			80,897,094.			
		c Gain or (loss)			21,904,256.			
	d Net gain or (loss)			21,904,256.			21,904,256.	
	8a Gross income from fundraising events (not including \$ 861,970. of contributions reported on line 1c). See Part IV, line 18	a		162,022.				
		b Less: direct expenses	b	304,842.				
		c Net income or (loss) from fundraising events			-142,820.			-142,820.
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a ENERGY REBATE		900099	169,137.			169,137.		
b OIL ROYALTIES		900099	2,022.			2,022.		
c UBI(K-1 FLOW THROUGH INCOME)		900099	12,021.		12,021.			
d All other revenue		900099	3,384.			3,384.		
e Total. Add lines 11a-11d			186,564.					
12 Total revenue. See instructions.			128,210,019.		12,021.	27,008,942.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,739,164.	1,388,582.	2,149,730.	200,852.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	47,839,445.	41,138,777.	4,590,298.	2,110,370.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,462,905.	2,925,898.	353,853.	183,154.
9 Other employee benefits	7,177,844.	6,207,371.	733,460.	237,013.
10 Payroll taxes	3,487,017.	2,946,270.	356,317.	184,430.
11 Fees for services (non-employees):				
a Management	563,067.	95,350.	467,717.	
b Legal	314,976.	156,947.	156,894.	1,135.
c Accounting	193,626.		193,626.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	540,638.		540,638.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	8,957,064.	8,013,441.	750,336.	193,287.
12 Advertising and promotion	73,831.	9,927.	6,261.	57,643.
13 Office expenses	1,173,677.	502,640.	229,361.	441,676.
14 Information technology	2,004,251.	1,560,737.	364,638.	78,876.
15 Royalties	0.			
16 Occupancy	6,643,551.	5,346,709.	1,150,187.	146,655.
17 Travel	952,207.	742,703.	125,615.	83,889.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,340,843.	966,936.	144,771.	229,136.
20 Interest	48,530.		48,530.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	10,837,833.	10,055,710.	585,884.	196,239.
23 Insurance	136,792.		136,792.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SCIENTIFIC SUBCONTRACTS</u>	3,804,331.	3,804,331.		
b <u>RESEARCH SUPPLIES</u>	13,030,805.	13,030,805.		
c <u>REPAIRS & PARTS</u>	307,778.	299,767.	6,127.	1,884.
d <u>UBI TAXES</u>	32,201.		32,201.	
e All other expenses	210,321.	148,391.	39,981.	21,949.
25 Total functional expenses. Add lines 1 through 24e	116,872,697.	99,341,292.	13,163,217.	4,368,188.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,073,248.	1	11,957,234.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	41,780,446.	3	36,961,022.
	4 Accounts receivable, net	602,635.	4	469,892.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	132,500.	5	268,000.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	2,269,000.	7	2,069,167.
	8 Inventories for sale or use	23,605.	8	44,417.
	9 Prepaid expenses and deferred charges	1,310,052.	9	1,110,427.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 229,903,298.		
	b Less: accumulated depreciation	10b 157,219,443.	75,233,443.	10c 72,683,855.
	11 Investments - publicly traded securities	205,296,522.	11	187,364,191.
	12 Investments - other securities. See Part IV, line 11	131,323,032.	12	138,309,614.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	22,435,813.	15	5,172,658.
16 Total assets. Add lines 1 through 15 (must equal line 34)	484,480,296.	16	456,410,477.	
Liabilities	17 Accounts payable and accrued expenses	21,410,011.	17	19,668,698.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	26,592,827.	19	25,931,051.
	20 Tax-exempt bond liabilities	52,862,149.	20	55,810,947.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,596,314.	25	7,019,055.
	26 Total liabilities. Add lines 17 through 25	107,461,301.	26	108,429,751.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	100,070,439.	27	80,301,928.
	28 Temporarily restricted net assets	104,439,060.	28	90,775,336.
	29 Permanently restricted net assets	172,509,496.	29	176,903,462.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	377,018,995.	33	347,980,726.
	34 Total liabilities and net assets/fund balances	484,480,296.	34	456,410,477.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	128,210,019.
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,872,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,337,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	377,018,995.
5	Net unrealized gains (losses) on investments	5	-39,992,842.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-382,749.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	347,980,726.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2015 (90.47%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (91.51%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b	A family member of a person described in (a) above?	11 b	
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

OTHER INCOME

SCHEDULE A, PART II, LINE 10

DESCRIPTION: OIL ROYALTIES

2011: 6,794

2012: 2,951

2013: 5,788

2014: 4,629

2015: 2,022

DESCRIPTION: NOTE RECEIVABLE INTEREST

2011: 0

2012: 462

2013: 0

2014: 0

2015: 0

DESCRIPTION: ENERGY REBATE

2011: 400,580

2012: 167,503

2013: 145,516

2014: 179,409

2015: 169,137

DESCRIPTION: POSTRETIREMENT BENEFITS

2011: 0

2012: 0

2013: 21,588

2014: 0

2015: 0

DESCRIPTION: REVENUE SHARING-HOST VEHICLE CHARGING STATION

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

2011: 0

2012: 0

2013: 0

2014: 690

2015: 0

DESCRIPTION: RECYCLING/VAN SALE

2011: 0

2012: 0

2013: 2,333

2014: 0

2015: 0

DESCRIPTIOIN: NET GIFT SHOP SALES

2011: 0

2012: 0

2013: 1,490

2014: 845

2015:3,384

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
--	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____	\$ 40,527,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 6,889,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 10,532,990.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 4,317,181.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(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	
_____ _____ _____		_____ _____ _____	

(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	
_____ _____ _____		_____ _____ _____	

(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	
_____ _____ _____		_____ _____ _____	

(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	
_____ _____ _____		_____ _____ _____	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information *(continued)*

OTHER ACTIVITIES

PART II-B, LINE 1

PAID MEMBERSHIP DUES TO RESEARCH AND BIOMEDICAL ORGANIZATIONS, A PORTION
OF WHICH ARE CONSIDERED LOBBYING.

ASSOCIATION OF INDEPENDENT RESEARCH INSTITUTES \$1,060

NATIONAL ASSOCIATION FOR BIOMEDICAL RESEARCH \$1,200

BIOCOM \$225

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	218,699,419.	218,629,544.	167,637,178.	126,725,558.	113,493,623.
b Contributions	6,197,345.	5,364,024.	29,641,230.	24,531,449.	18,776,974.
c Net investment earnings, gains, and losses	-10,186,871.	1,892,814.	27,636,790.	20,361,663.	-1,376,528.
d Grants or scholarships					
e Other expenditures for facilities and programs	7,186,963.	7,186,963.	6,285,654.	3,981,493.	4,168,510.
f Administrative expenses					
g End of year balance	207,522,930.	218,699,419.	218,629,544.	167,637,177.	126,725,559.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 1.8100 %
- b** Permanent endowment 98.1900 %
- c** Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	X
(ii) related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,153,930.		1,153,930.
b Buildings		147,854,780.	95,840,266.	52,014,514.
c Leasehold improvements				
d Equipment		79,630,529.	60,130,778.	19,499,751.
e Other		1,264,059.	1,248,399.	15,660.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				72,683,855.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	138,306,500.	FMV
(B) STOCKS NOT-PUBLICLY TRADED <5%	3,114.	COST
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	138,309,614.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	2,052.
(2) DEFERRED RETIREMENT OBLIGATION	7,017,003.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,019,055.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	117,889,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-39,992,842.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	29,367,733.		
e	Add lines 2a through 2d	2e			-10,625,109.
3	Subtract line 2e from line 1	3			128,514,861.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-304,842.		
c	Add lines 4a and 4b	4c			-304,842.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5			128,210,019.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	117,177,535.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	304,842.		
e	Add lines 2a through 2d	2e			304,842.
3	Subtract line 2e from line 1	3			116,872,693.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	4.		
c	Add lines 4a and 4b	4c			4.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5			116,872,697.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS USES

PART V, LINE 4

ENDOWMENT INCOME INTENDED TO BE USED FOR AND TO SUPPORT RESEARCH,
OPERATIONS, AND LECTURESHIP EXPENSES.

RECONCILIATION OF REVENUE PER AUDITED FS WITH REVENUE PER RETURN

PART XI, LINE 2D

INVESTMENT RETURN IN EXCESS OF AMOUNT DESIGNATED FOR CURRENT OPERATIONS
UNDER SPENDING POLICY AND ROUNDING.

RECONCILIATION OF REVENUE PER AUDITED FS WITH REVENUE PER RETURN

PART XI, LINE 4B

FUNDRAISING EVENTS EXPENSES.

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STMTS W EXPENSES PER RTN

PART XII, LINE 2D

FUNDRAISING EVENTS EXPENSES.

PART XII, LINE 4B

ROUNDING.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			PROGRAM SERVICES	ATTENDED CONFERENCE	161,964.
(2) SOUTH AMERICA			PROGRAM SERVICES	ATTENDED CONFERENCE	7,225.
(3) EUROPE			PROGRAM SERVICES	SCIENTIFIC SUBCONTRACT	43,081.
(4) EUROPE			PROGRAM SERVICES	ATTENDED CONFERENCE	163,950.
(5) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	ATTENDED CONFERENCE	24,806.
(6) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	ATTENDED CONFERENCE	406.
(7) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	ATTENDED CONFERENCE	7,242.
(8) SOUTH ASIA			PROGRAM SERVICES	ATTENDED CONFERENCE	1,646.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		95,560,162.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					95,970,482.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					95,970,482.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ _____

3 Enter total number of other organizations or entities. ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

NO. OF EMPLOYEES IN THE REGION

PART I, LINE 3, COLUMN (C)

SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT
DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.

ACCOUNTING METHOD

PART I, LINE 3, COLUMN (F)

ACCRUAL METHOD

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<ul style="list-style-type: none"> a <input type="checkbox"/> Mail solicitations b <input type="checkbox"/> Internet and email solicitations c <input type="checkbox"/> Phone solicitations d <input type="checkbox"/> In-person solicitations 	<ul style="list-style-type: none"> e <input type="checkbox"/> Solicitation of non-government grants f <input type="checkbox"/> Solicitation of government grants g <input type="checkbox"/> Special fundraising events
--	---

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CONCERT (event type)	LECTURE/MUSIC (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	942,677.	81,315.	0.	1,023,992.
	2	Less: Contributions	839,135.	22,835.	0.	861,970.
	3	Gross income (line 1 minus line 2)	103,542.	58,480.	0.	162,022.
Direct Expenses	4	Cash prizes			0.	
	5	Noncash prizes			0.	
	6	Rent/facility costs			0.	
	7	Food and beverages	110,625.	3,167.	0.	113,792.
	8	Entertainment	171,000.	20,050.	0.	191,050.
	9	Other direct expenses			0.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				304,842.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-142,820.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM R. BRODY, M.D., PRESIDENT (OUTGOING 12/31/15)	(i)	711,189.	0.	261,415.	26,500.	5,154.	1,004,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 EDWARD CALLAWAY, PH.D. TRUSTEE/PROFESSOR	(i)	243,651.	0.	66,159.	24,838.	11,906.	346,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MARSHA A. CHANDLER, PH. EXEC. VICE PRES/COO	(i)	316,387.	0.	234,613.	26,500.	626.	578,126.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JULIA A. MILLER, J.D. SECRETARY/GEN. COUNSEL	(i)	273,644.	0.	2,160.	26,500.	11,906.	314,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 KIM E. WITMER TREASURER/SR. VP/CFO	(i)	361,338.	0.	54,244.	26,500.	11,906.	453,988.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 FRED H. GAGE, PH.D. PROFESSOR	(i)	357,500.	0.	9,952.	26,500.	7,085.	401,037.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 REBECCA R. NEWMAN VP, EXTERNAL RELATIONS	(i)	361,080.	0.	63,062.	26,500.	939.	451,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 INDER VERMA, PH.D. PROFESSOR	(i)	395,980.	0.	9,952.	26,500.	5,154.	437,586.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 ANTHONY HUNTER, PH. D. PROFESSOR	(i)	310,096.	0.	18,986.	26,500.	6,849.	362,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 GREG LEMKE, PH.D. TRUSTEE/PROFESSOR	(i)	234,855.	0.	3,342.	23,596.	4,131.	265,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BEVERLY EMERSON, PH. D. TRUSTEE/PROFESSOR	(i)	207,990.	0.	7,946.	21,070.	4,131.	241,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GEOFFREY WAHL, PH.D. PROFESSOR	(i)	278,706.	0.	34,908.	26,500.	4,836.	344,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MARTIN HETZER, PH.D. TRUSTEE/PROFESSOR	(i)	202,743.	0.	51,846.	22,822.	11,156.	288,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 CHRISTOPHER KINTNER, PH TRUSTEE/PROFESSOR	(i)	205,363.	0.	9,613.	21,070.	10,354.	246,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

QUESTIONS REGARDING COMPENSATION

PART I, LINE 1A

FIRST-CLASS OR CHARTER TRAVEL: ELIZABETH BLACKBURN, PRESIDENT - \$14,688;

WILLIAM BRODY, PRESIDENT - \$9,936; EDWARD CALLAWAY, PROFESSOR - \$236;

FRED GAGE, PROFESSOR - \$15,262; MARTIN HETZER, PROFESSOR - \$151; INDER

VERMA, PROFESSOR - \$2,926. NOT TAXABLE - ACCOUNTABLE PLAN.

QUESTIONS REGARDING HOUSING ALLOWANCE OR RESIDENCE

PART I, LINE 1A

A HOUSING ALLOWANCE IS PROVIDED AND REPORTED AS TAXABLE COMPENSATION.

SEVERANCE PAYMENT

PART I, LINE 4A

SEVERANCE PAYMENT BASED ON CONFIDENTIAL AGREEMENT

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF SAN DIEGO	95-6000934	797391R50	05/27/2010	37,207,949.	REFUND 04/30/00 ISSUE;RENOVATE/EQU		X		X		X
B CA STATEWIDE COMM. DEV. AUTHORITY	68-0164610	NONE	08/07/2014	31,081,050.	REFUND 08/11/05 ISSUE;RENOVATE/EQU		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	1,685,000.		272,065.					
2 Amount of bonds legally defeased								
3 Total proceeds of issue	37,207,949.		21,815,530.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows			16,081,050.					
7 Issuance costs from proceeds	523,682.		108,784.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	23,742,247.		5,625,696.					
11 Other spent proceeds	12,942,020.							
12 Other unspent proceeds								
13 Year of substantial completion	2012							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X				
15 Were the bonds issued as part of an advance refunding issue?		X	X					
16 Has the final allocation of proceeds been made?	X			X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

BONDS

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond issue details. Includes 'Yes' and 'No' columns and percentage fields.

Part IV Arbitrage

Table with 7 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, rebate computation, and hedge issues. Includes 'Yes' and 'No' columns.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE K, PART IV, LINE 2C

THE REBATE CALCULATION WAS LAST PERFORMED ON 05/10/2015.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Name of the organization: **THE SALK INSTITUTE FOR BIOLOGICAL STUDIES**
Employer identification number: **95-2160097**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) MARTIN HETZER	PROFESSOR			HOME LOAN		X	168,000.	168,000.	
(2) EDWARD CALLAWAY	PROFESSOR	HOME LOAN		X	100,000.	100,000.		X	X		X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 268,000.						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19 .	1,454,614 .	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

02487Y 1546

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

PART I, COLUMN B

THE AMOUNT REPORTED IN THIS COLUMN REPRESENTS THE NUMBER OF
CONTRIBUTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

GOVERNING BODY AND MANAGEMENT

FORM 990, PART VI, SECTION A, LINES 1A, 6, 7A, 7B

LINE 1A: THE EXECUTIVE COMMITTEE SHALL ADVISE AND AID THE OFFICERS OF THE CORPORATION IN ALL MATTERS CONCERNING ITS INTERESTS, INCLUDING WITHOUT LIMITATION ALL MATTERS RELATING TO COMPENSATION AND BENEFITS, AND SHALL POSSESS AND MAY EXERCISE, DURING THE INTERVALS BETWEEN THE MEETINGS OF THE BOARD OF TRUSTEES, ALL THE POWERS AND AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION, INCLUDING THE POWER TO AUTHORIZE THE CORPORATE SEAL TO BE AFFIXED TO ANY AND ALL DOCUMENTS WHICH MAY REQUIRE THE SAME TO BE AFFIXED THERETO, INSOFAR AS SUCH SEEMS TO THE EXECUTIVE COMMITTEE FOR THE BEST INTERESTS OF THE CORPORATION, IN ALL CASES IN WHICH SPECIFIC DIRECTIONS SHALL NOT HAVE BEEN GIVEN BY THE BOARD OF TRUSTEES, EXCEPT THAT THE EXECUTIVE COMMITTEE SHALL HAVE NO POWER TO ADOPT, AMEND, OR REPEAL THE BY-LAWS.

LINE 6: MEMBERSHIP OF THE CORPORATION CONSISTS OF THE PERSONS ELECTED TO THE BOARD OF TRUSTEES AND THREE MEMBERS FROM AMONG THE RESIDENT AND NON-RESIDENT FELLOWS AND PROFESSORS CHOSEN AND ELECTED ANNUALLY BY THE RESIDENT AND NON-RESIDENT FELLOWS AND PROFESSORS.

LINE 7A: THE MEMBERS OF THE CORPORATION ELECT THE TRUSTEES.

LINE 7B: THE MEMBERS OF THE CORPORATION MAY ALTER, AMEND, OR REPEAL THE

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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BY-LAWS BY VOTE.

POLICIES

FORM 990, PART VI, SECTION B, LINES 11B, 12C, 15A/B

LINE 11B: THE FORM 990 IS PREPARED BY THE INSTITUTE, INTERNALLY REVIEWED BY THE SR. DIRECTOR OF FINANCE AND THE CHIEF FINANCIAL OFFICER AND EXTERNALLY REVIEWED BY THE TAX DEPARTMENT OF A PUBLIC ACCOUNTING FIRM. A COPY OF THE PREPARED FORM 990 IS PROVIDED TO ALL BOARD MEMBERS AND THE AUDIT COMMITTEE FOR REVIEW AND DISCUSSION PRIOR TO ELECTRONIC FILING.

LINE 12C: ANNUALLY, THE CONFLICT OF INTEREST DISCLOSURE STATEMENT IS SENT OUT FOR COMPLETION BY THE MEMBERS OF THE BOARD OF TRUSTEES, SENIOR MEMBERS OF ADMINISTRATION AND RESEARCHERS. THE DESIGNATED OFFICIAL FOR EACH GROUP REVIEWS THE COMPLETED FORMS AND BRINGS ANY POTENTIAL CONFLICT OF INTEREST TO THE RESPECTIVE COMMITTEES FOR REVIEW. UPON DETERMINATION THAT A CONFLICT OF INTEREST EXISTS, THE FOLLOWING CONDITIONS OR RESTRICTIONS MAY BE IMPOSED: A. MONITORING OF ACTIVITIES GENERATING THE CONFLICT BY ANOTHER MEMBER; B. DISQUALIFICATION FROM PARTICIPATION IN THE ACTIVITIES GIVING RISE TO THE CONFLICT; C. MODIFICATION OF RESPONSIBILITIES TO AVOID CONFLICTS; D. PUBLIC DISCLOSURE OR DIVESTITURE OF SIGNIFICANT FINANCIAL INTERESTS; E. MODIFICATION OF THE RESEARCH PLAN OR REMOVAL OF THE AFFECTED RESEARCHER FROM THE RESEARCH; F. SEVERANCE OF RELATIONSHIP THAT CREATES ACTUAL OR POTENTIAL CONFLICTS; G. TERMINATION OF EMPLOYMENT.

LINE 15A/B: IN 2015, AN INDEPENDENT CONSULTANT RETAINED BY THE SALK

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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INSTITUTE TO ADVISE ON COMPENSATION ISSUES, ANALYZED THE COMPETITIVENESS OF THE BASE SALARY AND TOTAL COMPENSATION (INCLUDING BENEFITS) FOR THE PRESIDENT, CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF EXTERNAL RELATIONS. TOTAL COMPENSATION WAS COMPARED TO LIKE ROLES AMONG ORGANIZATIONS PROVIDING SIMILAR SERVICES IN THE RESEARCH INDUSTRY, INCLUDING BOTH FOR-PROFIT AND NOT-FOR-PROFIT ORGANIZATIONS. THE CONSULTANT CONSIDERED THE SIZE AND SCOPE OF OPERATIONS OF THE INCUMBENTS AND THE GUIDELINES ARTICULATED IN THE SALK INSTITUTE EXECUTIVE COMPENSATION POLICY. THE CONSULTANT GAVE THE OPINION THAT THE TOTAL 2015 COMPENSATION WAS WELL WITHIN THE REASONABLE RANGE OF COMPETITIVE PRACTICES. NON-BASE PERFORMANCE RECOGNITION AWARDS WERE REQUESTED AND AWARDED IN JANUARY 2016.

HUMAN RESOURCES COMPLETED A SIMILAR TOTAL COMPENSATION ANALYSIS FOR THE GENERAL COUNSEL, AND VP, ACADEMIC AND ADMINISTRATIVE SERVICES. THE COMPENSATION COMMITTEE WAS PROVIDED MARKET DATA COMPARISON TO LIKE ROLES AMONG ORGANIZATIONS PROVIDING SIMILAR SERVICES IN THE RESEARCH INDUSTRY AND NOT-FOR-PROFIT SECTORS. HUMAN RESOURCES GAVE THE OPINION THAT THE TOTAL COMPENSATION WAS WELL WITHIN THE REASONABLE RANGE OF COMPETITIVE PRACTICES AND IN LINE WITH THE GUIDELINES ARTICULATED IN THE SALK INSTITUTE EXECUTIVE COMPENSATION POLICY. NON-BASE PERFORMANCE RECOGNITION AWARDS WERE REQUESTED AND AWARDED IN JANUARY 2016.

AN EXECUTIVE COMPENSATION COMMITTEE WAS FORMED IN 2014. THE COMMITTEE'S PURPOSE IS TO ACT ON BEHALF OF THE BOARD OF TRUSTEES TO EVALUATE THE

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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PERFORMANCE OF THE PRESIDENT/CEO; TO DETERMINE ON AN ANNUAL BASIS, APPROPRIATE COMPENSATION FOR THE PRESIDENT/CEO, VICE PRESIDENTS AND/OR EQUIVALENT PERSONS; AND TO RECOMMEND TO THE BOARD PLANS AND POLICIES PERTINENT TO THE COMPENSATION FOR THESE EXECUTIVES.

THE REPORTS FROM THE INDEPENDENT CONSULTANT AND HUMAN RESOURCES WERE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, EXCLUDING PERSONS WITH A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS. THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ACTIONS WERE INCLUDED IN THE MINUTES OF THE EXECUTIVE COMPENSATION COMMITTEE MEETING AND THE EXECUTIVE COMMITTEE MEETING. COPIES OF BOTH REPORTS WERE ATTACHED TO THE MINUTES OF THE MEETING.

DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19
UPON REQUEST, THE OFFICE OF THE CHIEF FINANCIAL OFFICER MAKES AVAILABLE TO THE PUBLIC THE INSTITUTE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. FINANCIAL STATEMENTS ARE AVAILABLE ON THE SALK WEB SITE.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9
POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST - (\$382,752); ROUNDING - \$3.

COMPENSATION OF DIRECTORS

FORM 990, PART VII, DIRECTORS COMPENSATION

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THE FOLLOWING INDIVIDUALS WERE COMPENSATED FOR THE FOLLOWING SERVICES AND NOT PAID AS TRUSTEES: EDWARD M. CALLAWAY, PH.D. - PROFESSOR; BEVERLY EMERSON, PH.D. - PROFESSOR; MARTIN HETZER, PH.D. - PROFESSOR, CHRISTOPHER R. KINTNER, PH.D. - PROFESSOR, GREG LEMKE, PH.D. - PROFESSOR.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INVOLVED IN RESEARCH ACTIVITIES, THE OBJECTIVES OF WHICH ARE THE ADVANCEMENT AND DISSEMINATION OF KNOWLEDGE RELEVANT TO THE HEALTH AND WELLBEING OF MAN. THE OBJECTIVES ARE MET PRIMARILY THROUGH RESEARCH AND ADVANCED INSTRUCTION IN (A) BIOLOGY, (B) THE CAUSE, PREVENTION AND CURE OF DISEASES, AND (C) THE FACTORS AND CIRCUMSTANCES CONDUCIVE TO THE FULFILLMENT OF MAN'S BIOLOGICAL POTENTIAL.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

NEW INSIGHT INTO HOW THE IMMUNE SYSTEM SOUNDS THE ALARM - SCIENTISTS AT THE SALK INSTITUTE DISCOVERED THAT T CELLS, IMMUNE SYSTEM CELLS THAT IDENTIFY AND DESTROY HARMFUL INVADERS OR DISEASED CELLS, ARE TRIGGERED BY A DYNAMIC PROTEIN NETWORK AT THE CELL SURFACE. THE NEW FINDINGS WERE DESCRIBED IN NATURE IMMUNOLOGY. IN THEIR STUDIES, THE SCIENTISTS LEARNED THAT A PROTEIN CALLED ZAP-70 MUST REPEATEDLY COME IN CONTACT WITH THE CELL SURFACE UNTIL A SECOND MOLECULE, CALLED LCK, HELPS IT REMAIN WITH THE T CELL RECEPTOR. THE CONNECTION ACTIVATES ZAP-70 AND PROMPTS THE T CELL TO ATTACK INVADERS AND DISEASED CELLS. FURTHER UNDERSTANDING OF THIS PROCESS MAY LEAD TO WAYS OF ENCOURAGING THE IMMUNE SYSTEM TO BE MORE SENSITIVE IN RECOGNIZING AND ELIMINATING

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ATTACHMENT 2 (CONT'D)

DISEASES. [8/3/15]

RECEPTORS IN BRAIN LINKED TO SCHIZOPHRENIA, AUTISM - A TEAM AT SALK SHOWED THAT THE LOSS OF A SET OF CRITICAL RECEPTORS IN ONE TYPE OF NEURON IN THE BRAIN MAY BE RESPONSIBLE FOR NEURODEVELOPMENTAL DISORDERS SUCH AS AUTISM AND SCHIZOPHRENIA. WORKING IN MICE, THE SCIENTISTS SELECTIVELY DELETED THE MGLUR5 RECEPTORS FROM PARVALBUMIN-POSITIVE INTERNEURONS, CELLS THOUGHT TO BE IMPORTANT IN GENERAL COGNITION, AFTER THE BRAIN'S INITIAL FORMATION. WITHOUT THESE RECEPTORS, THE MICE DEVELOPED COMPULSIVE, ANTI-SOCIAL BEHAVIORS AND PATTERNS OF BRAIN ACTIVITY SIMILAR TO THOSE SEEN IN HUMANS WITH SCHIZOPHRENIA. ADDITIONAL RESEARCH MAY PROVIDE A MEANS TO REVERSE THIS MOLECULAR CHANGE AND RESTORE THE BRAIN CELLS TO HEALTHY, FUNCTIONING STATES. THE FINDINGS WERE REPORTED IN MOLECULAR PSYCHIATRY. [8/11/15]

THE DNA DAMAGE RESPONSE GOES VIRAL: A WAY IN FOR NEW CANCER TREATMENTS - IN CRITICAL NEW RESEARCH REPORTED IN CELL, SALK SCIENTISTS DETAILED HOW A CLUSTER OF PROTEINS - COLLECTIVELY CALLED THE MRN COMPLEX - DIFFERENTIATES BETWEEN A BREAK IN A CELL'S OWN DNA AND AN INVASION BY VIRAL DNA AND HOW IT AMPLIFIES ITS RESPONSE THROUGH HISTONES, PACKAGING PROTEINS THAT WRAP GENETIC MATERIAL INTO SMALL PROTECTIVE BUNDLES. TO REPAIR A CELLULAR BREAK, MRN STARTS A DOMINO EFFECT, ACTIVATING HISTONES ON SURROUNDING CHROMOSOMES, WHICH SUMMONS A CASCADE OF ADDITIONAL

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PROTEINS. HOWEVER, WHEN A VIRUS ENTERS THE CELL'S NUCLEUS AND TURNS ON GENES TO REPLICATE ITS OWN DNA, THE RESPONSE IS DIFFERENT. THE MRN COMPLEX GRABS AND SELECTIVELY NEUTRALIZES THE VIRAL DNA WITHOUT TRIGGERING THE CASCADE OF ADDITIONAL PROTEINS. THE RESEARCHERS ALSO LEARNED THAT MRN RECRUITED TO CELLULAR DNA BREAKS, SUCH AS THOSE COMMON IN CANCER CELLS, CANNOT SIMULTANEOUSLY SENSE AND RESPOND TO INCOMING VIRAL GENOMES. THE TEAM ENVISIONS USING THIS INSIGHT TO ENGINEER CANCER-SELECTIVE VIRAL THERAPIES THAT COULD DESTROY EVEN THE EARLIEST LESIONS.

[8/27/15]

SCIENTISTS SEE MOTOR NEURONS "WALKING" IN REAL TIME - IN A TECHNOLOGICAL FIRST, RESEARCHERS AT THE SALK INSTITUTE SUCCESSFULLY ADDED A FLUORESCENT SENSOR PROTEIN CALLED GCAMP6F TO MOTOR NEURONS, ALLOWING THEM TO WATCH WITH A MICROSCOPE WHICH CELLS WERE ACTIVATED IN A MOUSE SPINAL CORD DURING COMPLEX MOVEMENTS SUCH AS WALKING. THE STUDY, PUBLISHED IN NEURON, HELPED SCIENTISTS ANSWER A LONG-STANDING QUESTION ABOUT HOW THE LOCOMOTOR CENTRAL PATTERN GENERATOR (CPG), A COLLECTION OF CELLS IN THE SPINAL CORD, CONNECTS TO THE RIGHT MOTOR NEURONS TO ALLOW COMPLEX MOVEMENTS. THIS INSIGHT MAY POINT THE WAY FOR CLINICIANS TO BE ABLE TO REPAIR THOSE CONNECTIONS IN PATIENTS WITH SPINAL CORD INJURIES OR NEURODEGENERATIVE DISEASES LIKE AMYOTROPHIC LATERAL SCLEROSIS (ALS). [9/2/15]

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ATTACHMENT 2 (CONT'D)

ERRANT GENE TURNS CELLS INTO MOBILE CANCER FACTORIES - SALK SCIENTISTS DEMONSTRATED HOW A SINGLE MASTER GENE, CALLED SOX10, CONTROLS IF-AND TO WHAT EXTENT-CELLS TURN INTO MINI FACTORIES, RAPIDLY CHURNING OUT MORE COPIES OF THEMSELVES AS WELL AS VARIANTS THAT CAN BETTER SURVIVE THE CHALLENGING AND CHANGING ENVIRONMENTS TO WHICH CANCERS ARE EXPOSED. IN THEIR STUDY, THE RESEARCHERS FOUND THAT SPECIALIZED MAMMARY CELLS WITH THE GREATEST ABILITY TO CREATE DIFFERENT CELL TYPES HAD HIGHER LEVELS OF SOX10 EXPRESSION. WHEN THE TEAM REMOVED SOX10, THE CELLS LOST THAT ABILITY. THEY ALSO DISCOVERED THAT HIGH LEVELS OF THE SOX10'S PROTEIN IN THE RIGHT CONDITIONS CAUSED THE CELLS TO BECOME MOBILE AND INVADE SURROUNDING AREAS. THIS NEW UNDERSTANDING OF SOX10, PUBLISHED IN CELL REPORTS, COULD HELP POINT THE WAY TO MORE EFFICIENT THERAPIES FOR DRUG-RESISTANT CANCERS. [9/10/15]

IN FIRST, SALK SCIENTISTS USE SOUND WAVES TO CONTROL BRAIN CELLS - A NOVEL TECHNIQUE DEVELOPED BY RESEARCHERS AT THE SALK INSTITUTE SELECTIVELY AND NONINVASIVELY TURNS ON GROUPS OF NEURONS IN NEMATODES. AS DESCRIBED IN NATURE COMMUNICATIONS, THE TECHNIQUE, DUBBED SONOGENETICS, OFFERS ADVANTAGES OVER CURRENT LIGHT-BASED METHODS BY ALLOWING RESEARCHERS TO STIMULATE HARD-TO-REACH REGIONS DEEP IN THE BRAIN. THE GROUP HAS ALREADY BEGUN TESTING THE TECHNOLOGY ON MICE. BEING ABLE TO SAFELY STUDY THE EFFECT OF TARGETED CELL ACTIVATION SHOULD FACILITATE A BETTER UNDERSTANDING OF CELL MECHANISMS AND POINT THE WAY TO FUTURE THERAPEUTICS FOR

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ATTACHMENT 2 (CONT'D)

CELLS AFFECTED BY DISEASE. [9/15/15]

NOT ALL ORGANS AGE ALIKE - A STUDY BY SCIENTISTS AT THE SALK INSTITUTE AND PUBLISHED IN CELL SYSTEMS PROVIDED THE FIRST COMPREHENSIVE VIEW OF HOW CELLULAR PROTEINS AGE IN DIFFERENT ORGANS. WORKING WITH YOUNG AND OLD RATS, THE TEAM COMBINED GENOMICS AND PROTEOMICS TO SHOW THAT PROTEIN AGING PATTERNS APPEAR TO RELATE TO AN ORGAN'S SPECIFIC CELLULAR PROPERTIES OR FUNCTION. CELLS IN THE LIVER, FOR EXAMPLE, ARE REPLACED FREQUENTLY, ALLOWING THE ORGAN TO REPLENISH ITS PROTEINS. MOST NEURONS IN THE BRAIN, HOWEVER, ARE NON-DIVIDING CELLS THAT MUST SURVIVE FOR A LIFETIME AND ARE THEREFORE MORE VULNERABLE TO ACCUMULATED DAMAGE. FURTHER INVESTIGATION INTO THE MOLECULAR MECHANISMS OF AGING COULD LEAD TO THE DEVELOPMENT OF NOVEL THERAPIES TO PREVENT OR TREAT A RANGE OF AGE-RELATED DISEASES. [9/17/15]

MOBILE APP RECORDS OUR ERRATIC EATING HABITS - BUILDING ON PREVIOUS SALK RESEARCH THAT DEMONSTRATED HOW TIME-RESTRICTED EATING IN MICE HELPED PREVENT OBESITY AND ASSOCIATED DISEASE, A TEAM AT THE INSTITUTE DESIGNED A MOBILE APP TO HELP HUMANS OBJECTIVELY REGISTER THEIR DAILY FOOD AND BEVERAGE INTAKE. PARTICIPANTS IN AN INITIAL STUDY TOOK A CELL PHONE PICTURE OF EVERYTHING THEY CONSUMED AND THE APP CAPTURED THE METADATA, SUCH AS LOCATION, AND RECORDED A TIME STAMP. THE RESULTING DATA, COLLECTED OVER A THREE-WEEK PERIOD AND REPORTED IN CELL

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ATTACHMENT 2 (CONT'D)

METABOLISM, SHOWED THAT A MAJORITY OF PEOPLE EAT FOR MORE THAN 15 HOURS A DAY, WITH LESS THAN A QUARTER OF THE DAY'S CALORIES CONSUMED BEFORE NOON AND OVER A THIRD CONSUMED AFTER 6 PM. THE SCIENTISTS SUGGEST THIS MOBILE APP COULD BE A POWERFUL TOOL FOR PERSONALIZED MEDICINE, HELPING PEOPLE MONITOR THEIR DAILY DIET AND MEDICATIONS. [9/24/15]

TARGETING MUTANT PROTEINS MIGHT BE SILVER BULLET FOR NEURODEGENERATIVE DISEASES - SALK SCIENTISTS UNRAVELED HOW MUTANT MOLECULES DAMAGE THE NERVOUS SYSTEM OF PEOPLE WITH CHARCOT-MARIE-TOOTH (CMT) DISEASE, A GROUP OF DISORDERS THAT HINDERS PEOPLE'S ABILITY TO MOVE AND FEEL SENSATION IN THEIR HANDS AND FEET. APPROXIMATELY 1 IN EVERY 2,500 PEOPLE IN THE U.S. IS AFFECTED BY CMT. THE TEAM BUILT ON THEIR PREVIOUS DISCOVERY THAT ONE FORM OF THE DISORDER WAS CAUSED BY A GENE MUTATION THAT DEFORMED AN ENZYME KNOWN AS GLYRS. USING A RANGE OF NEUROGENETIC, GENE THERAPY, BIOCHEMICAL AND STRUCTURAL BIOLOGY RESEARCH TECHNIQUES, THE TEAM DEMONSTRATED THAT THE MUTANT GLYRS ENZYME BLOCKED MOLECULAR SIGNALS IMPORTANT FOR MAINTAINING THE HEALTH OF MOTOR NEURONS. THE FINDINGS, PUBLISHED IN NATURE, SUGGEST A POSSIBLE AVENUE FOR DEVELOPING NEW THERAPIES FOR CMT. [10/21/15]

PROTEIN FACTORIES HIDDEN IN HUMAN JUMPING GENES - SALK SCIENTISTS FOUND HUMAN AND CHIMP DNA PEPPERED WITH SEQUENCES OF GENETIC CODE DUBBED ORF0 THAT PRODUCE HUNDREDS TO THOUSANDS OF PREVIOUSLY

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UNKNOWN PROTEINS AND WHICH SPREAD THROUGHOUT THE GENOME ON JUMPING GENES. THE ABUNDANCE OF ORF0 INSTANCES IN THE HUMAN GENOME SUGGESTS THAT IT PLAYED - AND STILL PLAYS - AN IMPORTANT ROLE IN EVOLUTIONARY DIVERSITY AND FLEXIBILITY BY SERVING AS A MECHANISM FOR GENERATING NOVEL PROTEINS. THE TEAM'S DISCOVERY, REPORTED IN CELL, MAY SHINE LIGHT ON THE ORIGINS OF GENETIC MUTATIONS RESPONSIBLE FOR CANCER AND OTHER DISEASES SUCH AS SCHIZOPHRENIA, WHERE PREVIOUS STUDIES HAVE SUGGESTED JUMPING GENES MAY BE INVOLVED. [10/22/15]

CELLULAR DAMAGE CONTROL SYSTEM HELPS PLANTS TOUGH IT OUT - AS REPORTED IN SCIENCE, SALK RESEARCHERS REVEALED DETAILS ABOUT A FUNDAMENTAL MECHANISM THAT HELPS PLANTS MANAGE THEIR ENERGY INTAKE. IT WAS SUSPECTED THAT THE COMMAND CENTER OF A PLANT CELL, THE NUCLEUS, OCCASIONALLY DEGRADES AND REUSES THE MATERIALS OF SELECT, MALFUNCTIONING CHLOROPLASTS, THE ORGANELLES THAT CONVERT SUNLIGHT INTO CHEMICAL ENERGY, BUT THE MECHANISM HAD NOT BEEN SHOWN. WORKING WITH ARABIDOPSIS THALIANA, THE TEAM DISCOVERED THAT CELLS MARKED THE DAMAGED CHLOROPLASTS FOR DEGRADATION WITH A PROTEIN TAG CALLED UBIQUITIN. BY BETTER UNDERSTANDING THIS PROCESS IN CHLOROPLASTS, SCIENTISTS MAY ALSO GLEAN INSIGHT INTO HOW HUMAN CELLS HANDLE MISBEHAVING MITOCHONDRIA, INFORMATION KEY TO TREATING NEURODEGENERATIVE DISEASES. [10/23/15]

MAKING SEROTONIN TRANSMITTING NEURONS IN A DISH - IN A REPORT

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ATTACHMENT 2 (CONT'D)

PUBLISHED IN MOLECULAR PSYCHIATRY, SALK SCIENTISTS DESCRIBED A NEW METHOD FOR TURNING HUMAN SKIN CELLS INTO NEURONS THAT SIGNAL TO ONE ANOTHER USING SEROTONIN, A BRAIN CHEMICAL CRUCIAL TO MENTAL WELLBEING. THESE NEURONS ARE TIED TO DEBILITATING DISORDERS SUCH AS MAJOR DEPRESSION, SCHIZOPHRENIA AND AUTISM. THIS ADVANCEMENT PROVIDES RESEARCHERS A LENS FOR STUDYING NEUROTRANSMITTER MECHANISMS AND HOW THEY GO AWRY IN MENTAL ILLNESS. [10/27/15]

BIPOLAR PATIENTS' BRAIN CELLS PREDICT RESPONSE TO LITHIUM - A STUDY AT THE SALK INSTITUTE WAS AMONG THE FIRST TO SHOW AT A CELLULAR LEVEL HOW BIPOLAR DISORDER, CHARACTERIZED BY SEVERE SWINGS BETWEEN DEPRESSION AND ELATION, AFFECTS THE BRAIN. AS REPORTED IN NATURE, THE STUDY DEMONSTRATED THAT THE BRAIN CELLS OF PATIENTS WITH THIS DISORDER ARE MORE SENSITIVE TO STIMULI THAN OTHER PEOPLE'S BRAINS. THE TEAM ALSO UNCOVERED FUNDAMENTAL DIFFERENCES IN THESE PATIENTS' CELLS. THEY FOUND THAT CELLS FROM LITHIUM RESPONDER PATIENTS SHOWED WEAKENED EXCITABILITY AFTER GROWING IN LITHIUM WHILE CELLS FROM PATIENTS WHO HADN'T BEEN HELPED BY THE DRUG REMAINED HYPEREXCITABLE. ARMED WITH THIS NEW INSIGHT, SCIENTISTS CAN SCREEN FOR BETTER DRUGS TO TREAT BIPOLAR DISORDER IN PATIENTS. [10/28/15]

"SUPERHERO" MICROBIOME BACTERIA PROTECT AGAINST DEADLY SYMPTOMS DURING INFECTION - RESEARCHERS AT SALK IDENTIFIED A POPULATION OF LABORATORY MICE THAT APPEARED RESISTANT TO WASTING, A POTENTIALLY

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DEADLY LOSS OF MUSCLE TISSUE THAT OCCURS IN SERIOUS INFECTIONS. BY COMPARING THE MAKEUP OF THE INTESTINAL MICROBIOMES OF THESE MICE TO MICE THAT LACKED RESISTANCE, THE TEAM IDENTIFIED A STRAIN OF ESCHERICHIA COLI BACTERIA PRESENT ONLY IN THE WASTING-RESISTANT MICE. WHEN NORMAL MICE WERE GIVEN AN ORAL TREATMENT OF THIS BENEFICIAL E. COLI STRAIN, THEY GAINED THE ABILITY TO MAINTAIN MUSCLE AND FAT MASS DURING INTESTINAL INFECTIONS AND PNEUMONIA. IF A SIMILARLY PROTECTIVE STRAIN IS FOUND IN HUMANS, IT COULD OFFER A NEW AVENUE FOR COUNTERING MUSCLE WASTING, WHICH AFFLICTS PATIENTS SUFFERING FROM SEPSIS AND HOSPITAL ACQUIRED INFECTIONS - MANY OF WHICH ARE NOW ANTIBIOTIC RESISTANT. THIS EXCITING DISCOVERY WAS PUBLISHED IN SCIENCE. [10/30/15]

WHY BRUSHING MOVEMENTS ON OUR HAIRY SKIN MAKE US SCRATCH - IN A SCIENTIFIC FIRST, SALK RESEARCHERS SHOWED THAT THE SPINAL NEURONS INVOLVED IN THE TINGLING SENSATION CAUSED BY LIGHT TOUCH DIFFER FROM THOSE INVOLVED IN TRANSMITTING PAIN. AS DETAILED IN SCIENCE, THE TEAM REVEALED THE PRESENCE OF A DEDICATED NEURAL PATHWAY FOR THIS PARTICULAR SENSATION AND ALSO ELUCIDATED THE ROLE PLAYED IN THE SPINAL CORD BY A NEUROTRANSMITTER CALLED NEUROPEPTIDE Y. THE NEW RESULTS LEND INSIGHTS INTO POTENTIAL MECHANISMS OF CHRONIC ITCH, WHICH CAN BE CAUSED BY ECZEMA, DIABETIC NEUROPATHY, MULTIPLE SCLEROSIS AND CERTAIN TYPES OF CANCERS. IT MAY ALSO HELP EXPLAIN WHY SOME PEOPLE AFFECTED BY ITCH ARE UNRESPONSIVE TO ANTIHISTAMINE DRUGS. [10/30/15]

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ATTACHMENT 2 (CONT'D)

MOLECULAR "BRAKE" STIFLES HUMAN LUNG CANCER - BY TESTING SOME 4,700 GENES RELATED TO CELLULAR SIGNALING - SPECIFICALLY THOSE WITH THE ABILITY TO TAMP DOWN CELL GROWTH - A SALK TEAM UNCOVERED AN ENZYME RESPONSIBLE FOR SUPPRESSING A COMMON LUNG CANCER THAT AFFECTS NONSMOKERS AND SMOKERS ALIKE AND IS THE LEADING CAUSE OF CANCER-RELATED DEATHS WORLDWIDE. THE ENZYME, CALLED EPHA2, NORMALLY POLICES A GENE RESPONSIBLE FOR TISSUE GROWTH. BUT IN A MUTATED FORM, EPHA2 ALLOWS CELLULAR SYSTEMS TO RUN AMOK AND QUICKLY DEVELOP TUMORS. THIS IMPORTANT STUDY, PUBLISHED IN PNAS, SUGGESTS THAT EPHA2 COULD BE A NEW TARGET FOR THIS DEADLY SUBSET OF LUNG CANCER. [11/2/15]

EXPERIMENTAL DRUG TARGETING ALZHEIMER'S DISEASE SHOWS ANTI-AGING EFFECTS - AN EXPERIMENTAL DRUG CANDIDATE, J147, DEVELOPED AT SALK AND AIMED AT COMBATING ALZHEIMER'S DISEASE WAS SHOWN TO HAVE UNEXPECTED ANTI-AGING EFFECTS IN ANIMALS. WORKING WITH A MOUSE MODEL OF AGING NOT TYPICALLY USED IN ALZHEIMER'S RESEARCH, THE TEAM DEMONSTRATED THAT MICE TREATED WITH J147 HAD BETTER MEMORY AND COGNITION, HEALTHIER BLOOD VESSELS IN THE BRAIN AND OTHER IMPROVED PHYSIOLOGICAL FEATURES. THE FINDINGS, DETAILED IN THE JOURNAL AGING, REPRESENT A NEW APPROACH TO ALZHEIMER'S DRUG DISCOVERY; THE NEXT STEP IS HUMAN CLINICAL TRIALS. [11/12/15]

BLOCKING IMMUNE CELL TREATS NEW TYPE OF AGE-RELATED DIABETES -

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ATTACHMENT 2 (CONT'D)

RESEARCHERS AT SALK REVEALED THAT DIABETES IN ELDERLY, LEAN ANIMALS HAS A DIFFERENT CELLULAR CAUSE THAN OBESITY-ASSOCIATED TYPE 2 DIABETES. THEY CALL IT A NEW KIND OF DIABETES: TYPE 4. IN MICE WITH AGE-RELATED DISEASE, THE TEAM FOUND ABNORMALLY HIGH LEVELS OF IMMUNE CELLS CALLED T REGULATORY (TREG) CELLS INSIDE FAT TISSUE. WHEN THEY TARGETED A MOLECULE TO BLOCK THE TREG CELLS FROM ACCUMULATING IN THE FAT, THE MICE NO LONGER DEVELOPED TYPE 4 DIABETES IN OLD AGE. THE DISCOVERY, REPORTED IN NATURE, POINTS TO A POSSIBLE CURE FOR THE DIABETES IN AGING YET LEAN HUMANS THAT TOO OFTEN GOES UNDIAGNOSED. [11/18/15]

FIGHTING LIVER FIBROSIS, THE WOUND THAT NEVER HEALS - SALK SCIENTISTS IDENTIFIED A DRUG THAT HALTS THE UNCHECKED ACCUMULATION OF SCAR TISSUE IN THE LIVER AND COULD HELP THE MILLIONS OF PEOPLE WORLDWIDE AFFECTED BY LIVER FIBROSIS AND CIRRHOSIS. EMPLOYING THE STRATEGY OF STOPPING THE FIBROTIC RESPONSE AT THE GENOME LEVEL, THE TEAM IDENTIFIED A SMALL MOLECULE, CALLED JQ1, THAT PROVED TO NOT ONLY PREVENT FIBROSIS IN ANIMALS, BUT REVERSED THE CONDITION AS WELL. JQ1 IS A PROTOTYPE OF A NEW CLASS OF DRUGS CURRENTLY BEING TESTED IN HUMAN CLINICAL TRIALS FOR VARIOUS CANCERS AND THUS PRESENTS VALUABLE THERAPEUTIC POTENTIAL FOR PATIENTS AFFECTED BY LIVER FIBROSIS. THE STUDY WAS PUBLISHED IN PNAS. [12/7/15]

LOSS OF TINY GENETIC MOLECULES COULD PLAY ROLE IN NEURODEGENERATIVE DISEASES - IN A PAPER PUBLISHED IN SCIENCE, SALK

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SCIENTISTS REPORTED THAT ANIMALS UNABLE TO PRODUCE JUST ONE OF MANY GENETIC MOLECULES CALLED MICRORNAS DEVELOPED SYMPTOMS OF DEVASTATING NEURODEGENERATIVE DISEASES LIKE AMYOTROPHIC LATERAL SCLEROSIS (ALS) AND SPINAL MUSCULAR ATROPHY (SMA). THE DISCOVERY UPENDED PREVIOUS UNDERSTANDING OF THE ROLE OF MICRORNAS IN THE NERVOUS SYSTEM AND MAY OPEN A DOOR TO NEW AVENUES FOR TREATING NEURODEGENERATIVE DISORDERS. [12/18/15]

HERE COMES THE SUN: CELLULAR SENSOR HELPS PLANTS FIND LIGHT - IN A FINDING THAT COULD BE USED TO IMPROVE THE PRODUCTIVITY OF CROPS, SALK RESEARCHERS UNCOVERED A NOVEL WAY BY WHICH PLANTS ASSESS THE QUALITY OF SHADE TO OUTGROW COMPETING NEIGHBORS. IT WAS PREVIOUSLY BELIEVED THAT PLANTS RESPOND TO DIMINISHED RED LIGHT BY ACTIVATING A GROWTH HORMONE, AUXIN, TO OUTPACE NEIGHBORS. BUT THE SALK TEAM DEMONSTRATED THAT SHADE AVOIDANCE CAN ALSO OCCUR WHEN A CELLULAR SENSOR CALLED CRYPTOCHROME RESPONDS TO DIMINISHED BLUE LIGHT BY TURNING ON GENES THAT PROMOTE GROWTH. LEARNING HOW TO MANIPULATE THIS GROWTH RESPONSE COULD ALLOW FARMERS TO GROW PLANTS CLOSER TOGETHER, THUS INCREASING CROP PRODUCTION AND FEEDING A RISING WORLD POPULATION. THE STUDY WAS PUBLISHED IN CELL. [12/24/15]

SCIENTISTS FIND KEY DRIVER FOR TREATMENT OF LETHAL BRAIN CANCER - BY FOCUSING ON A TRANSCRIPTION FACTOR (NF-KB), A PROTEIN THAT BINDS TO DNA AND CONTROLS A PARTICULAR SET OF GENE EXPRESSION, SALK SCIENTISTS DISCOVERED A KEY TO HOW CANCER CELLS PROLIFERATE

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IN GLIOBLASTOMA MULTIFORME, A DEADLY FORM OF BRAIN CANCER. THE TEAM WENT ON TO IDENTIFY A PEPTIDE (NBD) THAT BLOCKED NF-KB ACTIVITY IN MICE. AS REPORTED IN SCIENCE ADVANCES, THE MICE TREATED WITH NBD LIVED TWICE AS LONG AS MICE THAT WERE NOT TREATED WITH NBD. FURTHER RESEARCH WILL AIM TO SELECTIVELY BLOCK NF-KB ACTIVITY IN THE GENES THAT DIRECTLY AFFECT TUMOR GROWTH, PRESERVING ITS BENEFICIAL ROLES OF REGULATING CELL SURVIVAL, INFLAMMATION AND IMMUNITY. [1/8/16]

NEW TIE BETWEEN CHOLESTEROL AND BONE DENSITY - USING A METHOD DEVELOPED AT THE INSTITUTE, SALK SCIENTISTS COLLABORATED ON A STUDY TO DEMONSTRATE HOW LIPID METABOLISM IS INVOLVED IN MAINTAINING BONE HEALTH. THE TEAM FOUND THAT CHOLESTEROL CAN BIND TO A PROTEIN, CALLED ESTROGEN-RELATED RECEPTOR ALPHA, THAT REGULATES BONE DENSITY. THE DISCOVERY, PUBLISHED IN CELL METABOLISM, SUGGESTS THAT DRUGS COMMONLY USED TO MANAGE CHOLESTEROL LEVELS ALSO IMPACT BONE DENSITY AND POINTS TO NEWER AND BETTER DRUGS TO TREAT BONE DISEASE. [1/14/16]

AUTISM-LINKED PROTEIN LAYS GROUNDWORK FOR HEALTHY BRAIN - ACCORDING TO SALK SCIENTISTS, A GENE KNOWN AS MDGA1, LINKED TO MENTAL DISORDERS, HELPS LAY THE FOUNDATION FOR A CRUCIAL BRAIN STRUCTURE DURING PRENATAL DEVELOPMENT. AS PUBLISHED IN CELL REPORTS, THE TEAM DISCOVERED THAT WHEN MDGA1 IS DISABLED IN EARLY DEVELOPMENT, THE NEURON PRECURSORS IN THE CEREBRAL CORTEX MIGRATED

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TO THE WRONG PLACES IN THE BRAIN. THESE CELLS THEN DIED BEFORE BECOMING NEURONS SO THAT, WITHOUT MDGA1, THE CEREBRAL CORTEX ULTIMATELY LOST NEARLY HALF ITS NEURONS. THE FINDINGS SUGGEST THAT MUTATIONS IN MDGA1 WHILE THE CORTEX IS DEVELOPING COULD PRODUCE SNOWBALL EFFECTS LEADING TO THE DEVELOPMENT OF BRAIN DISORDERS.

[1/14/16]

HOW THE CELL'S POWER STATION SURVIVES ATTACKS - IN RESEARCH OFFERING CLUES TO BETTER UNDERSTANDING CANCER, DIABETES AND NEURODEGENERATIVE DISEASES, SALK SCIENTISTS DISCOVERED AN UNEXPECTED WAY THAT CELLS TRIGGER A RESPONSE TO THREATS. WHEN ATTACKED BY POISONS, ENVIRONMENTAL STRESS OR GENETIC MUTATIONS, FOR EXAMPLE, CELLS RIP APART THEIR MITOCHONDRIA - THEIR POWER GENERATORS - STRIP OUT THE DAMAGED PIECES AND REASSEMBLE THEM INTO USABLE MITOCHONDRIA. AN ENZYME CALLED AMPK INSTRUCTS THE THREATENED MITOCHONDRIA TO BREAK APART AND THE SCIENTISTS FOUND THAT CHEMICALLY ACTIVATING AMPK COULD CAUSE FRAGMENTATION EVEN WITHOUT ANY CELLULAR THREAT. THE WORK WAS PUBLISHED IN SCIENCE. MITOCHONDRIAL DYSFUNCTION IS INCREASINGLY CONNECTED TO METABOLIC AND NEURODEGENERATIVE DISEASES, PARTICULARLY PARKINSON'S, AND THIS INSIGHT POINTS TO POSSIBLE NEW PATHS FOR DEVELOPING THERAPEUTICS.

[1/15/16]

GRAFTED PLANTS' GENOMES CAN COMMUNICATE WITH EACH OTHER - COMBINING ANCIENT GRAFTING TECHNIQUES WITH MODERN GENETIC

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ATTACHMENT 2 (CONT'D)

RESEARCH, SALK SCIENTISTS DEMONSTRATED IN PNAS THAT GRAFTED PLANTS SHARE EPIGENETIC TRAITS. THE TEAM WORKED WITH THREE VARIETIES OF ARABIDOPSIS THALIANA TO OBSERVE TINY MOLECULES CALLED SMALL RNAs MOVING ACROSS THE GRAFTED PLANTS FROM THE SHOOTS TO THE ROOTS. USING NEW GENE EDITING TOOLS, THEY PLAN TO RUN SIMILAR GRAFTING EXPERIMENTS WITH THE MORE COMPLICATED GENOMES OF POPULAR CROPS. THE RESEARCH MIGHT ONE DAY ALLOW GROWERS TO EXPLOIT EPIGENETIC INFORMATION TO IMPROVE CROPS AND YIELDS. [1/18/16]

MEMORY CAPACITY OF BRAIN IS 10 TIMES MORE THAN PREVIOUSLY THOUGHT - AS REPORTED IN ELIFE, SALK SCIENTISTS SHARED EXCITING NEW INSIGHT INTO THE SIZE OF NEURAL CONNECTIONS, PUTTING THE BRAIN'S MEMORY CAPACITY IN THE PETABYTE RANGE, SIMILAR TO THE ENTIRE WEB. THE TEAM USED ADVANCED MICROSCOPY AND COMPUTATIONAL ALGORITHMS TO IMAGE RAT BRAINS THEN RECONSTRUCTED THE CONNECTIVITY, SHAPES, VOLUMES AND SURFACE AREA OF BRAIN TISSUE TO A NANOMOLECULAR LEVEL. THE NEW WORK, CALLED "A BOMBSHELL IN THE FIELD OF NEUROSCIENCE," OPENS A WINDOW INTO THE BRAIN'S ENERGY EFFICIENCY AND LAYS THE FOUNDATION FOR WHOLE NEW WAYS OF THINKING ABOUT BRAINS AND COMPUTERS. [1/20/16]

BRAIN GUARDIANS REMOVE DYING NEURONS - ADDING TO PREVIOUS SALK RESEARCH THAT DEMONSTRATED HOW MOLECULES CALLED TAM RECEPTORS, TWO OF WHICH - MER AND AXL - HELP CERTAIN IMMUNE CELLS CONSUME BILLIONS OF DEAD CELLS IN THE HUMAN BODY DAILY, SCIENTISTS

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ATTACHMENT 2 (CONT'D)

EXPLORED HOW THESE RECEPTORS IMPACT BRAIN HEALTH. WORKING IN MICE, THE RESEARCHERS REMOVED AXL AND MER IN THE MICROGLIA, THE CELLS RESPONSIBLE FOR DESTROYING PATHOGENS IN THE BRAIN, AND FOUND THAT THAT THE ABSENCE OF THE TWO RECEPTORS RESULTED IN A PILE-UP OF DEAD CELLS - BUT ONLY IN THE REGIONS OF THE BRAIN WHERE NEW NEURONS ARE PRODUCED. ADDITIONALLY, SOME NEW NEURONS INCREASED DRAMATICALLY WITHOUT AXL AND MER, SUGGESTING THAT THESE RECEPTORS PLAY OTHER ROLES IN THE BODY. A FURTHER STUDY DEMONSTRATED THAT REMOVING AXL AND MER FROM A MOUSE MODEL OF PARKINSON'S DISEASE HELPED THE MICE LIVE LONGER. THE TEAM SUSPECTS THAT, IN THIS CASE, AXL AND MER MAY BE PROMPTING THE DESTRUCTION OF TOO MANY NEURONS, IN EFFECT HASTENING THE DISEASE. THEIR REPORT, PUBLISHED IN NATURE, SUGGESTS THAT THESE RECEPTORS COULD BE POTENTIAL NEW THERAPEUTIC TARGETS FOR NEURODEGENERATIVE DISEASE. [4/6/16]

FINDING THE "SECRET SAUCE" FOR PERSONALIZED, FUNCTIONAL INSULIN-PRODUCING CELLS - IN A STUDY WITH IMPORTANT IMPLICATIONS FOR DIABETIC PATIENTS, RESEARCHERS AT THE SALK INSTITUTE IDENTIFIED THE MOLECULAR SWITCH NEEDED TO CREATE EFFECTIVE SUGAR-RESPONSIVE, INSULIN-RELEASING CELLS IN A DISH. THE TEAM EXAMINED THE BASIC BIOLOGY OF A PANCREATIC BETA CELL TO UNCOVER SEVERAL MOLECULAR SWITCHES, ONE OF WHICH - ERR-GAMMA - PROVED TO BE CRUCIAL TO AWAKENING THE SILENT BETA-LIKE CELLS AND STIMULATING THEM TO RESPOND TO GLUCOSE AND SUBSEQUENTLY RELEASE INSULIN. WHEN THE MATURED BETA CELLS WERE TRANSPLANTED INTO TYPE 1 DIABETIC

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ATTACHMENT 2 (CONT'D)

MICE, THE PROCEDURE QUICKLY RESCUED THEIR DIABETES. THE RESEARCHERS HOPE TO MOVE INTO HUMAN TRIALS IN A FEW YEARS. THEIR INFORMATIVE STUDY WAS PUBLISHED IN CELL METABOLISM. [4/12/16]

BRAIN MAPPING TOOL 20 TIMES MORE POWERFUL THAN PREVIOUS VERSION - IN A DRAMATIC IMPROVEMENT TO A SALK TECHNIQUE CALLED RABIES VIRUS TRACING, USED TO MAP THE BRAIN'S COMPLEX NETWORK OF NEURAL CONNECTIONS, SCIENTISTS DEVELOPED A NEW REAGENT THAT IS 20 TIMES MORE EFFICIENT THAN THE PREVIOUS VERSION. THE NEW REAGENT WILL HELP RESEARCHERS ILLUMINATE ASPECTS OF BRAIN DISORDERS WHERE CONNECTIVITY AND GLOBAL PROCESSING GO AWRY, SUCH AS IN AUTISM, SCHIZOPHRENIA AND SOME MOTOR AND NEURODEVELOPMENTAL DISEASES. THIS POWERFUL TOOL WAS DESCRIBED IN CELL REPORTS. [4/14/16]

SALK SCIENTISTS UNCOVER HOW A CELL'S "FUEL GAUGE" PROMOTES HEALTHY DEVELOPMENT - USING CRISPR TECHNOLOGY TO EDIT OUT TWO IMPORTANT COMPONENTS OF THE AMPK PATHWAY IN EMBRYONIC STEM CELLS, SALK RESEARCHERS DISCOVERED THAT THE PROTEIN COMPLEX THAT OVERSEES A CELL'S ENERGY INPUT AND OUTPUT ALSO PLAYS AN UNEXPECTED ROLE IN DEVELOPMENT. WHEN THEY PROMPTED THE STEM CELLS TO DIFFERENTIATE, THE CELLS WITHOUT A FUNCTIONING AMPK PATHWAY FAILED TO EFFICIENTLY MAKE ENDODERM, THE INNERMOST LAYER IN AN ORGANISM, AND INSTEAD MADE TOO MUCH ECTODERM, THE LAYER THAT WOULD TURN INTO SKIN. THESE FINDINGS, PUBLISHED IN GENES AND DEVELOPMENT, GIVE NEW INSIGHT INTO STEM CELL THERAPIES AND COULD HELP REFINE CANCER TREATMENTS.

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ATTACHMENT 2 (CONT'D)

[4/25/16]

TAMPING DOWN NEURONS' ENERGY USE COULD TREAT NEURODEGENERATION - RESEARCHERS AT THE SALK INSTITUTE DEMONSTRATED HOW RAPAMYCIN, AN FDA-APPROVED DRUG, CAN BOOST THE HEALTH OF BRAIN CELLS BY LIMITING THEIR ENERGY USE. THE FINDINGS WERE REPORTED IN ELIFE. IN THEIR STUDIES, THE SALK RESEARCHERS GENERATED DISEASED NEURONS BY TAKING SKIN CELLS FROM PATIENTS WITH LEIGH SYNDROME, A RARE BUT SEVERE NEUROLOGICAL DISORDER, REPROGRAMMING THEM INTO STEM CELLS THEN COAXING THOSE CELLS TO DEVELOP INTO BRAIN CELLS IN A DISH. THE DISEASED NEURONS, WHICH MUST MAKE PROTEINS TO SURVIVE, WERE TOO ENERGY-STARVED FROM THE PROCESS TO HANDLE REGULAR CELLULAR STRESS AND THUS DEGENERATED FURTHER. EXPOSING THESE NEURONS TO RAPAMYCIN, HOWEVER, SLOWED PROTEIN PRODUCTION, THUS RESERVING MORE ENERGY FOR THE CELL TO PUT TOWARD FOLDING PROTEINS CORRECTLY AND HANDLING STRESS. MODULATING PROTEIN SYNTHESIS COULD THUS PROVIDE A NEW LINE OF ATTACK FOR TREATING NEURODEGENERATIVE DISEASES. [4/26/16]

TINY MICROSCOPES REVEAL HIDDEN ROLE OF NERVOUS SYSTEM CELLS - A MINIATURIZED MICROSCOPE AND RELATED IMAGING METHODS DEVELOPED BY SALK INSTITUTE SCIENTISTS HAVE OFFERED UNPRECEDENTED INSIGHT INTO NERVOUS SYSTEM FUNCTION. THE TINY TOOL, DESCRIBED IN NATURE COMMUNICATIONS, ALLOWED THE RESEARCHERS TO VISUALIZE CHANGES IN CELLULAR ACTIVITY IN AWAKE, ROAMING MICE AND LED TO THE DISCOVERY THAT ASTROCYTES, CELLS IN THE NERVOUS SYSTEM THAT DO NOT CONDUCT

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ATTACHMENT 2 (CONT'D)

ELECTRICAL SIGNALS, UNEXPECTEDLY REACT TO INTENSE SENSATION BY GENERATING THEIR OWN CHEMICAL SIGNALS. ONGOING RESEARCH SUGGESTS THAT ASTROCYTES PLAY IMPORTANT ROLES IN HOW THE NERVOUS SYSTEM DEVELOPS AND OPERATES AND COULD SERVE AS PROMISING DRUG TARGETS TO TREAT SPINAL CORD INJURIES, CHRONIC ITCH AND NEURODEGENERATIVE DISEASES SUCH AS AMYOTROPHIC LATERAL SCLEROSIS (ALS). [4/28/16]

ADULT BRAIN PRUNES BRANCHED CONNECTIONS OF NEW NEURONS - SALK SCIENTISTS USED A NEW MICROSCOPY TECHNIQUE ON LIVE ADULT MICE TO OBSERVE BRAIN CELLS BEING FORMED IN REAL TIME IN THE DENTATE GYRUS, AN AREA OF THE BRAIN THOUGHT TO FORM NEW MEMORIES. THE STUDY WAS PUBLISHED IN NATURE NEUROSCIENCE. THEY DISCOVERED THAT THE BRAIN CELLS, OR NEURONS, SEND OUT A PLETHORA OF NEURONAL BRANCHES BEFORE BEING PRUNED BACK. THEY ALSO OBSERVED THAT THE NEW CELLS GREW MORE QUICKLY IN MICE HOUSED IN ENVIRONMENTS WITH LOTS OF STIMULI RATHER THAN THOSE WITH NO STIMULI. CHARTING HOW THE BRAIN SHAPES THESE BRANCHES COULD HAVE IMPLICATIONS FOR UNDERSTANDING DISEASES SUCH AS AUTISM, EPILEPSY, ALZHEIMER'S AND SCHIZOPHRENIA, WITH LIKELY REPERCUSSIONS FOR REGENERATIVE MEDICINE AS WELL. [5/2/16]

CANNABINOIDS REMOVE PLAQUE-FORMING ALZHEIMER'S PROTEINS FROM BRAIN CELLS - RESEARCHERS AT SALK UNCOVERED PRELIMINARY EVIDENCE THAT TETRAHYDROCANNABINOL (THC) AND OTHER COMPOUNDS IN MARIJUANA CAN PROMOTE THE CELLULAR REMOVAL OF AMYLOID BETA, A TOXIC PROTEIN

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ATTACHMENT 2 (CONT'D)

ASSOCIATED WITH ALZHEIMER'S DISEASE. IN AGING AND MECHANISMS OF DISEASE, THE TEAM REPORTED THAT HIGH LEVELS OF AMYLOID BETA WERE ASSOCIATED WITH CELLULAR INFLAMMATION AND HIGHER RATES OF NEURON DEATH. BY IDENTIFYING THE MOLECULAR BASIS OF THE INFLAMMATORY RESPONSE, THEY PROVED THAT THE RESPONSE WAS COMING FROM THE NERVE CELLS THEMSELVES AND NOT IMMUNE-LIKE CELLS IN THE BRAIN, AS PREVIOUSLY BELIEVED. THEY THEN DEMONSTRATED THAT EXPOSING THE CELLS TO THC REDUCED AMYLOID BETA PROTEIN LEVELS AND ELIMINATED THE INFLAMMATORY RESPONSE, ALLOWING THE NERVE CELLS TO SURVIVE. THE RESEARCH OFFERS INSIGHT INTO THE ROLE OF INFLAMMATION IN ALZHEIMER'S AND COULD PROVIDE CLUES TO DEVELOPING NOVEL THERAPEUTICS FOR THE DISORDER. [6/27/16]

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CT,
GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

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ATTACHMENT 4

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
UC REGENTS, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	TRNG PROGRAM/SUBCONT	2,468,801.
SECURITAS SECURITY SERVICE FILE 57220 LOS ANGELES, CA 90074	SECURITY	225,479.
RUDOLPH & SLETTEN 600 B STREET, SUITE 1500 SAN DIEGO, CA 92101	CONSTRUCTION SVCS	476,716.
GUARDSMARK INC FILE 6498 LOS ANGELES, CA 90074	SECURITY	235,055.
FOSS THERAPY SERVICES INC 5938 SATSUMA AVE NORTH HOLLYWOOD, CA 91601	EQUIPMENT SERVICE	206,086.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

Table with 8 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1 contains data for LA JOLLA BIOLOGICAL LABORATORIES.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SALK INSTITUTE COMMERCIAL SERVICES CORP. 23-2159172 10010 N. TORREY PINES ROAD LA JOLLA, CA 92037-1002	MGMT SERVICES	PA	SALK INSTITUTE	C	15.	42,674.	100.0000	X	
(2) CHARITABLE REMAINDER TRUSTS(4)	SUPPORT	CA	N/A	TRUST					
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NONE			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Cumulative e-File History 2015	
Federal	
Locator:	02487Y
Taxpayer Name:	THE SALK INSTITUTE FOR BIOLOGICAL STUDIES
Return Type:	990, 990 & 990T (Corp)
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