

Return of Organization Exempt From Income Tax

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.

A For the 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 2021

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	D Employer identification number 95-2160097
	Doing Business As	E Telephone number (858) 453-4100
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10010 N. TORREY PINES ROAD	G Gross receipts \$ 255,269,737.
	City or town, state or province, country, and ZIP or foreign postal code LA JOLLA, CA 92037-1002	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)
F Name and address of principal officer: FRED GAGE 10010 N. TORREY PINES ROAD, LA JOLLA, CA 92037-1002		H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SALK.EDU		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: BASIC RESEARCH IN THE FOLLOWING: MOLECULAR BIOLOGY & GENETICS, NEUROSCIENCE, AND PLANT BIOLOGY.		
	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)	3	33.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29.
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1,131.
	6	Total number of volunteers (estimate if necessary)	6	0.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-763,975.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	160,017,000.	176,855,692.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,071,233.	29,938,735.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,014,724.	4,453,690.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	168,102,957.	211,248,117.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	82,920,070.	85,285,453.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,290,684.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,065,841.	63,065,534.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	144,985,911.	148,350,987.
19	Revenue less expenses. Subtract line 18 from line 12	23,117,046.	62,897,130.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	631,368,473.	802,933,823.
	21	Total liabilities (Part X, line 26)	127,948,565.	133,384,192.
	22	Net assets or fund balances. Subtract line 21 from line 20	503,419,908.	669,549,631.

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	Signature of officer:	Date: 05/11/2022			
	Type or print name and title: Kim E. Witmer, Treasurer/SVP Finance & Administration				
Paid Preparer Use Only	Print/Type preparer's name: JOCELYNE MILLER	Preparer's signature:	Date: 5/10/22	Check <input type="checkbox"/> if self-employed	PTIN: P00634378
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 4365 EXECUTIVE DR., SUITE 1600 SAN DIEGO, CA 92121			Phone no. 858-535-7200	

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** (2020)

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 \$ 124,552,255. 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 on Schedule O.)

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

4e Total program service expenses 124,552,255.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements for various schedules (A through H).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	33		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
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 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on 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

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. See instructions for the order in which to list the persons above.

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) FRED GAGE, PH.D. PRESIDENT/PROFESSOR	50.00 0.	X	X					903,936.	0.	45,915.
(2) MARTIN HETZER, PH.D. CSO/PROFESSOR	50.00 0.					X		475,096.	0.	51,329.
(3) KIM E WITMER TREASURER/SVP FINANCE & ADMN	50.00 0.			X				478,739.	0.	46,590.
(4) REBECCA NEWMAN VP, EXTERNAL RELATIONS	50.00 0.					X		464,699.	0.	35,837.
(5) REUBEN SHAW, PH.D. PROFESSOR	50.00 0.					X		391,722.	0.	46,276.
(6) JULIA A. MILLER, J.D. SECRETARY/GENERAL COUNSEL	50.00 0.			X				370,437.	0.	52,497.
(7) ANTHONY HUNTER, PH.D. PROFESSOR	50.00 0.					X		353,555.	0.	46,380.
(8) JUAN CARLOS I. BELMONTE, PH.D. PROFESSOR	50.00 0.					X		353,358.	0.	35,219.
(9) KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	50.00 0.			X				298,481.	0.	45,704.
(10) GERALD SHADEL, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X						310,359.	0.	33,339.
(11) MARTYN GOULDING, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X						239,958.	0.	46,780.
(12) TATYANA SHARPEE, PH.D. TRUSTEE/PROFESSOR	50.00 0.	X						232,619.	0.	38,571.
(13) IRWIN M. JACOBS, S.M, SC.D. CHAIR EMERITUS	2.00 0.	X						0.	0.	0.
(14) DANIEL C. LEWIS CHAIR	3.00 0.	X	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) RICHARD A. HEYMAN, PH.D. VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(16) MARNA C. WHITTINGTON, PH.D. VICE CHAIR	2.00 0.	X		X				0.	0.	0.
(17) DONALD L. COHN TRUSTEE	.50 0.	X						0.	0.	0.
(18) DAVID DOLBY TRUSTEE	.50 0.	X						0.	0.	0.
(19) FREDERICK J. DOTZLER TRUSTEE	2.00 0.	X						0.	0.	0.
(20) DENNIS DRIVER TRUSTEE	.50 0.	X						0.	0.	0.
(21) JAY FLATLEY TRUSTEE	.50 0.	X						0.	0.	0.
(22) ALAN D. GOLD TRUSTEE	.50 0.	X						0.	0.	0.
(23) EDWIN K. HUNTER TRUSTEE	.50 0.	X						0.	0.	0.
(24) LARRY E. JENNINGS, JR. TRUSTEE	.50 0.	X						0.	0.	0.
(25) SANJAY K. JHA, PH.D. TRUSTEE	2.00 0.	X						0.	0.	0.
1b Sub-total								4,872,959.	0.	524,437.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,872,959.	0.	524,437.

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 **137**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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 **10**

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) ELIZABETH KEADLE ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(27) MARK KNICKREHM ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(28) BENJAMIN H. LEWIS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(29) CORINNE MENTZELOPOULOS ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(30) HOWARD H. NEWMAN, PH.D. ----- TRUSTEE	2.00 ----- 0.	X						0.	0.	0.
(31) FREDERICK PAULSEN, PH.D. ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(32) ERNEST S. RADY ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(33) MARKUS REINHARD ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(34) TERRY ROSEN, PH.D. ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(35) ERIC SAGERMAN ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
(36) MARY JANE SALK ----- TRUSTEE	.50 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
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 ► 137

	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) BENJAMIN S. SCHAPIRO ----- TRUSTEE	2.00 ----- 0.	X					0.	0.	0.	
(38) TIMOTHY M. SCHOEN ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(39) HAEYOUNG KONG TANG, PH.D. ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(40) DANIEL TIERNEY ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(41) IRIVING WEISSMAN, M.D. ----- TRUSTEE	.50 ----- 0.	X					0.	0.	0.	
(42) JOON YUN, M.D. ----- TRUSTEE (OUTGOING NOV. 2020)	.50 ----- 0.	X					0.	0.	0.	
----- ----- ----- ----- ----- ----- ----- ----- ----- -----										
1b Sub-total							0.	0.	0.	
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 ▶ 137
- | | 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 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					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e	80,113,550.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	96,742,142.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 32,436,319.				
	h	Total. Add lines 1a-1f ▶		176,855,692.				
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). ▶		2,355,415.		-763,975.	3,119,390.	
	4	Income from investment of tax-exempt bond proceeds . . ▶		0.				
	5	Royalties ▶		4,451,745.			4,451,745.	
	6a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss) ▶		0.				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities		71,604,940.		
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	44,021,620.				
	c	Gain or (loss)	7c	27,583,320.				
	d	Net gain or (loss) ▶		27,583,320.			27,583,320.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.					
b	Less: direct expenses	8b	0.					
c	Net income or (loss) from fundraising events. ▶		0.					
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities. ▶		0.					
10a	Gross sales of inventory, less returns and allowances	10a	0.					
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory. ▶		0.					
Miscellaneous Revenue	11a	OIL ROYALTIES	900099	994.			994.	
	b	UBI (K-1 FLOW THROUGH INCOME)	900099					
	c	REVENUE SHARE-HOST VEHICLE CHARGING STA	900099	951.			951.	
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶		1,945.				
12	Total revenue. See instructions ▶		211,248,117.		-763,975.	35,156,400.		

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	3,143,923.	1,343,515.	1,702,783.	97,625.
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	63,438,262.	53,985,410.	6,043,213.	3,409,639.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,617,480.	3,792,314.	579,199.	245,967.
9 Other employee benefits	9,488,885.	7,793,176.	1,190,249.	505,460.
10 Payroll taxes	4,596,903.	3,775,414.	576,618.	244,871.
11 Fees for services (nonemployees):				
a Management	457,615.	70,000.	387,615.	
b Legal	419,401.	211,148.	206,993.	1,260.
c Accounting	264,180.		264,180.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	2,507,886.		2,507,886.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	12,733,599.	11,840,101.	639,606.	253,892.
12 Advertising and promotion	35,279.	11,658.	11,315.	12,306.
13 Office expenses	703,872.	187,512.	371,458.	144,902.
14 Information technology	2,787,759.	1,852,053.	735,951.	199,755.
15 Royalties	0.			
16 Occupancy	7,932,800.	6,123,428.	1,713,940.	95,432.
17 Travel	47,591.	43,511.	1,202.	2,878.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	478,474.	182,453.	290,078.	5,943.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	11,305,519.	10,465,236.	786,532.	53,751.
23 Insurance	370,493.		370,493.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SCIENTIFIC SUBCONTRACTS	5,115,150.	5,115,150.		
b RESEARCH SUPPLIES	17,147,468.	17,147,468.		
c REPAIRS & PARTS	388,419.	385,895.	1,739.	785.
d UBI TAXES	-91,000.		-91,000.	
e All other expenses	461,029.	226,813.	217,998.	16,218.
25 Total functional expenses. Add lines 1 through 24e	148,350,987.	124,552,255.	18,508,048.	5,290,684.
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	18,232,026.	1	9,038,904.
	2 Savings and temporary cash investments.	63,719.	2	21,528,314.
	3 Pledges and grants receivable, net	24,922,982.	3	32,565,314.
	4 Accounts receivable, net.	530,980.	4	963,806.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	801,667.	5	850,833.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	2,723,546.	7	1,869,935.
	8 Inventories for sale or use	19,796.	8	8,583.
	9 Prepaid expenses and deferred charges	1,243,155.	9	1,817,576.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 270,728,227.		
	b Less: accumulated depreciation.	10b 200,548,314.	10c	70,179,913.
	11 Investments - publicly traded securities.	85,911,915.	11	111,115,690.
	12 Investments - other securities. See Part IV, line 11	420,869,170.	12	541,572,528.
	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	9,169,919.	15	11,422,427.
16 Total assets. Add lines 1 through 15 (must equal line 33)	631,368,473.	16	802,933,823.	
Liabilities	17 Accounts payable and accrued expenses.	28,632,512.	17	40,269,511.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	28,911,420.	19	22,799,382.
	20 Tax-exempt bond liabilities.	28,026,045.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	36,523,946.	23	64,113,436.
	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	5,854,642.	25	6,201,863.
	26 Total liabilities. Add lines 17 through 25.	127,948,565.	26	133,384,192.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	88,834,216.	27	135,379,420.
	28 Net assets with donor restrictions.	414,585,692.	28	534,170,211.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
32 Total net assets or fund balances	503,419,908.	32	669,549,631.	
33 Total liabilities and net assets/fund balances.	631,368,473.	33	802,933,823.	

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	211,248,117.
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,350,987.
3	Revenue less expenses. Subtract line 2 from line 1	3	62,897,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	503,419,908.
5	Net unrealized gains (losses) on investments	5	104,376,409.
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 on Schedule O)	9	-1,143,816.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	669,549,631.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 on Schedule O.	X	
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?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 1-10 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						

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) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 93.69%
Row 15: Public support percentage from 2019 Schedule A, Part II, line 14 15 91.68%

- 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2020.** 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 . ▶

b **33 1/3% support tests - 2019.** 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 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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 lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described in line 11a above?	11b	
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 line 2, above, 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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
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 line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No," 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 (*explain in Part VI*). 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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

OTHER INCOME

SCHEDULE A, PART II, LINE 10

DESCRIPTION: OIL ROYALTIES

2016: 1,714

2017: 1,652

2018: 1,545

2019: 1,093

2020: 994

DESCRIPTION: ENERGY REBATE

2016: 65,276

2017: 0

2018: 0

2019: 0

2020: 0

DESCRIPTION: REVENUE SHARING-HOST VEHICLE CHARGING STATION

2016: 0

2017: 4,688

2018: 1,278

2019: 1,227

2020: 951

DESCRIPTION: NET GIFT SHOP SALES

2016: 3,635

2017: 2,307

2018: 2,302

2019: 994

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2020: 0

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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 | <input checked="" type="checkbox"/> | 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> | 527 political organization |
| Form 990-PF | <input type="checkbox"/> | 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> | 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> | 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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

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	N/A	\$ 69,565,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 29,637,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 5,936,473.	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.)
		\$	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
2	STOCK _____ _____ _____	\$ 29,637,151.	11/18/2020
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2020

Open to Public Inspection

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions)

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)				

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 (grassroots 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;"> <tr> <td style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</td> <td style="width: 50%;">The lobbying nontaxable amount is:</td> </tr> <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> </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) 2017	(b) 2018	(c) 2019	(d) 2020	(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 campaign activity 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 5 main rows and sub-rows (a, b, c). 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

Blank lines for supplemental information.

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.

NATIONAL ASSOCIATION FOR BIOMEDICAL RESEARCH - \$2,400, ASSOCIATION OF

INDEPENDENT RESEARCH INSTITUTES - \$1,500, BIOCOM - \$350.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: THE SALK INSTITUTE FOR BIOLOGICAL STUDIES; Employer identification number: 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, 3 Aggregate value of grants, 4 Aggregate value at end of year, 5-6 Did the organization inform donors and grantees...

Part II Conservation Easements.

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

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... 3 Number of conservation easements modified... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... 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...

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.

1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB 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 on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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 make 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 program
 - 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 Yes No

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	299,166,085.	286,834,762.	240,056,992.	228,968,520.	207,522,930.
b Contributions	14,926,831.	6,580,341.	42,422,494.	4,591,674.	10,092,267.
c Net investment earnings, gains, and losses	74,973,285.	17,530,495.	14,937,417.	15,038,371.	18,861,980.
d Grants or scholarships					
e Other expenditures for facilities and programs	14,016,040.	11,779,513.	10,582,141.	8,541,573.	7,508,657.
f Administrative expenses					
g End of year balance	375,050,161.	299,166,085.	286,834,762.	240,056,992.	228,968,520.

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

- a Board designated or quasi-endowment ▶ 1.8600 %
- b Permanent endowment ▶ 98.1400 %
- c Term 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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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		64,209,980.	51,433,110.	12,776,870.
c Leasehold improvements		100,240,681.	68,799,711.	31,440,970.
d Equipment		103,771,556.	79,013,127.	24,758,429.
e Other		1,352,080.	1,302,366.	49,714.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				70,179,913.

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	511,991,132.	FMV
(B) STOCKS NOT-PUBLICLY TRADED <5%	625,945.	COST
(C) LIMITED PARTNERSHIP INTEREST	28,955,451.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	541,572,528.	

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	5,143.
(2) DEFERRED RETIREE MEDICAL OBLIG	6,196,720.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,201,863.

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 FASB 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	202,728,004.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	104,376,409.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-110,499,751.		
e	Add lines 2a through 2d	2e		2e	-6,123,342.
3	Subtract line 2e from line 1			3	208,851,346.
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	2,396,771.		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b	4c		4c	2,396,771.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	211,248,117.

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	145,954,217.
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			
e	Add lines 2a through 2d	2e		2e	
3	Subtract line 2e from line 1			3	145,954,217.
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	2,396,771.		
b	Other (Describe in Part XIII.)	4b	-1.		
c	Add lines 4a and 4b	4c		4c	2,396,770.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	148,350,987.

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 - (\$110,794,180), CHANGE IN VALUE OF DEFERRED GIFTS
- \$293,845, AND ROUNDING - \$584.

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STMTS W EXPENSES PER RTN

PART XII, LINE 4B

ROUNDING - (\$1).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	PROGRAM SERVICES	ATTENDED CONFERENCE	7,911.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	ATTENDED CONFERENCE	1,081.
(3) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	ATTENDED CONFERENCE	491.
(4) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SCIENTIFIC SUBCONTRACT	135,235.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	SCIENTIFIC SUBCONTRACT	24,201.
(6) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		227,017,589.
(7) EUROPE	0.	0.	INVESTMENTS		38,741,214.
(8) SUB-SAHARAN AFRICA	0.	0.	INVESTMENTS		15,924,998.
(9) NORTH AMERICA	0.	0.	INVESTMENTS		1,925,598.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					283,778,318.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					283,778,318.

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

Schedule F (Form 990) 2020

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 noncash assistance	(h) Description of noncash 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 a tax exempt 501(c)(3) organization 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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990)* Yes No

Part V**Supplemental Information**

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 J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)			
<input checked="" type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)				
<p>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</p>	1b	X			
<p>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 on line 1a?</p>	2	X			
<p>3 Indicate which, if any, of the following the 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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; border: none;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		X		
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	4b		X		
<p>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.</p>	4c		X		
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p>					
<p>a The organization?</p>	5a		X		
<p>b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.</p>	5b		X		
<p>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:</p>					
<p>a The organization?</p>	6a		X		
<p>b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.</p>	6b		X		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</p>	7		X		
<p>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</p>	8		X		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

Schedule J (Form 990) 2020

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 aren't 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 FRED GAGE, PH.D. PRESIDENT/PROFESSOR	(i) 820,932. (ii) 0. (iii) 83,004.	0.	0.	34,200.	11,715.	949,851.	0.
2 KIM E WITMER TREASURER/SVP FINANCE & ADMN	(i) 435,251. (ii) 0. (iii) 43,488.	0.	0.	34,200.	12,390.	525,329.	0.
3 MARTIN HETZER, PH.D. CSO/PROFESSOR	(i) 399,096. (ii) 0. (iii) 76,000.	0.	0.	34,200.	17,129.	526,425.	0.
4 REBECCA NEWMAN VP, EXTERNAL RELATIONS	(i) 414,664. (ii) 0. (iii) 50,035.	0.	0.	34,200.	1,637.	500,536.	0.
5 REUBEN SHAW, PH.D. PROFESSOR	(i) 238,757. (ii) 0. (iii) 152,965.	0.	0.	34,200.	12,076.	437,998.	0.
6 ANTHONY HUNTER, PH.D. PROFESSOR	(i) 346,819. (ii) 0. (iii) 6,736.	0.	0.	28,500.	17,880.	399,935.	0.
7 JULIA A. MILLER, J.D. SECRETARY/GENERAL COUNSEL	(i) 341,468. (ii) 0. (iii) 28,969.	0.	0.	34,200.	18,297.	422,934.	0.
8 JUAN CARLOS I. BELMONTE PROFESSOR	(i) 341,445. (ii) 0. (iii) 11,913.	0.	0.	34,200.	1,019.	388,577.	0.
9 GERALD SHADEL, PH.D. TRUSTEE/PROFESSOR	(i) 262,650. (ii) 0. (iii) 47,709.	0.	0.	32,518.	821.	343,698.	0.
10 KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	(i) 288,487. (ii) 0. (iii) 9,994.	0.	0.	34,200.	11,504.	344,185.	0.
11 TATYANA SHARPEE, PH.D. TRUSTEE/PROFESSOR	(i) 211,482. (ii) 0. (iii) 21,137.	0.	0.	26,574.	11,997.	271,190.	0.
12 MARTYN GOULDING, PH.D. TRUSTEE/PROFESSOR	(i) 231,401. (ii) 0. (iii) 8,557.	0.	0.	29,959.	16,821.	286,738.	0.
13	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
14	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
15	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.
16	(i) 0. (ii) 0. (iii) 0.	0.	0.	0.	0.	0.	0.

Part III Supplemental Information

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: RONALD EVANS, PROFESSOR - \$2,630; KAY TYE,

PROFESSOR - \$874; MARTIN HETZER, CSO/PROFESSOR - \$710. NOT TAXABLE -

ACCOUNTABLE PLAN.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	400,000.	400,000.		X	X		X	
(2) MARTIN HETZER	PROFESSOR	HOME LOAN		X	92,500.	30,833.		X	X		X	
(3) GERALD SHADEL	PROFESSOR	HOME LOAN		X	300,000.	210,000.		X	X		X	
(4) GERALD SHADEL	PROFESSOR	HOME LOAN		X	300,000.	210,000.		X	X		X	
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$ 850,833.						

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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**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 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	88 .	32,436,319 .	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 V, 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 isn't required to be used for exempt purposes for the entire holding period?	30a		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 nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** 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.

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

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**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 CHIEF FINANCIAL OFFICER AND EXTERNALLY REVIEWED BY THE TAX DEPARTMENT OF A PUBLIC ACCOUNTING FIRM. PRIOR TO ELECTRONIC FILING, A COPY OF THIS FORM 990 IS PROVIDED TO AND DISCUSSED IN THE EXECUTIVE SESSION OF THE BOARD OF TRUSTEES.

LINE 12C: 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 FISCAL YEAR 2021 (JULY 1, 2020 - JUNE 30, 2021), SALK PUT A HOLD ON COMPENSATION CHANGES/REVIEW FOR ALL STAFF, INCLUDING EXECUTIVES.

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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A COMPENSATION COMMITTEE WAS FORMED IN 2014 TO EVALUATE EXECUTIVE COMPENSATION. THE COMMITTEE'S PURPOSE IS TO ACT ON BEHALF OF THE BOARD OF TRUSTEES TO EVALUATE THE 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.

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

DEFEASANCE OF DEBT - \$(1,076,179); POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST - \$(362,067); CHANGE IN VALUE OF DEFERRED GIFTS \$293,845; UNRELATED BUSINESS INCOME \$XX,XXX; ROUNDING

COMPENSATION OF DIRECTORS

FORM 990, PART VII, DIRECTORS COMPENSATION - THE FOLLOWING INDIVIDUALS

WERE COMPENSATED FOR THE FOLLOWING SERVICES AND NOT PAID AS TRUSTEES:

FRED GAGE, PH.D. - PRESIDENT/PROFESSOR; TATYANA SHARPEE, PH.D. -

PROFESSOR; GERALD SHADEL, PH.D. - PROFESSOR; MARTYN GOULDING, PH.D. -

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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

GIGANT LEAP IN DIAGNOSING LIVER DISEASE - CHRONIC LIVER DISEASE
 REPRESENTS A MAJOR GLOBAL PUBLIC HEALTH PROBLEM AFFECTING AN
 ESTIMATED 844 MILLION PEOPLE, ACCORDING TO THE WORLD HEALTH
 ORGANIZATION. IT IS AMONG THE TOP CAUSES OF MORTALITY IN
 AUSTRALIA, THE UK AND THE UNITED STATES. AT THE SAME TIME, IT IS
 BOTH DIFFICULT TO MANAGE AND THERE IS NO FDA-APPROVED
 ANTI-FIBROTIC LIVER THERAPY. THE MICROBIOME-A COMPLEX COLLECTION
 OF MICROBES THAT INHABIT THE GUT-MAY BE AN UNEXPECTED INDICATOR OF
 HEALTH. NOW, A COLLABORATIVE TEAM OF SALK INSTITUTE AND UC SAN
 DIEGO SCIENTISTS HAVE CREATED A NOVEL MICROBIOME-BASED DIAGNOSTIC
 TOOL THAT, WITH THE ACCURACY OF THE BEST PHYSICIANS, QUICKLY AND
 INEXPENSIVELY IDENTIFIES LIVER FIBROSIS AND CIRRHOSIS OVER 90
 PERCENT OF THE TIME IN HUMAN PATIENTS.

THE NON-INVASIVE METHOD RELIES ON AN ALGORITHM TO ANALYZE PATIENT

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ATTACHMENT 2 (CONT'D)

STOOL SAMPLES-WHICH CONTAINS TRACES OF WHAT LIVES IN THE GUT-AND
 COULD LEAD TO IMPROVED PATIENT CARE AND TREATMENT OUTCOMES FOR
 LIVER DISEASE, AS DETAILED ONLINE ON JUNE 30, 2020 IN CELL
 METABOLISM. [7/1/2020]

SALK SCIENTISTS DISCOVER GENETIC "DIAL" TO TURN IMMUNE FUNCTION UP
 AND DOWN TO TARGET CANCER, AUTOIMMUNE DISEASE - THE HUMAN IMMUNE
 SYSTEM IS A FINELY TUNED MACHINE, BALANCING WHEN TO RELEASE A
 CELLULAR ARMY TO DEAL WITH PATHOGENS, WITH WHEN TO REIN IN THAT
 ARMY, STOPPING AN ONSLAUGHT FROM ATTACKING THE BODY ITSELF.
 ASSOCIATE PROFESSOR YE ZHENG AND ASSISTANT PROFESSOR DIANA
 HARGREAVES HAVE DISCOVERED A WAY TO CONTROL REGULATORY T CELLS,
 IMMUNE CELLS THAT ACT AS A CEASE-FIRE SIGNAL, TELLING THE IMMUNE
 SYSTEM WHEN TO STAND DOWN. THEIR STUDY APPEARED IN THE JOURNAL
 IMMUNITY ON JULY 7. [7/7/2020]

KEEPING INNOCENT PEOPLE OUT OF JAIL USING THE SCIENCE OF
 PERCEPTION - PEOPLE WRONGFULLY ACCUSED OF A CRIME OFTEN WAIT
 YEARS-IF EVER-TO BE EXONERATED. MANY OF THESE WRONGFULLY ACCUSED
 CASES STEM FROM UNRELIABLE EYEWITNESS TESTIMONY. NOW, THE LAB OF
 PROFESSOR THOMAS ALBRIGHT HAS IDENTIFIED A NEW WAY OF PRESENTING A
 LINEUP TO AN EYEWITNESS THAT COULD IMPROVE THE LIKELIHOOD THAT THE
 CORRECT SUSPECT IS IDENTIFIED AND REDUCE THE NUMBER OF INNOCENT
 PEOPLE SENTENCED TO JAIL. THE WORK APPEARED IN THE JOURNAL NATURE
 COMMUNICATIONS ON JULY 14. [7/14/2020]

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ATTACHMENT 2 (CONT'D)

NEW MAPS OF CHEMICAL MARKS ON DNA PINPOINT REGIONS RELEVANT TO MANY DEVELOPMENTAL DISEASES - THE LAB OF PROFESSOR JOSEPH ECKER HAS GENERATED 168 NEW MAPS OF CHEMICAL MARKS ON DNA-CALLED METHYLATION-IN MICE. THE DATA, WHICH CAN HELP NARROW DOWN REGIONS OF THE HUMAN GENOME THAT PLAY ROLES IN DISEASES SUCH AS SCHIZOPHRENIA AND RETT SYNDROME, WERE PART OF A SPECIAL EDITION OF NATURE DEVOTED TO THE ENCYCLOPEDIA OF DNA ELEMENTS (ENCODE) PROJECT. THE PAPER'S AUTHORS WERE ALSO ON TWO OTHER PAPERS IN THE SPECIAL EDITION, PUBLISHED ON JULY 29. [7/29/2020]

NEW MOLECULE REVERSES ALZHEIMER'S-LIKE MEMORY DECLINE - A DRUG CANDIDATE DEVELOPED BY SALK RESEARCHERS, AND PREVIOUSLY SHOWN TO SLOW AGING IN BRAIN CELLS, SUCCESSFULLY REVERSED MEMORY LOSS IN A MOUSE MODEL OF INHERITED ALZHEIMER'S DISEASE. THE NEW RESEARCH, PUBLISHED ONLINE IN JULY 2020 IN THE JOURNAL REDOX BIOLOGY, ALSO REVEALED THAT THE DRUG, CMS121, WORKS BY CHANGING HOW BRAIN CELLS METABOLIZE FATTY MOLECULES KNOWN AS LIPIDS. [8/4/2020]

IMAGING METHOD HIGHLIGHTS NEW ROLE FOR CELLULAR "SKELETON" PROTEIN - SALK RESEARCHERS HAVE DEVELOPED A NEW IMAGING METHOD THAT LETS THEM MONITOR A SMALL SUBSET OF FINE SKELETON-LIKE FILAMENTS, CALLED ACTIN. WITH THE NEW IMAGING TECHNIQUE, THE SALK TEAM HAS BEEN ABLE TO HOME IN ON HOW ACTIN MEDIATES AN IMPORTANT FUNCTION: HELPING THE CELLULAR "POWER STATIONS" KNOWN AS MITOCHONDRIA DIVIDE

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ATTACHMENT 2 (CONT'D)

IN TWO. THE WORK, WHICH APPEARED IN THE JOURNAL NATURE METHODS ON AUGUST 10, 2020, COULD PROVIDE A BETTER UNDERSTANDING OF MITOCHONDRIAL DYSFUNCTION, WHICH HAS BEEN LINKED TO CANCER, AGING, AND NEURODEGENERATIVE DISEASES. [8/10/2020]

FIRST IMMUNE-EVADING CELLS CREATED TO TREAT TYPE 1 DIABETES - SALK INSTITUTE SCIENTISTS MADE A MAJOR ADVANCE IN THE PURSUIT OF A SAFE AND EFFECTIVE TREATMENT FOR TYPE 1 DIABETES, AN ILLNESS THAT IMPACTS AN ESTIMATED 1.6 MILLION AMERICANS WITH A COST OF \$14.4 BILLION ANNUALLY. USING STEM CELL TECHNOLOGY, SALK RESEARCHERS GENERATED THE FIRST HUMAN INSULIN-PRODUCING PANCREATIC CELL CLUSTERS ABLE TO EVADE THE IMMUNE SYSTEM, AS DETAILED IN THE JOURNAL NATURE ON AUGUST 19, 2020. THESE "IMMUNE SHIELDED" CELL CLUSTERS CONTROLLED BLOOD GLUCOSE WITHOUT IMMUNOSUPPRESSIVE DRUGS IN MICE, ONCE TRANSPLANTED IN THE BODY. [8/19/2020]

METHOD TO DERIVE BLOOD VESSEL CELLS FROM SKIN CELLS SUGGESTS WAYS TO SLOW AGING - SALK SCIENTISTS HAVE USED SKIN CELLS CALLED FIBROBLASTS FROM YOUNG AND OLD PATIENTS TO SUCCESSFULLY CREATE BLOOD VESSELS CELLS THAT RETAIN THEIR MOLECULAR MARKERS OF AGE. THE TEAM'S APPROACH, DESCRIBED IN THE JOURNAL ELIFE ON SEPTEMBER 8, 2020, REVEALED CLUES AS TO WHY BLOOD VESSELS TEND TO BECOME LEAKY AND HARDENED WITH AGING, AND LETS RESEARCHERS IDENTIFY NEW MOLECULAR TARGETS TO POTENTIALLY SLOW AGING IN VASCULAR CELLS. [9/8/2020]

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ATTACHMENT 2 (CONT'D)

COMMON DIABETES DRUG REVERSES INFLAMMATION IN THE LIVER - THE DIABETES DRUG METFORMIN HAS BEEN PRESCRIBED TO HUNDREDS OF MILLIONS OF PEOPLE WORLDWIDE AS THE FRONTLINE TREATMENT FOR TYPE 2 DIABETES. YET SCIENTISTS DON'T FULLY UNDERSTAND HOW THE DRUG IS SO EFFECTIVE AT CONTROLLING BLOOD GLUCOSE. SALK RESEARCHERS HAVE NOW SHOWN THE IMPORTANCE OF SPECIFIC ENZYMES IN THE BODY FOR METFORMIN'S FUNCTION. IN ADDITION, THE NEW WORK SHOWED THAT THE SAME PROTEINS, REGULATED BY METFORMIN, CONTROLLED ASPECTS OF INFLAMMATION IN MICE, SOMETHING THE DRUG HAS NOT TYPICALLY BEEN PRESCRIBED FOR. APART FROM CLARIFYING HOW METFORMIN WORKS, THE RESEARCH, WHICH APPEARED IN THE JOURNAL GENES & DEVELOPMENT ON SEPTEMBER 10, 2020, HAS RELEVANCE FOR MANY OTHER INFLAMMATORY DISEASES. [9/10/2020]

TRAVELING BRAIN WAVES HELP DETECT HARD-TO-SEE OBJECTS - A TEAM OF SALK INSTITUTE SCIENTISTS LED BY PROFESSOR JOHN REYNOLDS UNCOVERED DETAILS OF THE NEURAL MECHANISMS UNDERLYING THE PERCEPTION OF OBJECTS. THEY FOUND THAT PATTERNS OF NEURAL SIGNALS, CALLED TRAVELING BRAIN WAVES, EXIST IN THE VISUAL SYSTEM OF THE AWAKE BRAIN AND ARE ORGANIZED TO ALLOW THE BRAIN TO PERCEIVE OBJECTS THAT ARE FAINT OR OTHERWISE DIFFICULT TO SEE. THE FINDINGS WERE PUBLISHED IN NATURE ON OCTOBER 7, 2020. [10/7/2020]

WHEN IT COMES TO FEELING PAIN, TOUCH OR AN ITCH, LOCATION MATTERS

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 ATTACHMENT 2 (CONT'D)

- WHEN YOU TOUCH A HOT STOVE, YOUR HAND REFLEXIVELY PULLS AWAY; IF YOU MISS A RUNG ON A LADDER, YOU INSTINCTIVELY CATCH YOURSELF. BOTH MOTIONS TAKE A FRACTION OF A SECOND AND REQUIRE NO FORETHOUGHT. NOW, RESEARCHERS AT THE SALK INSTITUTE HAVE MAPPED THE PHYSICAL ORGANIZATION OF CELLS IN THE SPINAL CORD THAT HELP MEDIATE THESE AND SIMILAR CRITICAL "SENSORIMOTOR REFLEXES." THE NEW BLUEPRINT OF THIS ASPECT OF THE SENSORIMOTOR SYSTEM, DESCRIBED ONLINE IN NEURON ON NOVEMBER 11, 2020, COULD LEAD TO A BETTER UNDERSTANDING OF HOW IT DEVELOPS AND CAN GO AWRY IN CONDITIONS SUCH AS CHRONIC ITCH OR PAIN. [12/10/2020]

TEACHING ARTIFICIAL INTELLIGENCE TO ADAPT - GETTING COMPUTERS TO "THINK" LIKE HUMANS IS THE HOLY GRAIL OF ARTIFICIAL INTELLIGENCE, BUT HUMAN BRAINS TURN OUT TO BE TOUGH ACTS TO FOLLOW. NOW, SALK RESEARCHERS HAVE USED A COMPUTATIONAL MODEL OF BRAIN ACTIVITY TO SIMULATE THIS PROCESS MORE ACCURATELY THAN EVER BEFORE. THE NEW MODEL MIMICS HOW THE BRAIN'S PREFRONTAL CORTEX USES A PHENOMENON KNOWN AS "GATING" TO CONTROL THE FLOW OF INFORMATION BETWEEN DIFFERENT AREAS OF NEURONS. IT NOT ONLY SHEDS LIGHT ON THE HUMAN BRAIN, BUT COULD ALSO INFORM THE DESIGN OF NEW ARTIFICIAL INTELLIGENCE PROGRAMS. THE TEAM'S FINDINGS WERE PUBLISHED ON NOVEMBER 24, 2020, IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES. [12/16/2020]

COMPUTATIONAL MODEL REVEALS HOW THE BRAIN MANAGES SHORT-TERM

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ATTACHMENT 2 (CONT'D)

MEMORIES - SALK SCIENTISTS HAVE DEVELOPED A NEW COMPUTATIONAL MODEL SHOWING HOW THE BRAIN MAINTAINS INFORMATION SHORT-TERM USING SPECIFIC TYPES OF NEURONS. THEIR FINDINGS, PUBLISHED IN NATURE NEUROSCIENCE ON DECEMBER 7, 2020, COULD HELP SHED LIGHT ON WHY WORKING MEMORY IS IMPAIRED IN A BROAD RANGE OF NEUROPSYCHIATRIC DISORDERS, INCLUDING SCHIZOPHRENIA, AS WELL AS IN NORMAL AGING.

[12/17/2020]

NEW CLUES WHY GOLD STANDARD TREATMENT FOR BIPOLAR DISORDER DOESN'T WORK FOR MAJORITY OF PATIENTS - LITHIUM IS CONSIDERED THE GOLD STANDARD FOR TREATING BIPOLAR DISORDER (BD), BUT NEARLY 70 PERCENT OF PEOPLE WITH BD DON'T RESPOND TO IT. THIS LEAVES THEM AT RISK FOR DEBILITATING, POTENTIALLY LIFE-THREATENING MOOD SWINGS. RESEARCHERS AT THE SALK INSTITUTE HAVE FOUND THAT THE CULPRIT MAY LIE IN GENE ACTIVITY-OR LACK OF IT.

A NEW STUDY LED BY SALK PROFESSOR AND PRESIDENT RUSTY GAGE, WHICH PUBLISHED IN THE JOURNAL MOLECULAR PSYCHIATRY ON JANUARY 4, 2021, SHOWS THAT DECREASED ACTIVATION OF A GENE CALLED LEF1 DISRUPTS ORDINARY NEURONAL FUNCTION AND PROMOTES HYPEREXCITABILITY IN BRAIN CELLS-A HALLMARK OF BD. THE WORK COULD RESULT IN A NEW DRUG TARGET FOR BD AS WELL AS A BIOMARKER FOR LITHIUM NON-RESPONSIVENESS.

[1/5/2021]

SPECIFIC BACTERIA IN THE GUT PROMPT MOTHER MICE TO NEGLECT THEIR

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ATTACHMENT 2 (CONT'D)

PUPS - AS SCIENTISTS LEARN MORE ABOUT THE MICROORGANISMS THAT COLONIZE THE BODY-COLLECTIVELY CALLED THE MICROBIOTA-ONE AREA OF INTENSE INTEREST IS THE EFFECT THAT THESE MICROBES CAN HAVE ON THE BRAIN. A NEW STUDY LED BY SALK INSTITUTE SCIENTISTS AND PUBLISHED JANUARY 29, 2021, IN THE JOURNAL SCIENCE ADVANCES HAS IDENTIFIED A STRAIN OF E. COLI BACTERIA THAT, WHEN LIVING IN THE GUTS OF FEMALE MICE, CAUSES THEM TO NEGLECT THEIR OFFSPRING. THE FINDINGS ADD TO THE GROWING BODY OF SCIENCE DEMONSTRATING THAT MICROBES IN THE GUT ARE IMPORTANT FOR BRAIN HEALTH AND CAN AFFECT DEVELOPMENT AND BEHAVIOR. [1/29/2021]

RESEARCH CATCHES UP TO WORLD'S FASTEST-GROWING PLANT? - WOLFFIA, ALSO KNOWN AS DUCKWEED, IS THE FASTEST-GROWING PLANT KNOWN, BUT THE GENETICS UNDERLYING THIS STRANGE LITTLE PLANT'S SUCCESS HAVE LONG BEEN A MYSTERY TO SCIENTISTS. NOW, A MULTI-INVESTIGATOR EFFORT LED BY SALK SCIENTISTS REPORTS NEW FINDINGS ABOUT THE PLANT'S GENOME THAT EXPLAIN HOW IT'S ABLE TO GROW SO FAST. THE RESEARCH, PUBLISHED IN THE FEBRUARY 2021 ISSUE OF GENOME RESEARCH, WILL HELP SCIENTISTS TO UNDERSTAND HOW PLANTS MAKE TRADE-OFFS BETWEEN GROWTH AND OTHER FUNCTIONS, SUCH AS PUTTING DOWN ROOTS AND DEFENDING THEMSELVES FROM PESTS. THIS RESEARCH HAS IMPLICATIONS FOR DESIGNING ENTIRELY NEW PLANTS THAT ARE OPTIMIZED FOR SPECIFIC FUNCTIONS, SUCH AS INCREASED CARBON STORAGE TO HELP ADDRESS CLIMATE CHANGE. [2/1/2021]

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ATTACHMENT 2 (CONT'D)

SALK TEAM REVEALS NEVER-BEFORE-SEEN ANTIBODY BINDING, INFORMING BOTH LIVER CANCER AND ANTIBODY DESIGN - A MULTI-INSTITUTIONAL RESEARCH TEAM LED BY SALK SCIENTISTS DEFINED HOW ANTIBODIES CAN RECOGNIZE A COMPOUND CALLED PHOSPHOHISTIDINE-A HIGHLY UNSTABLE MOLECULE THAT HAS BEEN FOUND TO PLAY A CENTRAL ROLE IN SOME FORMS OF CANCER, SUCH AS LIVER AND BREAST CANCER AND NEUROBLASTOMA. THE STUDY WAS PUBLISHED IN THE PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES ON FEBRUARY 5. [2/17/2021]

NEW METHOD COULD DEMOCRATIZE DEEP LEARNING-ENHANCED MICROSCOPY DEEP LEARNING IS A POTENTIAL TOOL FOR SCIENTISTS TO GLEAN MORE DETAIL FROM LOW-RESOLUTION IMAGES IN MICROSCOPY, BUT IT'S OFTEN DIFFICULT TO GATHER ENOUGH BASELINE DATA TO TRAIN COMPUTERS IN THE PROCESS. NOW, A NEW METHOD DEVELOPED BY SCIENTISTS AT THE SALK INSTITUTE COULD MAKE THE TECHNOLOGY MORE ACCESSIBLE-BY TAKING HIGH-RESOLUTION IMAGES, AND ARTIFICIALLY DEGRADING THEM. THE NEW TOOL, CALLED A "CRAPPIFIER" BY RESEARCHERS, COULD ALSO HELP DEMOCRATIZE MICROSCOPY, ALLOWING SCIENTISTS TO CAPTURE HIGH-RESOLUTION IMAGES EVEN IF THEY DON'T HAVE ACCESS TO POWERFUL MICROSCOPES. THE FINDINGS WERE PUBLISHED MARCH 8, 2021, IN THE JOURNAL NATURE METHODS. [3/8/2021]

NEW PROTEIN HELPS CARNIVOROUS PLANTS SENSE AND TRAP THEIR PREY - THE BRUSH OF AN INSECT'S WING IS ENOUGH TO TRIGGER A VENUS FLYTRAP TO SNAP SHUT, BUT THE BIOLOGY OF HOW THESE PLANTS SENSE AND

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ATTACHMENT 2 (CONT'D)

RESPOND TO TOUCH IS STILL POORLY UNDERSTOOD, ESPECIALLY AT THE MOLECULAR LEVEL. NOW, A NEW STUDY BY SALK AND SCRIPPS RESEARCH SCIENTISTS IDENTIFIED A LIKELY KEY PROTEIN INVOLVED IN TOUCH SENSITIVITY FOR FLYTRAPS AND OTHER CARNIVOROUS PLANTS. THE FINDINGS, PUBLISHED MARCH 16, 2021, IN THE JOURNAL ELIFE, HELP EXPLAIN A CRITICAL PROCESS THAT HAS LONG PUZZLED BOTANISTS, AND COULD HELP SCIENTISTS BETTER UNDERSTAND HOW PLANTS OF ALL KINDS SENSE AND RESPOND TO MECHANICAL STIMULATION, POTENTIALLY LEADING TO APPLICATIONS IN MEDICAL THERAPIES THAT MECHANICALLY STIMULATE HUMAN CELLS SUCH AS NEURONS. [3/25/2021]

HOW BRAIN CELLS REPAIR THEIR DNA REVEALS "HOT SPOTS" OF AGING AND DISEASE - NEURONS LACK THE ABILITY TO REPLICATE THEIR DNA, SO THEY'RE CONSTANTLY WORKING TO REPAIR DAMAGE TO THEIR GENOME. A STUDY BY SALK SCIENTISTS FOUND THAT THESE REPAIRS ARE NOT RANDOM, BUT INSTEAD FOCUS ON PROTECTING CERTAIN GENETIC "HOT SPOTS" THAT APPEAR TO PLAY A CRITICAL ROLE IN NEURAL IDENTITY AND FUNCTION. THE FINDINGS, PUBLISHED IN THE APRIL 2, 2021, ISSUE OF SCIENCE, GIVE NOVEL INSIGHTS INTO THE GENETIC STRUCTURES INVOLVED IN AGING AND NEURODEGENERATION, AND COULD POINT TO THE DEVELOPMENT OF POTENTIAL NEW THERAPIES FOR DISEASES SUCH ALZHEIMER'S, PARKINSON'S AND OTHER AGE-RELATED DEMENTIA DISORDERS. [4/1/2021]

PARKINSON'S, CANCER, TYPE 2 DIABETES SHARE A KEY ELEMENT THAT DRIVES DISEASE - WHEN CELLS ARE STRESSED, CHEMICAL ALARMS GO OFF,

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ATTACHMENT 2 (CONT'D)

SETTING IN MOTION A FLURRY OF ACTIVITY THAT PROTECTS THE CELL'S MOST IMPORTANT PLAYERS. DURING THE RUSH, A PROTEIN CALLED PARKIN HURRIES TO PROTECT THE MITOCHONDRIA, THE POWER STATIONS THAT GENERATE ENERGY FOR THE CELL. NOW SALK RESEARCHERS HAVE DISCOVERED A DIRECT LINK BETWEEN A MASTER SENSOR OF CELL STRESS AND PARKIN ITSELF, DETAILED IN SCIENCE ADVANCES ON APRIL 7, 2021. THE SAME PATHWAY IS ALSO TIED TO TYPE 2 DIABETES AND CANCER, WHICH COULD OPEN A NEW AVENUE FOR TREATING ALL THREE DISEASES. [4/7/2021]

IN SURPRISING TWIST, SOME ALZHEIMER'S PLAQUES MAY BE PROTECTIVE, NOT DESTRUCTIVE - ONE OF THE CHARACTERISTIC HALLMARKS OF ALZHEIMER'S DISEASE (AD) IS THE BUILDUP OF AMYLOID-BETA PLAQUES IN THE BRAIN. MOST THERAPIES DESIGNED TO TREAT AD TARGET THESE PLAQUES, BUT THEY'VE LARGELY FAILED IN CLINICAL TRIALS. NEW RESEARCH BY SALK SCIENTISTS UPENDS CONVENTIONAL VIEWS OF THE ORIGIN OF ONE PREVALENT TYPE OF PLAQUE, INDICATING A REASON WHY TREATMENTS HAVE BEEN UNSUCCESSFUL.

THE TRADITIONAL VIEW HOLDS THAT THE BRAIN'S TRASH-CLEARING IMMUNE CELLS, CALLED MICROGLIA, INHIBIT THE GROWTH OF PLAQUES BY "EATING" THEM. THE SALK SCIENTISTS SHOW INSTEAD THAT MICROGLIA PROMOTE THE FORMATION OF DENSE-CORE PLAQUES, AND THAT THIS ACTION SWEEPS WISPY PLAQUE MATERIAL AWAY FROM NEURONS, WHERE IT CAUSES CELL DEATH. THE RESEARCH, WHICH WAS PUBLISHED IN NATURE IMMUNOLOGY ON APRIL 15, 2021, SUGGESTS THAT DENSE-CORE PLAQUES PLAY A PROTECTIVE ROLE, SO

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ATTACHMENT 2 (CONT'D)

TREATMENTS TO DESTROY THEM MAY DO MORE HARM THAN GOOD. [4/15/2021]

CHIMERIC TOOL ADVANCED FOR WIDE RANGE OF REGENERATIVE MEDICINE, BIOMEDICAL RESEARCH APPLICATIONS - THE ABILITY TO GROW THE CELLS OF ONE SPECIES WITHIN AN ORGANISM OF A DIFFERENT SPECIES OFFERS SCIENTISTS A POWERFUL TOOL FOR RESEARCH AND MEDICINE. IT'S AN APPROACH THAT COULD ADVANCE OUR UNDERSTANDING OF EARLY HUMAN DEVELOPMENT, DISEASE ONSET AND PROGRESSION AND AGING; PROVIDE INNOVATIVE PLATFORMS FOR DRUG EVALUATION; AND ADDRESS THE CRITICAL NEED FOR TRANSPLANTABLE ORGANS. YET DEVELOPING SUCH CAPABILITIES HAS BEEN A FORMIDABLE CHALLENGE. RESEARCHERS LED BY SALK PROFESSOR JUAN CARLOS IZPISUA BELMONTE HAVE NOW COME ONE STEP CLOSER TOWARD THIS GOAL BY DEMONSTRATING A NEW INTEGRATION OF HUMAN CELLS INTO ANIMAL TISSUE. PUBLISHED IN THE JOURNAL CELL ON APRIL 15, 2021, THE NEW STUDY BUILDS UPON PREVIOUS WORK BY THE IZPISUA BELMONTE LAB TO TAKE THE NEXT STEP IN CHIMERIC ORGANISMS-ORGANISMS THAT CONTAIN CELLS FROM TWO OR MORE SPECIES-TO UNDERSTAND A HOST OF DISEASES AND ADDRESS THE SEVERE SHORTAGE IN DONOR ORGANS.

[4/15/2021]

RESEARCHERS TRACE SPINAL NEURON FAMILY TREE - SPINAL CORD NERVE CELLS BRANCHING THROUGH THE BODY RESEMBLE TREES WITH LIMBS FANNING OUT IN EVERY DIRECTION. BUT THIS IMAGE CAN ALSO BE USED TO TELL THE STORY OF HOW THESE NEURONS, THEIR JOBS BECOMING MORE SPECIALIZED OVER TIME, AROSE THROUGH DEVELOPMENTAL AND

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 ATTACHMENT 2 (CONT'D)

EVOLUTIONARY HISTORY. SALK RESEARCHERS HAVE, FOR THE FIRST TIME, TRACED THE DEVELOPMENT OF SPINAL CORD NEURONS USING GENETIC SIGNATURES AND REVEALED HOW DIFFERENT SUBTYPES OF THE CELLS MAY HAVE EVOLVED AND ULTIMATELY FUNCTION TO REGULATE OUR BODY MOVEMENTS. THE FINDINGS, PUBLISHED IN THE JOURNAL SCIENCE ON APRIL 23, 2021, OFFER RESEARCHERS NEW WAYS OF CLASSIFYING AND TAGGING SUBSETS OF SPINAL CORD CELLS FOR FURTHER STUDY, USING GENETIC MARKERS THAT DIFFERENTIATE BRANCHES OF THE CELLS' FAMILY TREE.

[4/22/2021]

SALK SCIENTISTS REVEAL HOW BRAIN CELLS IN ALZHEIMER'S GO AWRY, LOSE THEIR IDENTITY - DESPITE THE PREVALENCE OF ALZHEIMER'S, THERE ARE STILL NO TREATMENTS, IN PART BECAUSE IT HAS BEEN CHALLENGING TO STUDY HOW THE DISEASE DEVELOPS. NOW, SCIENTISTS AT THE SALK INSTITUTE HAVE UNCOVERED NEW INSIGHTS INTO WHAT GOES AWRY DURING ALZHEIMER'S BY GROWING NEURONS THAT RESEMBLE-MORE ACCURATELY THAN EVER BEFORE-BRAIN CELLS IN OLDER PATIENTS. AND LIKE PATIENTS THEMSELVES, THE AFFLICTED NEURONS APPEAR TO LOSE THEIR CELLULAR IDENTITY.

THE FINDINGS, PUBLISHED APRIL 27, 2021, IN THE JOURNAL CELL STEM CELL, SHOWED THAT THESE BRAIN CELLS ARE CHARACTERIZED BY MARKERS OF STRESS AS WELL AS CHANGES IN WHICH THE CELLS BECOME LESS SPECIALIZED. INTERESTINGLY, MANY OF THE ALTERATIONS SEEN IN THESE CELLS ARE SIMILAR TO WHAT'S BEEN OBSERVED IN CANCER CELLS-ANOTHER

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ATTACHMENT 2 (CONT'D)

DISEASE LINKED TO AGING. [4/27/2021]

THE NOVEL CORONAVIRUS' SPIKE PROTEIN PLAYS ADDITIONAL KEY ROLE IN ILLNESS - SCIENTISTS HAVE KNOWN FOR A WHILE THAT SARS-COV-2'S DISTINCTIVE "SPIKE" PROTEINS HELP THE VIRUS INFECT ITS HOST BY LATCHING ON TO HEALTHY CELLS. NOW, A MAJOR NEW STUDY BY SALK RESEARCHERS AND COLLABORATORS SHOWED THAT THE VIRUS SPIKE PROTEINS (WHICH BEHAVE VERY DIFFERENTLY THAN THOSE SAFELY ENCODED BY VACCINES) ALSO PLAY A KEY ROLE IN THE DISEASE ITSELF.

THE PAPER, PUBLISHED ON APRIL 30, 2021, IN CIRCULATION RESEARCH, ALSO SHOWS CONCLUSIVELY THAT COVID-19 IS A VASCULAR DISEASE, DEMONSTRATING EXACTLY HOW THE SARS-COV-2 VIRUS DAMAGES AND ATTACKS THE VASCULAR SYSTEM ON A CELLULAR LEVEL. THE FINDINGS HELP EXPLAIN COVID-19'S WIDE VARIETY OF SEEMINGLY UNCONNECTED COMPLICATIONS, AND COULD OPEN THE DOOR FOR NEW RESEARCH INTO MORE EFFECTIVE THERAPIES. [4/30/2021]

TRANSFORMING ATMOSPHERIC CARBON INTO INDUSTRIALLY USEFUL MATERIALS - IN A STUDY, PUBLISHED IN THE JOURNAL RSC ADVANCES ON APRIL 27, 2021, SCIENTISTS AT SALK TRANSFORMED TOBACCO AND CORN HUSKS INTO A VALUABLE INDUSTRIAL MATERIAL CALLED SILICON CARBIDE (SiC) AND QUANTIFIED THE PROCESS WITH MORE DETAIL THAN EVER BEFORE. THESE FINDINGS ARE CRUCIAL TO HELPING RESEARCHERS, SUCH AS MEMBERS OF SALK'S HARNESSING PLANTS INITIATIVE, EVALUATE AND QUANTIFY

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ATTACHMENT 2 (CONT'D)

CARBON-SEQUESTRATION STRATEGIES TO POTENTIALLY MITIGATE CLIMATE CHANGE AS CO2 LEVELS CONTINUE TO RISE TO UNPRECEDENTED LEVELS.

[5/6/2021]

SALK SCIENTISTS REVEAL ROLE OF GENETIC SWITCH IN PIGMENTATION AND MELANOMA - DESPITE ONLY ACCOUNTING FOR ABOUT 1 PERCENT OF SKIN CANCERS, MELANOMA CAUSES THE MAJORITY OF SKIN CANCER-RELATED DEATHS. WHILE TREATMENTS FOR THIS SERIOUS DISEASE DO EXIST, THESE DRUGS CAN VARY IN EFFECTIVENESS DEPENDING ON THE INDIVIDUAL. A SALK STUDY PUBLISHED ON MAY 18, 2021, IN THE JOURNAL CELL REPORTS REVEALS NEW INSIGHTS ABOUT A PROTEIN CALLED CRT3, A GENETIC SWITCH THAT COULD POTENTIALLY BE TARGETED TO DEVELOP NEW TREATMENTS FOR MELANOMA BY KEEPING THE SWITCH TURNED OFF.

[5/18/2021]

NEW STUDY SHOWS HOW TO BOOST MUSCLE REGENERATION AND REBUILD TISSUE - ONE OF THE MANY EFFECTS OF AGING IS LOSS OF MUSCLE MASS, WHICH CONTRIBUTES TO DISABILITY IN OLDER PEOPLE. TO COUNTER THIS LOSS, SCIENTISTS AT THE SALK INSTITUTE ARE STUDYING WAYS TO ACCELERATE THE REGENERATION OF MUSCLE TISSUE, USING A COMBINATION OF MOLECULAR COMPOUNDS THAT ARE COMMONLY USED IN STEM-CELL RESEARCH.

IN A STUDY PUBLISHED ON MAY 25, 2021, IN NATURE COMMUNICATIONS, THE INVESTIGATORS SHOWED THAT USING THESE COMPOUNDS INCREASED THE

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 ATTACHMENT 2 (CONT'D)

REGENERATION OF MUSCLE CELLS IN MICE BY ACTIVATING THE PRECURSORS OF MUSCLE CELLS, CALLED MYOGENIC PROGENITORS. ALTHOUGH MORE WORK IS NEEDED BEFORE THIS APPROACH CAN BE APPLIED IN HUMANS, THE RESEARCH PROVIDES INSIGHT INTO THE UNDERLYING MECHANISMS RELATED TO MUSCLE REGENERATION AND GROWTH AND COULD ONE DAY HELP ATHLETES AS WELL AS AGING ADULTS REGENERATE TISSUE MORE EFFECTIVELY.

[5/25/2021]

RESEARCH ADVANCES ONE STEP CLOSER TO STEM CELL THERAPY FOR TYPE 1 DIABETES - TYPE 1 DIABETES, WHICH ARISES WHEN THE PANCREAS DOESN'T CREATE ENOUGH INSULIN TO CONTROL LEVELS OF GLUCOSE IN THE BLOOD, IS A DISEASE THAT CURRENTLY HAS NO CURE AND IS DIFFICULT FOR MOST PATIENTS TO MANAGE. SCIENTISTS AT THE SALK INSTITUTE ARE DEVELOPING A PROMISING APPROACH FOR TREATING IT: USING STEM CELLS TO CREATE INSULIN-PRODUCING CELLS (CALLED BETA CELLS) THAT COULD REPLACE NONFUNCTIONAL PANCREATIC CELLS.

IN A STUDY PUBLISHED ON JUNE 7, 2021, IN THE JOURNAL NATURE COMMUNICATIONS, THE INVESTIGATORS REPORTED THAT THEY HAVE DEVELOPED A NEW WAY TO CREATE BETA CELLS THAT IS MUCH MORE EFFICIENT THAN PREVIOUS METHODS. ADDITIONALLY, WHEN THESE BETA CELLS WERE TESTED IN A MOUSE MODEL OF TYPE 1 DIABETES, THE ANIMALS' BLOOD SUGAR WAS BROUGHT UNDER CONTROL WITHIN ABOUT TWO WEEKS. [6/7/2021]

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ATTACHMENT 2 (CONT'D)

"BAD FAT" SUPPRESSES KILLER T CELLS FROM ATTACKING CANCER - IN ORDER FOR CANCER TO GROW AND SPREAD, IT HAS TO EVADE DETECTION BY OUR IMMUNE CELLS, PARTICULARLY SPECIALIZED "KILLER" T CELLS. SALK RESEARCHERS LED BY PROFESSOR SUSAN KAECH HAVE FOUND THAT THE ENVIRONMENT INSIDE TUMORS (THE TUMOR MICROENVIRONMENT) CONTAINS AN ABUNDANCE OF OXIDIZED FAT MOLECULES, WHICH, WHEN INGESTED BY THE KILLER T CELLS, SUPPRESSES THEIR ABILITY TO KILL CANCER CELLS. IN A VICIOUS CYCLE, THOSE T CELLS, IN NEED OF ENERGY, INCREASE THE LEVEL OF A CELLULAR FAT TRANSPORTER, CD36, THAT UNFORTUNATELY SATURATES THEM WITH EVEN MORE OXIDIZED FAT AND FURTHER CURTAILS THEIR ANTI-TUMOR FUNCTIONS.

THE DISCOVERY, PUBLISHED ONLINE IN IMMUNITY ON JUNE 7, 2021, SUGGESTS NEW PATHWAYS FOR SAFEGUARDING THE IMMUNE SYSTEM'S ABILITY TO FIGHT CANCER BY REDUCING THE OXIDATIVE LIPID DAMAGE IN KILLER T CELLS. [6/10/2021]

HOW NEURONS GET PAST "NO" - A STUDY BY SALK SCIENTISTS SHOWED HOW INHIBITORY NEURONS PLAY A CRITICAL ROLE IN THIS PROCESS. THE STUDY, PUBLISHED MAY 25, 2021, IN THE JOURNAL CELL REPORTS, SHOWED THAT INHIBITORY NEURONS DO MORE THAN JUST INHIBIT NEURON ACTIVITY LIKE AN OFF-SWITCH; PARADOXICALLY, THEY ACTUALLY INCREASE THE AMOUNT OF INFORMATION TRANSMITTED THROUGH THE NERVOUS SYSTEM WHEN IT NEEDS TO BE FLEXIBLE. TO MAKE THIS POSSIBLE, INHIBITORY NEURONS NEED TO BE INTEGRATED INTO THE CIRCUIT IN A SPECIFIC WAY. THESE

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ATTACHMENT 2 (CONT'D)

OBSERVATIONS COULD HELP SCIENTISTS BETTER UNDERSTAND AND TREAT DISORDERS INVOLVING OUR ABILITY TO FOCUS AND MODULATE SIGNALS BASED ON THE BIGGER PICTURE, WHICH ARE ALTERED IN CONDITIONS SUCH AS ANXIETY AND ATTENTION DEFICIT DISORDERS. [6/24/2021]

HOW PLANTS QUICKLY ADAPT TO SHIFTING ENVIRONMENTAL CONDITIONS - A STUDY, PUBLISHED JUNE 17, 2021, IN NATURE GENETICS, OFFERED A NEW UNDERSTANDING OF HOW GENE ACTIVITY DIRECTS PLANT GROWTH, AND HOW QUICKLY PLANTS RESPOND TO THEIR ENVIRONMENT-WITH SHIFTING LIGHT CONDITIONS TRIGGERING MOLECULAR CHANGES IN AS LITTLE AS FIVE MINUTES. THE FINDINGS PROVIDE INSIGHTS INTO HOW TO INCREASE YIELD AND SAFEGUARD WORLD FOOD PRODUCTION AS CLIMATE CHANGE SHRINKS THE PLANET'S ARABLE LAND. [6/30/2021]

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,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
EAST END ADVISORS, LLC 610 FIFTH AVENUE, SUITE 506	INVESTMENT ADVISOR	2,213,363.

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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEW YORK, NY 10020		
UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	TRNG PROGRAM/SUBCONT	1,203,994.
UNIVERSAL PROTECTION SERVICE LP 1511 N TUSTIN AVE, SUITE 650 SANTA ANA, CA 92705	SECURITY SERVICE	385,282.
COOLEY LLP ONE MARITIME PLAZA, 20TH FLOOR SAN FRANCISCO, CA 94111	LEGAL SERVICE	306,377.
GMI BUILDING SERVICE INC PO BOX 31001-2374 PASADENA, CA 91110	JANITORIAL SERVICE	304,899.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097



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

Table with 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (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 7 columns: (a) Name, address, and EIN; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Rows 1-7 are empty.

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

Schedule R (Form 990) 2020

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.

(1)	(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.

(1)	(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	C	4.	41,130	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		X
b	Gift, grant, or capital contribution to related organization(s)		X
c	Gift, grant, or capital contribution from related organization(s)		X
d	Loans or loan guarantees to or for related organization(s)		X
e	Loans or loan guarantees by related organization(s)		X
f	Dividends from related organization(s)		X
g	Sale of assets to related organization(s)		X
h	Purchase of assets from related organization(s)		X
i	Exchange of assets with related organization(s)		X
j	Lease of facilities, equipment, or other assets to related organization(s)		X
k	Lease of facilities, equipment, or other assets from related organization(s)		X
l	Performance of services or membership or fundraising solicitations for related organization(s)		X
m	Performance of services or membership or fundraising solicitations by related organization(s)		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o	Sharing of paid employees with related organization(s)		X
p	Reimbursement paid to related organization(s) for expenses		X
q	Reimbursement paid by related organization(s) for expenses		X
r	Other transfer of cash or property to related organization(s)		X
s	Other transfer of cash or property from related organization(s)		X

		(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
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.				
(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)													
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(10)													
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(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
