

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public
Inspection

A For the **2021** calendar year, or tax year beginning **07/01/2021** and ending **06/30/2022**

B	Check if applicable:	C Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	D Employer identification number 95-2160097
<input type="checkbox"/>	Address change	Doing Business As	E Telephone number (858) 453-4100
<input type="checkbox"/>	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	G Gross receipts \$ 240,511,943.
<input type="checkbox"/>	Initial return	10010 N. TORREY PINES ROAD	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	Terminated	City or town, state or province, country, and ZIP or foreign postal code	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Amended return	LA JOLLA, CA 92037-1002	If "No," attach a list. (see instructions)
<input type="checkbox"/>	Application pending	F Name and address of principal officer: GERALD JOYCE	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		L Year of formation: 1960 M State of legal domicile: CA	
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 ▶			

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>BASIC RESEARCH IN THE FOLLOWING: MOLECULAR BIOLOGY & GENETICS, NEUROSCIENCE, AND PLANT BIOLOGY.</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	1,190
6	Total number of volunteers (estimate if necessary)	6	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	327,402.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE
8	Contributions and grants (Part VIII, line 1h)	8	176,855,692.
9	Program service revenue (Part VIII, line 2g)	9	NONE
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	29,938,735.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	4,453,690.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	211,248,117.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	85,285,453.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	NONE
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,008,673.</u>	16b	NONE
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	63,065,534.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	148,350,987.
19	Revenue less expenses. Subtract line 18 from line 12	19	62,897,130.
20	Total assets (Part X, line 16)	20	802,933,823.
21	Total liabilities (Part X, line 26)	21	133,384,192.
22	Net assets or fund balances. Subtract line 21 from line 20	22	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	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>▶ <i>Kim E. Witmer</i> Signature of officer</p> <p>▶ <u>Kim E. Witmer, SVP Finance & Administration</u> Type or print name and title</p> </div> <div style="width: 35%;"> <p><u>05/10/2023</u> Date</p> </div> </div>
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Paid Preparer Use Only	Print/Type preparer's name JOCELYNE MILLER	Preparer's signature <i>Joelyne C. Miller</i>	Date 5/9/23	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** (2021)

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:

SEE SCHEDULE O

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 \$ 134,155,492. including grants of \$ NONE) (Revenue \$ NONE)

SEE SCHEDULE O

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 134,155,492.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1,190		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 [X]

Section A. Governing Body and Management

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes questions 1a-1b, 2-9 regarding governing body members, relationships, and documentation.

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

Table with columns for line numbers, descriptions, and Yes/No checkboxes. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policies, and compensation.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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.
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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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 NONE	X		X				847,276.	NONE	48,108.
(2) KIM E WITMER TREASURER/SVP FINANCE & ADMN	50.00 NONE			X				456,708.	NONE	49,409.
(3) MARTIN HETZER, PH.D. CSO/PROFESSOR	50.00 NONE					X		447,650.	NONE	55,690.
(4) REBECCA NEWMAN VP, EXTERNAL RELATIONS	50.00 NONE					X		434,499.	NONE	36,903.
(5) RONALD EVANS, PH.D. PROFESSOR	50.00 NONE					X		412,753.	NONE	30,596.
(6) REUBEN SHAW, PH.D. PROFESSOR	50.00 NONE					X		393,434.	NONE	48,799.
(7) JULIA A. MILLER, J.D. SECRETARY/GENERAL COUNSEL	50.00 NONE			X				376,663.	NONE	55,958.
(8) ANTHONY HUNTER, PH.D. PROFESSOR	50.00 NONE					X		357,527.	NONE	49,300.
(9) GERALD SHADEL, PH.D. TRUSTEE/PROFESSOR	50.00 NONE	X						326,692.	NONE	36,241.
(10) KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	50.00 NONE			X				301,732.	NONE	48,375.
(11) MARTYN GOULDING, PH.D. TRUSTEE/PROFESSOR	50.00 NONE	X						264,732.	NONE	52,816.
(12) TATYANA SHARPEE, PH.D. TRUSTEE/PROFESSOR	50.00 NONE	X						240,748.	NONE	41,645.
(13) IRWIN M. JACOBS, S.M, SC.D. CHAIR EMERITUS	2.00 NONE	X						NONE	NONE	NONE
(14) DANIEL C. LEWIS TRUSTEE/CHAIR (OUTGOING NOV21)	2.00 NONE	X						NONE	NONE	NONE

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 NONE	X		X				NONE	NONE	NONE
(16) MARNA C. WHITTINGTON, PH.D. VICE CHR/CHAIR (INCOMING NOV21)	2.00 NONE	X		X				NONE	NONE	NONE
(17) DONALD L. COHN TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(18) DAVID DOLBY TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(19) FREDERICK J. DOTZLER TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(20) JAY FLATLEY TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(21) ALAN D. GOLD TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(22) EDWIN K. HUNTER TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(23) LARRY E. JENNINGS, JR TRUSTEE	0.50 NONE	X						NONE	NONE	NONE
(24) SANJAY K. JHA, PH.D. TRUSTEE	2.00 NONE	X						NONE	NONE	NONE
(25) ELIZABETH KEADLE TRUSTEE (OUTGOING MAR 2022)	2.00 NONE	X						NONE	NONE	NONE
1b Sub-total								4,860,414.	NONE	553,840.
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								4,860,414.	NONE	553,840.

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 **▶** 143

	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	3	
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	4	
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	5	

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			
(26) MARK KNICKREHM TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(27) BENJAMIN H. LEWIS TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(28) CORINNE MENTZELOPOULOS TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(29) HOWARD H. NEWMAN, PH.D. TRUSTEE	2.00 NONE	X					NONE	NONE	NONE	
(30) FREDERIK PAULSEN, PH.D. TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(31) ERNEST S. RADY TRUSTEE (OUTGOING AUG 2021)	0.50 NONE	X					NONE	NONE	NONE	
(32) MARKUS REINHARD TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(33) TERRY ROSEN, PH.D. TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(34) ERIC SAGERMAN TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(35) MARY JANE SALK TRUSTEE	0.50 NONE	X					NONE	NONE	NONE	
(36) BENJAMIN S. SCHAPIRO TRUSTEE (OUTGOING NOV 2021)	2.00 NONE	X					NONE	NONE	NONE	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	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		
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		
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		

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)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,552,682.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	81,157,399.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	56,009,916.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,790,218.				
	h	Total. Add lines 1a-1f			138,719,997.			
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			NONE			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			3,951,043.	92,177.	3,858,866.	
	4	Income from investment of tax-exempt bond proceeds			NONE			
	5	Royalties			5,670,022.		5,670,022.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
			b	Less: rental expenses	6b			
			c	Rental income or (loss)	6c	NONE	NONE	
	d	Net rental income or (loss)				NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
			b	Less: cost or other basis and sales expenses	7b	77,274,359.		
			c	Gain or (loss)	7c	14,569,615.		
	d	Net gain or (loss)				14,569,615.		
	8a	Gross income from fundraising events (not including \$ 1,552,682. of contributions reported on line 1c). See Part IV, line 18	8a		86,825.			
			b	Less: direct expenses	8b	903,144.		
			c	Net income or (loss) from fundraising events			-816,319.	-816,319.
	9a	Gross income from gaming activities. See Part IV, line 19	9a		NONE			
b			Less: direct expenses	9b		NONE		
c			Net income or (loss) from gaming activities			NONE		
10a	Gross sales of inventory, less returns and allowances	10a		NONE				
		b	Less: cost of goods sold	10b		NONE		
		c	Net income or (loss) from sales of inventory			NONE		
Miscellaneous Revenue	11a	OIL ROYALTIES	Business Code	900099	2,851.		2,851.	
	b	FACILITY LICENSE FEE	900099	235,225.		235,225.		
	c	REVENUE SHARE-HOST VEHICLE CHARGING STAT	900099	2,006.			2,006.	
	d	All other revenue						
	e	Total. Add lines 11a-11d				240,082.		
12	Total revenue. See instructions				162,334,440.	327,402.	23,287,041.	

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	NONE	NONE		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE	NONE		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE	NONE		
4 Benefits paid to or for members	NONE	NONE		
5 Compensation of current officers, directors, trustees, and key employees	3,101,603.	1,334,447.	1,675,650.	91,506.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE	NONE	NONE	NONE
7 Other salaries and wages	66,630,899.	56,492,445.	6,461,734.	3,676,720.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,683,105.	3,782,140.	645,153.	255,812.
9 Other employee benefits	9,566,824.	7,727,378.	1,318,127.	521,319.
10 Payroll taxes	4,798,212.	3,875,103.	661,010.	262,099.
11 Fees for services (nonemployees):				
a Management	867,098.	70,000.	797,098.	NONE
b Legal	271,966.	36,590.	235,376.	NONE
c Accounting	253,623.	NONE	253,623.	NONE
d Lobbying	NONE	NONE	NONE	NONE
e Professional fundraising services. See Part IV, line 17	NONE			NONE
f Investment management fees	2,981,054.	NONE	2,981,054.	NONE
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	15,674,735.	14,178,496.	1,243,035.	253,204.
12 Advertising and promotion	23,726.	6,515.	6,323.	10,888.
13 Office expenses	979,057.	230,333.	392,710.	356,014.
14 Information technology.	3,241,960.	2,331,790.	658,743.	251,427.
15 Royalties.	NONE	NONE	NONE	NONE
16 Occupancy	8,876,378.	6,725,849.	2,047,552.	102,977.
17 Travel	508,979.	434,584.	34,011.	40,384.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE	NONE	NONE	NONE
19 Conferences, conventions, and meetings	734,054.	490,113.	177,858.	66,083.
20 Interest	NONE	NONE	NONE	NONE
21 Payments to affiliates.	NONE	NONE	NONE	NONE
22 Depreciation, depletion, and amortization	11,791,799.	10,852,859.	864,119.	74,821.
23 Insurance	440,450.	NONE	440,450.	NONE
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	6,425,445.	6,425,445.	NONE	NONE
b RESEARCH SUPPLIES	18,537,279.	18,537,279.	NONE	NONE
c REPAIRS & PARTS	405,189.	400,218.	3,932.	1,039.
d UBI TAXES	49,607.	NONE	49,607.	NONE
e All other expenses	548,629.	223,908.	280,341.	44,380.
25 Total functional expenses. Add lines 1 through 24e	161,391,671.	134,155,492.	21,227,506.	6,008,673.
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)				

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	9,038,904.	1	11,250,882.
	2 Savings and temporary cash investments	21,528,314.	2	22,475,096.
	3 Pledges and grants receivable, net	32,565,314.	3	26,741,877.
	4 Accounts receivable, net	963,806.	4	718,748.
	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	850,833.	5	1,160,629.
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	1,869,935.	7	2,325,002.
	8 Inventories for sale or use	8,583.	8	15,836.
	9 Prepaid expenses and deferred charges	1,817,576.	9	2,279,897.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 282,885,562.		
	b Less: accumulated depreciation	10b 209,660,672.		
		70,179,913.	10c	73,224,890.
	11 Investments - publicly traded securities	111,115,690.	11	80,825,357.
	12 Investments - other securities. See Part IV, line 11	541,572,528.	12	529,022,668.
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
15 Other assets. See Part IV, line 11	11,422,427.	15	9,786,156.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	802,933,823.	16	759,827,038.	
Liabilities	17 Accounts payable and accrued expenses	40,264,368.	17	42,759,193.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	22,799,382.	19	29,265,728.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	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	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	64,113,436.	23	67,387,318.
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,207,006.	25	4,965,856.
	26 Total liabilities. Add lines 17 through 25	133,384,192.	26	144,378,095.
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	135,379,420.	27	113,937,864.
	28 Net assets with donor restrictions	534,170,211.	28	501,511,079.
	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	669,549,631.	32	615,448,943.	
33 Total liabilities and net assets/fund balances	802,933,823.	33	759,827,038.	

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	162,334,440.
2	Total expenses (must equal Part IX, column (A), line 25)	2	161,391,671.
3	Revenue less expenses. Subtract line 2 from line 1	3	942,769.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	669,549,631.
5	Net unrealized gains (losses) on investments	5	-55,451,244.
6	Donated services and use of facilities	6	NONE
7	Investment expenses	7	NONE
8	Prior period adjustments	8	NONE
9	Other changes in net assets or fund balances (explain on Schedule O)	9	407,787.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	615,448,943.

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 on 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
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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).)
- 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 on 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						

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

Schedule A (Form 990) 2021

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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	118,871,121.	166,753,206.	160,545,802.	176,855,692.	138,798,417.	761,824,238.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3.	118,871,121.	166,753,206.	160,545,802.	176,855,692.	138,798,417.	761,824,238.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						17,813,835.
6 Public support. Subtract line 5 from line 4						744,010,403.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	118,871,121.	166,753,206.	160,545,802.	176,855,692.	138,798,417.	761,824,238.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	608,347.	5,160,349.	4,322,033.	6,807,160.	9,621,065.	26,518,954.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	22,341.					22,341.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,647.	5,125.	3,315.	1,945.	4,857.	23,889.
11 Total support. Add lines 7 through 10						788,389,422.
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.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	94.37 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.69 %
16a 33 1/3% support test - 2021. 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.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2021. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2020. 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.		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 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

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests - 2021. Row 19b: 33 1/3% support tests - 2020. Row 20: Private foundation.

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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
10b	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 on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on 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 on 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	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
c	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	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 on 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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

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

2017: 1,652

2018: 1,545

2019: 1,093

2020: 944

2021: 2,851

DESCRIPTION: REVENUE SHARING-HOST VEHICLE CHARGING STATION

2017: 4,688

2018: 1,278

2019: 1,227

2020: 951

2021: 2,006

DESCRIPTION: NET GIFT SHOP SALES

2017: 2,307

2018: 2,302

2019: 994

2020: 0

2021: 0

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2021

Table with 2 columns: Name of the organization, Employer identification number. Row 1: THE SALK INSTITUTE FOR BIOLOGICAL STUDIES, 95-2160097

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] 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), 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), 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).

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	\$ 74,249,092.	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.)
		\$	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 <p style="text-align: center;">THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</p>	Employer identification number <p style="text-align: center;">95-2160097</p>
--	---

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
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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)				

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

Schedule C (Form 990) 2021

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) 2018	(b) 2019	(c) 2020	(d) 2021	(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 columns (a) Yes/No and (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)?; 2b If "Yes," enter the amount of any tax incurred under section 4912...; 2c If "Yes," enter the amount of any tax incurred by organization managers...; 2d 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 columns 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 columns 1, 2a, 2b, 2c, 3, 4, 5. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

OTHER ACTIVITIES

PART II-B, LINE 1

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

ASSOCIATION OF INDEPENDENT RESEARCH INSTITUTES - \$1,500, NATIONAL

ASSOCIATION FOR BIOMEDICAL RESEARCH - \$1,200, BIOCUM - \$360.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

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

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

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

Part II Conservation Easements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under 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.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

02487Y 1546

V21-7.15 E726

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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 1.9100 %
b Permanent endowment 98.0900 %
c Term endowment NONE %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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	500,064,206.	FMV
(B) STOCKS NOT-PUBLICLY TRADED <5%	3,011.	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.) . ▶	529,022,668.	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	5,143.
(2) DEFERRED RETIREE MEDICAL OBLIG	4,960,713.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,965,856.

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 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 \$63,110,061, AND CHANGE IN VALUE OF DEFERRED GIFTS
(\$839,231).

PART XI, LINE 4B

FUNDRAISING EVENTS EXPENSES \$903,144 AND ROUNDING (\$1).

RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STMTS W EXPENSES PER RTN

PART XII, LINE 2D

FUNDRAISING EVENTS EXPENSE \$903,144

PART XII, LINE 4B

ROUNDING \$1.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

▶ 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.

2021

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 **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			PROGRAM SERVICES	ATTENDED CONFERENCE	86,832.
(2) NORTH AMERICA			PROGRAM SERVICES	ATTENDED CONFERENCE	11,857.
(3) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	ATTENDED CONFERENCE	2,036.
(4) EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	ATTENDED CONFERENCE	3,288.
(5) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	ATTENDED CONFERENCE	11,016.
(6) SOUTH AMERICA			PROGRAM SERVICES	ATTENDED CONFERENCE	6,900.
(7) NORTH AMERICA			PROGRAM SERVICES	SCIENTIFIC SUBCONTRACT	176,220.
(8) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	SCIENTIFIC SUBCONTRACT	33,721.
(9) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		224,899,866.
(10) EUROPE			INVESTMENTS		32,818,832.
(11) SUB-SAHARAN AFRICA			INVESTMENTS		13,261,751.
(12) NORTH AMERICA			INVESTMENTS		1,344,799.
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					272,657,118.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					272,657,118.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		CONCERT (event type)	LECTURE/MUSIC (event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,593,266.	46,241.	NONE	1,639,507.
	2	Less: Contributions	1,508,846.	43,836.	NONE	1,552,682.
	3	Gross income (line 1 minus line 2).	84,420.	2,405.	NONE	86,825.
Direct Expenses	4	Cash prizes	NONE	NONE	NONE	NONE
	5	Noncash prizes	NONE	NONE	NONE	NONE
	6	Rent/facility costs	NONE	NONE	NONE	NONE
	7	Food and beverages	79,550.	NONE	NONE	79,550.
	8	Entertainment	400,960.	37,400.	NONE	438,360.
	9	Other direct expenses	385,234.	NONE	NONE	385,234.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				903,144.
11	Net income summary. Subtract line 10 from line 3, column (d). ▶				-816,319.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

Part I Questions Regarding Compensation

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

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

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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	830,661. NONE	NONE NONE	16,615. NONE	34,800. NONE	13,308. NONE	895,384. NONE	NONE NONE
2 KIM E WITMER TREASURER/SVP FINANCE & ADMN	438,800. NONE	NONE NONE	17,908. NONE	34,800. NONE	14,609. NONE	506,117. NONE	NONE NONE
3 MARTIN HETZER, PH. D. CSO/PROFESSOR	405,506. NONE	NONE NONE	42,144. NONE	34,800. NONE	20,890. NONE	503,340. NONE	NONE NONE
4 REBECCA NEWMAN VP, EXTERNAL RELATIONS	419,852. NONE	NONE NONE	14,647. NONE	34,800. NONE	2,103. NONE	471,402. NONE	NONE NONE
5 REUBEN SHAW, PH. D. PROFESSOR	240,929. NONE	NONE NONE	152,505. NONE	34,800. NONE	13,999. NONE	442,233. NONE	NONE NONE
6 ANTHONY HUNTER, PH. D. PROFESSOR	350,698. NONE	NONE NONE	6,829. NONE	29,000. NONE	20,300. NONE	406,827. NONE	NONE NONE
7 JULIA A. MILLER, J. D. SECRETARY/GENERAL COUNSEL	353,736. NONE	NONE NONE	22,927. NONE	34,800. NONE	21,158. NONE	432,621. NONE	NONE NONE
8 GERALD SHADEL, PH. D. TRUSTEE/PROFESSOR	265,933. NONE	NONE NONE	60,759. NONE	34,612. NONE	1,629. NONE	362,933. NONE	NONE NONE
9 KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	291,579. NONE	NONE NONE	10,153. NONE	34,800. NONE	13,575. NONE	350,107. NONE	NONE NONE
10 MARTYN GOULDING, PH. D. TRUSTEE/PROFESSOR	234,390. NONE	NONE NONE	30,342. NONE	32,883. NONE	19,933. NONE	317,548. NONE	NONE NONE
11 RONALD EVANS, PH. D. PROFESSOR	368,604. NONE	NONE NONE	44,149. NONE	NONE NONE	NONE NONE	412,753. NONE	NONE NONE
12 TATYANA SHARPEE, PH. D. TRUSTEE/PROFESSOR	213,896. NONE	NONE NONE	26,852. NONE	NONE NONE	NONE NONE	240,748. NONE	NONE NONE
13							
14							
15							
16							

Schedule J (Form 990) 2021

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 - \$8,164, REBECCA

NEWMAN, VP-EXTERNAL RELATIONS - \$8,163, FRED GAGE, PRESIDENT/PROFESSOR -

\$955; KIM WITMER, SVP-FINANCE & ADMINISTRATION - \$522. NOT TAXABLE -

ACCOUNTABLE PLAN.

**SCHEDULE L
(Form 990)**

Transactions With Interested Persons

OMB No. 1545-0047

▶ 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.

2021

▶ Attach to Form 990 or Form 990-EZ.

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▶ 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 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.	
(2) REUBEN SHAW	PROFESSOR	HOME LOAN		X	700,000.	400,629.		X	X		X	
(3) GERALD SHADEL	PROFESSOR	HOME LOAN		X	300,000.	180,000.		X	X		X	
(4) SUSAN KAECH	PROFESSOR	HOME LOAN		X	300,000.	180,000.		X	X		X	
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$	1,160,629.					

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

2021

**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	36	1,790,218.	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	
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		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.			

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

Schedule M (Form 990) 2021

JSA

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02487Y 1546

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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)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

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 BY-LAWS BY VOTE.

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.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

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

LINE 15A/B: A COMPREHENSIVE MARKET ASSESSMENT WAS COMPLETED IN APRIL 2022 BY AN OUTSIDE CONSULTANT TO PROVIDE THE COMPENSATION COMMITTEE OF THE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

2021

**Open to Public
Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

SALK BOARD OF TRUSTEES DATA FOR THE SALK PRESIDENT AND VICE-PRESIDENT
ROLES. SALK'S PRESIDENT MADE A RECOMMENDATION TO THE COMPENSATION
COMMITTEE TO INCREASE THE SALARIES OF THE VICE-PRESIDENTS BASED ON THIS
DATA. THE BOARD OF TRUSTEES CONSIDERED THIS INPUT AND APPROVED THE
INCREASES AS SUBMITTED. THE COMPENSATION COMMITTEE APPROVED AN INCREASE
FOR THE SALK PRESIDENT BASED ON THE MARKET ASSESSMENT. DOCUMENTATION OF
THESE CHANGES IN INCLUDED IN THE MINUTES OF THE APRIL 15, 2022 MEETING.

DISCLOSURE

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

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9
POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST -
\$1,247,016; CHANGE IN VALUE OF DEFERRED GIFTS \$(839,231), AND ROUNDING
\$2.

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

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

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 CONDUCTIVE
TO THE FULFILLMENT OF MAN'S BIOLOGICAL POTENTIAL.

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

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

RESEARCHERS IDENTIFY NEURONS INVOLVED IN OVERDOSE DEATHS - IT'S LONG BEEN KNOWN THAT OPIOID OVERDOSE DEATHS ARE CAUSED BY DISRUPTED BREATHING, BUT THE ACTUAL MECHANISM BY WHICH THESE DRUGS SUPPRESS RESPIRATION WAS NOT UNDERSTOOD. NOW, A NEW STUDY BY SALK SCIENTISTS HAS IDENTIFIED A GROUP OF NEURONS IN THE BRAINSTEM THAT PLAYS A KEY ROLE IN THIS PROCESS.

THE FINDINGS SHOW HOW TRIGGERING SPECIFIC RECEPTORS IN THESE NEURONS CAUSES OPIOID-INDUCED RESPIRATORY DEPRESSION, OR OIRD, THE DISRUPTED BREATHING THAT CAUSES OVERDOSE DEATHS. IT ALSO SHOWS HOW BLOCKING THESE RECEPTORS CAN CAUSE OIRD TO BE REVERSED. THE STUDY WAS PUBLISHED JUNE 8 IN THE JOURNAL PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES. [8/12/2021]

BENEFITS OF TIME-RESTRICTED EATING DEPEND ON AGE AND SEX - TIME-RESTRICTED EATING (TRE), A DIETARY REGIMEN THAT RESTRICTS EATING TO SPECIFIC HOURS, HAS GARNERED INCREASED ATTENTION IN WEIGHT-LOSS CIRCLES. A NEW STUDY BY SALK SCIENTISTS FURTHER SHOWS THAT TRE CONFERS MULTIPLE HEALTH BENEFITS BESIDES WEIGHT LOSS. THE STUDY ALSO SHOWS THAT THESE BENEFITS MAY DEPEND ON SEX AND AGE.

MOST TRE STUDIES FOCUS ON WEIGHT LOSS IN YOUNG MALE MICE, BUT SALK SCIENTISTS WANTED TO DETERMINE WHETHER TRE CONFERS ADDITIONAL BENEFITS ON OTHER POPULATIONS. THEIR FINDINGS SHOW THAT WHILE AGE AND SEX DO AFFECT THE OUTCOMES OF TRE, THE EATING STRATEGY DELIVERS MULTIPLE HEALTH BENEFITS FOR YOUNG AND OLD OF BOTH SEXES, AND INDICATES THAT TRE MAY BE A VALUABLE INTERVENTION FOR TYPE 2 DIABETES, FATTY LIVER DISEASE, AND LIVER CANCER, AND EVEN INFECTIOUS DISEASES SUCH AS COVID-19, IN HUMANS. THE WORK WAS PUBLISHED IN CELL REPORTS ON AUGUST 17. [8/17/2021]

RESEARCH REVEALS HOW SUBTLE CHANGES IN A MICRORNA MAY LEAD TO ALS - WHEN PEOPLE THINK ABOUT THE CONNECTION BETWEEN GENES AND DISEASE, THEY OFTEN ENVISION SOMETHING THAT WORKS LIKE A LIGHT SWITCH: WHEN THE GENE IS NORMAL, THE PERSON CARRYING IT DOES NOT HAVE THE DISEASE. IF IT GETS MUTATED, A SWITCH IS FLIPPED, AND THEN THEY DO HAVE IT.

BUT IT'S NOT ALWAYS THAT SIMPLE. DISEASE-RELATED GENES OFTEN HAVE DIFFERENT DEGREES TO WHICH THEY ARE TURNED ON OR OFF. IN THESE

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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FORM 990, PART III - PROGRAM SERVICE

=====
 CASES, THERE IS A TIPPING POINT: WITH ONLY AN INCREMENTAL BIOLOGICAL CHANGE AROUND A CRITICAL THRESHOLD, A PERSON CAN GO FROM HAVING NO SYMPTOMS TO BEING VERY SICK. THE LATEST RESEARCH ON THIS TOPIC FROM THE SALK INSTITUTE HAS IMPLICATIONS FOR STUDYING AND TREATING THE UNDERLYING CAUSES OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) AND OTHER NEUROLOGICAL AND PSYCHIATRIC DISORDERS. THE WORK, WHICH WAS PUBLISHED IN NEURON ON AUGUST 26, COULD ALSO BE APPLICABLE TO A WIDE RANGE OF DISEASES INVOLVING CHANGES IN GENE EXPRESSION LEVELS, LIKE CANCER. [8/26/2021]

SALK TEAMS ADVANCE EFFORTS TO TREAT, PREVENT, AND CURE BRAIN DISORDERS, VIA NIH BRAIN ATLAS - IT TAKES BILLIONS OF CELLS TO MAKE A HUMAN BRAIN, AND SCIENTISTS HAVE LONG STRUGGLED TO MAP THIS COMPLEX NETWORK OF NEURONS. NOW, DOZENS OF RESEARCH TEAMS AROUND THE COUNTRY, LED IN PART BY SALK SCIENTISTS, HAVE MADE INROADS INTO CREATING AN ATLAS OF THE MOUSE BRAIN AS A FIRST STEP TOWARD A HUMAN BRAIN ATLAS.

THE RESEARCHERS, COLLABORATING AS PART OF THE NATIONAL INSTITUTE OF HEALTH'S BRAIN INITIATIVE CELL CENSUS NETWORK (BICCN), REPORT THE NEW DATA ON OCTOBER 6 IN A SPECIAL ISSUE OF THE JOURNAL NATURE. THE RESULTS DESCRIBE HOW DIFFERENT CELL TYPES ARE ORGANIZED AND CONNECTED THROUGHOUT THE MOUSE BRAIN. [10/6/2021]

SALK SCIENTISTS REVEAL MOST COMMONLY MUTATED GENE IN ALL CANCERS - FOR THE PAST FIFTEEN YEARS, CANCER RESEARCHERS HAVE BEEN USING DNA SEQUENCING TECHNOLOGY TO IDENTIFY THE GENE MUTATIONS THAT CAUSE DIFFERENT FORMS OF CANCER. NOW, SALK ASSISTANT PROFESSOR EDWARD STITES AND HIS TEAM OF COMPUTATIONAL SCIENTISTS HAVE COMBINED GENE MUTATION INFORMATION WITH CANCER PREVALENCE DATA TO REVEAL THE GENETIC BASIS OF CANCER IN THE ENTIRE POPULATION OF CANCER PATIENTS IN THE UNITED STATES.

THE STUDY REVEALS HOW COMMONLY EACH GENE IN THE GENOME IS MUTATED WITHIN THE CANCER PATIENT POPULATION. THE FINDINGS, PUBLISHED IN NATURE COMMUNICATIONS ON OCTOBER 13, COULD HELP GUIDE GENETIC RESEARCH TO DEVELOP MORE EFFECTIVE TREATMENTS THAN PRESENTLY AVAILABLE. [10/13/2021]

HOW THE BRAIN IGNORES DISTRACTING INFORMATION TO COORDINATE MOVEMENTS - SALK RESEARCHERS DISCOVERED HOW NEURONS IN A SMALL AREA OF THE MAMMALIAN BRAIN HELP FILTER DISTRACTING OR DISRUPTIVE SIGNALS-SPECIFICALLY FROM THE HANDS-TO COORDINATE DEXTEROUS

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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FORM 990, PART III - PROGRAM SERVICE

MOVEMENTS. THEIR RESULTS, PUBLISHED IN THE JOURNAL SCIENCE ON OCTOBER 14, 2021, MAY HOLD LESSONS IN HOW THE BRAIN FILTERS OTHER SENSORY INFORMATION AS WELL. [10/14/2021]

CALL-AND-RESPONSE CIRCUIT TELLS NEURONS WHEN TO GROW SYNAPSES - BRAIN CELLS CALLED ASTROCYTES PLAY A KEY ROLE IN HELPING NEURONS DEVELOP AND FUNCTION PROPERLY, BUT THERE'S STILL A LOT SCIENTISTS DON'T UNDERSTAND ABOUT HOW ASTROCYTES PERFORM THESE IMPORTANT JOBS. NOW, A TEAM OF SCIENTISTS LED BY ASSOCIATE PROFESSOR NICOLA ALLEN HAS FOUND ONE WAY THAT NEURONS AND ASTROCYTES WORK TOGETHER TO FORM HEALTHY CONNECTIONS CALLED SYNAPSES. THIS INSIGHT INTO NORMAL ASTROCYTE FUNCTION COULD HELP SCIENTISTS BETTER UNDERSTAND DISORDERS LINKED TO PROBLEMS WITH NEURONAL DEVELOPMENT, INCLUDING AUTISM SPECTRUM DISORDERS. THE STUDY WAS PUBLISHED SEPTEMBER 8, 2021, IN THE JOURNAL ELIFE. [10/25/2021]

LONG-LIVED PROTEINS IN MITOCHONDRIA OF THE BRAIN STABILIZE PROTEIN COMPLEXES - MITOCHONDRIA ARE KNOWN AS THE POWERHOUSES OF THE CELL, GENERATING THE ENERGY THAT'S NEEDED TO FUEL THE FUNCTIONS THAT OUR CELLS CARRY OUT. NOW, SCIENTISTS AT THE SALK INSTITUTE AND UC SAN DIEGO HAVE TAKEN A CLOSER LOOK AT HOW MITOCHONDRIA ARE MAINTAINED IN NONDIVIDING CELLS, SUCH AS NEURONS, WITH THE ULTIMATE GOAL OF DEVELOPING A BETTER UNDERSTANDING OF HOW TO PREVENT OR TREAT AGE-RELATED DISEASES. THE RESEARCHERS FOUND THAT MANY OF THE PROTEINS IN MITOCHONDRIA LAST MUCH LONGER THAN EXPECTED, AND THAT THIS STABILITY LIKELY PROTECTS THEM FROM DAMAGE. THE FINDINGS WERE PUBLISHED OCTOBER 28, 2021, IN DEVELOPMENTAL CELL. [10/28/2021]

UNCOVERING HOW INJURY TO THE PANCREAS IMPACTS CANCER FORMATION - SCIENTISTS AT THE SALK INSTITUTE AND VANDERBILT UNIVERSITY SCHOOL OF MEDICINE BASIC SCIENCES HAVE FOUND THAT CELLS IN THE PANCREAS FORM NEW CELL TYPES TO MITIGATE INJURY, BUT ARE THEN SUSCEPTIBLE TO CANCEROUS MUTATIONS. THE RESEARCH, LED BY SALK PROFESSOR GEOFFREY WAHL AND VANDERBILT ASSISTANT PROFESSOR KATHY DELGIORNO, FORMER STAFF SCIENTIST IN THE WAHL LAB, WAS PUBLISHED ON OCTOBER 22, 2021 IN THE JOURNAL GASTROENTEROLOGY. [10/29/2021]

SECRETS OF QUILLWORT PHOTOSYNTHESIS COULD BOOST CROP EFFICIENCY - THE HUMBLE QUILLWORTS ARE AN ANCIENT GROUP OF ABOUT 250 SMALL, AQUATIC PLANTS THAT HAVE LARGELY BEEN IGNORED BY MODERN BOTANISTS. NOW, SALK SCIENTISTS, ALONG WITH RESEARCHERS FROM THE BOYCE THOMPSON INSTITUTE, HAVE SEQUENCED THE FIRST QUILLWORT GENOME AND UNCOVERED SOME SECRETS OF THE PLANT'S UNIQUE METHOD OF

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

FORM 990, PART III - PROGRAM SERVICE

PHOTOSYNTHESIS-SECRETS THAT COULD EVENTUALLY LEAD TO THE ENGINEERING OF CROPS WITH MORE EFFICIENT WATER USE AND CARBON CAPTURE TO ADDRESS CLIMATE CHANGE. THE FINDINGS WERE PUBLISHED ON NOVEMBER 3, 2021 IN NATURE COMMUNICATIONS. [11/3/2021]

STUDY SHINES A LIGHT INTO "BLACK HOLES" IN THE ARABIDOPSIS GENOME - SALK SCIENTISTS, COLLABORATING WITH RESEARCHERS FROM THE UNIVERSITY OF CAMBRIDGE AND JOHNS HOPKINS UNIVERSITY, HAVE SEQUENCED THE GENOME OF THE WORLD'S MOST WIDELY USED MODEL PLANT SPECIES, ARABIDOPSIS THALIANA, AT A LEVEL OF DETAIL NEVER PREVIOUSLY ACHIEVED. THE STUDY, PUBLISHED IN SCIENCE ON NOVEMBER 12, 2021, REVEALS THE SECRETS OF ARABIDOPSIS CHROMOSOME REGIONS CALLED CENTROMERES. THE FINDINGS SHED LIGHT ON CENTROMERE EVOLUTION AND PROVIDES INSIGHTS INTO THE GENOMIC EQUIVALENT OF BLACK HOLES. [11/11/2021]

READING THE MIND OF A WORM - IT SOUNDS LIKE A PARTY TRICK: SCIENTISTS CAN NOW LOOK AT THE BRAIN ACTIVITY OF A TINY WORM AND TELL YOU WHICH CHEMICAL THE ANIMAL SMELLED A FEW SECONDS BEFORE. BUT THE FINDINGS OF A NEW STUDY, LED BY SALK ASSOCIATE PROFESSOR SREEKANTH CHALASANI, ARE MORE THAN JUST A NOVELTY; THEY HELP THE SCIENTISTS BETTER UNDERSTAND HOW THE BRAIN FUNCTIONS AND INTEGRATES INFORMATION. THE WORK WAS PUBLISHED ON NOVEMBER 9, 2021, IN THE JOURNAL PLOS COMPUTATIONAL BIOLOGY. [11/19/2021]

WHICH SIDE IS WHICH?: HOW THE BRAIN PERCEIVES BORDERS - SALK RESEARCHERS HAVE MADE HEADWAY INTO UNDERSTANDING HOW THE BRAIN DECIDES WHICH SIDE OF A VISUAL BORDER IS A FOREGROUND OBJECT AND WHICH IS BACKGROUND. THE RESEARCH, PUBLISHED ON NOVEMBER 30, 2021, IN THE JOURNAL ELIFE, SHEDS LIGHT ON HOW AREAS OF THE BRAIN COMMUNICATE TO INTERPRET SENSORY INFORMATION AND BUILD A PICTURE OF THE WORLD AROUND US. [11/30/2021]

IMPROVING DRUG OPTIONS FOR COLORECTAL CANCER PATIENTS - PATIENTS WITH COLORECTAL CANCER WERE AMONG THE FIRST TO RECEIVE TARGETED THERAPIES. THESE DRUGS AIM TO BLOCK THE CANCER-CAUSING PROTEINS THAT TRIGGER OUT-OF-CONTROL CELL GROWTH WHILE SPARING HEALTHY TISSUES. BUT SOME PATIENTS ARE NOT ELIGIBLE FOR THESE TREATMENTS BECAUSE THEY HAVE CANCER-PROMOTING MUTATIONS THAT ARE BELIEVED TO CAUSE RESISTANCE TO THESE DRUGS.

NOW, SALK ASSISTANT PROFESSOR AND PHYSICIAN-SCIENTIST EDWARD STITES HAS USED COMPUTER MODELING AND CELL STUDIES TO DISCOVER

Name of the organization

Employer identification number

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

95-2160097

FORM 990, PART III - PROGRAM SERVICE

=====
 THAT MORE PATIENTS MAY BE HELPED BY A COMMON CLASS OF TARGETED THERAPIES THAN PREVIOUSLY THOUGHT. THE FINDINGS WERE PUBLISHED DECEMBER 14, 2021, IN CELL REPORTS. [12/14/2021]

PAIN AND ANXIETY IMPACT BREATHING ON A CELLULAR LEVEL - A TEAM OF SALK SCIENTISTS HAS UNCOVERED A NEURAL NETWORK IN THE BRAIN THAT COORDINATES BREATHING RHYTHM WITH FEELINGS OF PAIN AND FEAR. ALONG WITH CONTRIBUTIONS TO THE FIELDS OF PAIN MANAGEMENT, PSYCHOLOGICAL THEORIES OF ANXIETY, AND PHILOSOPHICAL INVESTIGATIONS INTO THE NATURE OF PAIN, THEIR FINDINGS COULD LEAD TO DEVELOPMENT OF AN ANALGESIC THAT WOULD PREVENT OPIOID-INDUCED RESPIRATORY DEPRESSION, THE DISRUPTED BREATHING THAT CAUSES OVERDOSE DEATHS. THE STUDY WAS PUBLISHED ON DECEMBER 17, 2021, IN NEURON. [12/17/2021]

SALK RESEARCHERS FIND A NEW ROUTE FOR REGULATING BLOOD SUGAR LEVELS INDEPENDENT OF INSULIN - THE DISCOVERY OF INSULIN 100 YEARS AGO OPENED A DOOR THAT WOULD LEAD TO LIFE AND HOPE FOR MILLIONS OF PEOPLE WITH DIABETES. SINCE THEN, INSULIN, PRODUCED IN THE PANCREAS, HAS BEEN CONSIDERED THE PRIMARY MEANS OF TREATING CONDITIONS CHARACTERIZED BY HIGH BLOOD SUGAR (GLUCOSE), SUCH AS DIABETES. NOW, SALK SCIENTISTS HAVE DISCOVERED A SECOND MOLECULE, PRODUCED IN FAT TISSUE, THAT, LIKE INSULIN, ALSO POTENTLY AND RAPIDLY REGULATES BLOOD GLUCOSE. THEIR FINDING COULD LEAD TO THE DEVELOPMENT OF NEW THERAPIES FOR TREATING DIABETES, AND ALSO LAYS THE FOUNDATION FOR PROMISING NEW AVENUES IN METABOLISM RESEARCH. THE STUDY WAS PUBLISHED JANUARY 4, 2022, IN CELL METABOLISM. [1/4/2022]

PLANTS RELY ON THE CLASSY GENE FAMILY TO DIVERSIFY THEIR EPIGENOMES - WHAT DETERMINES HOW A CELL'S GENOME IS REGULATED TO ENSURE PROPER GROWTH AND DEVELOPMENT? TURNS OUT, THE PARTS OF THE GENOME THAT ARE TURNED ON OR OFF IN EACH CELL-TYPE OR TISSUE PLAY A MAJOR ROLE IN THIS PROCESS. NOW, A TEAM AT SALK HAS SHOWN THAT THE CLASSY GENE FAMILY REGULATES WHICH PARTS OF THE GENOME ARE TURNED OFF IN A TISSUE-SPECIFIC MANNER. THE CLASSYS ESSENTIALLY CONTROL WHERE THE GENOME IS MARKED BY DNA METHYLATION-THE ADDITION OF METHYL CHEMICAL GROUPS TO THE DNA THAT ACT LIKE TAGS SAYING "TURN OFF." BECAUSE DNA METHYLATION EXISTS ACROSS DIVERSE ORGANISMS, INCLUDING PLANTS AND ANIMALS, THIS RESEARCH HAS BROAD IMPLICATIONS FOR BOTH AGRICULTURE AND MEDICINE. THE WORK, PUBLISHED IN NATURE COMMUNICATIONS ON JANUARY 11, 2022, IDENTIFIES THE CLSY GENES AS MAJOR FACTORS UNDERLYING EPIGENETIC DIVERSITY IN

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Employer identification number

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95-2160097

FORM 990, PART III - PROGRAM SERVICE

PLANT TISSUES. [1/11/2022]

ACTIVE INGREDIENT IN CANNABIS PROTECTS AGING BRAIN CELLS - DECADES OF RESEARCH ON MEDICAL CANNABIS HAS FOCUSED ON THE COMPOUNDS THC AND CBD IN CLINICAL APPLICATIONS. BUT LESS IS KNOWN ABOUT THE THERAPEUTIC PROPERTIES OF CANNABINOL (CBN). NOW, A NEW STUDY BY SALK SCIENTISTS SHOWS HOW CBN CAN PROTECT NERVE CELLS FROM OXIDATIVE DAMAGE, A MAJOR PATHWAY TO CELL DEATH. THE FINDINGS, PUBLISHED ONLINE JANUARY 6, 2022, IN THE JOURNAL FREE RADICAL BIOLOGY AND MEDICINE, SUGGEST CBN HAS THE POTENTIAL FOR TREATING AGE-RELATED NEURODEGENERATIVE DISEASES, LIKE ALZHEIMER'S.

[1/25/2022]

IN A FIRST FOR "SONOGENETICS," RESEARCHERS CONTROL MAMMALIAN CELLS WITH SOUND - SALK SCIENTISTS HAVE ENGINEERED MAMMALIAN CELLS TO BE ACTIVATED USING ULTRASOUND. THE METHOD, WHICH THE TEAM USED TO ACTIVATE HUMAN CELLS IN A DISH AND BRAIN CELLS INSIDE LIVING MICE, PAVES THE WAY TOWARD NON-INVASIVE VERSIONS OF DEEP BRAIN STIMULATION, PACEMAKERS, AND INSULIN PUMPS. THE FINDINGS WERE PUBLISHED FEBRUARY 9, 2022 IN NATURE COMMUNICATIONS.

TINY WORMS MAKE COMPLEX DECISIONS, TOO - HOW DOES AN ANIMAL MAKE DECISIONS? SCIENTISTS HAVE SPENT DECADES TRYING TO ANSWER THIS QUESTION BY FOCUSING ON THE CELLS AND CONNECTIONS OF THE BRAIN THAT MIGHT BE INVOLVED. SALK SCIENTISTS ARE TAKING A DIFFERENT APPROACH-ANALYZING BEHAVIOR, NOT NEURONS. THEY WERE SURPRISED TO FIND THAT WORMS CAN TAKE MULTIPLE FACTORS INTO ACCOUNT AND CHOOSE BETWEEN TWO DIFFERENT ACTIONS, DESPITE HAVING ONLY 302 NEURONS COMPARED TO APPROXIMATELY 86 BILLION IN HUMANS. THE FINDINGS WERE PUBLISHED MARCH 7, 2022, IN CURRENT BIOLOGY. [3/7/2022]

CELLULAR REJUVENATION THERAPY SAFELY REVERSES SIGNS OF AGING IN MICE - AGE MAY BE JUST A NUMBER, BUT IT'S A NUMBER THAT OFTEN CARRIES UNWANTED SIDE EFFECTS, FROM BRITTLE BONES AND WEAKER MUSCLES TO INCREASED RISKS OF CARDIOVASCULAR DISEASE AND CANCER. NOW, SCIENTISTS AT THE SALK INSTITUTE, IN COLLABORATION WITH GENENTECH, A MEMBER OF THE ROCHE GROUP, HAVE SHOWN THAT THEY CAN SAFELY AND EFFECTIVELY REVERSE THE AGING PROCESS IN MIDDLE-AGED AND ELDERLY MICE BY PARTIALLY RESETTING THEIR CELLS TO MORE YOUTHFUL STATES. THE STUDY WAS PUBLISHED ON MARCH 7, 2022, IN NATURE AGING. [3/7/2022]

HOW THE BRAIN ENCODES SOCIAL RANK AND "WINNING MINDSET" - SALK

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

FORM 990, PART III - PROGRAM SERVICE
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RESEARCHERS HAVE MADE INROADS INTO UNDERSTANDING HOW THE MAMMALIAN BRAIN ENCODES SOCIAL RANK AND USES THIS INFORMATION TO SHAPE BEHAVIORS. IN MICE ENGAGED IN A COMPETITION, THE TEAM DISCOVERED, PATTERNS OF BRAIN ACTIVITY DIFFER DEPENDING ON THE SOCIAL RANK OF THE OPPOSING ANIMAL. MOREOVER, THE SCIENTISTS COULD USE BRAIN READOUTS TO ACCURATELY PREDICT WHICH ANIMAL WOULD WIN A FOOD REWARD-THE VICTOR WAS NOT ALWAYS THE MORE SOCIALLY DOMINANT ANIMAL, BUT THE ONE MORE ENGAGED IN A "WINNING MINDSET." THE FINDINGS WERE PUBLISHED ON MARCH 16, 2022, IN NATURE. [3/16/2022]

HOW OBESITY CAN REWIRE THE IMMUNE SYSTEM AND THE RESPONSE TO IMMUNOTHERAPY-AND HOW TO CHANGE THAT - WHEN MICE WITH ATOPIC DERMATITIS-A COMMON TYPE OF ALLERGIC SKIN INFLAMMATION-ARE TREATED WITH DRUGS THAT TARGET THE IMMUNE SYSTEM, THEIR THICKENED, ITCHY SKIN GENERALLY HEALS QUICKLY. BUT SCIENTISTS HAVE NOW DISCOVERED THAT THE SAME TREATMENT IN OBESE MICE MAKES THEIR SKIN WORSE INSTEAD. THAT IS BECAUSE OBESITY CHANGES THE MOLECULAR UNDERPINNINGS OF ALLERGIC INFLAMMATION, BOTH IN MICE AND HUMANS.

ON MARCH 30, 2022, RESEARCHERS AT THE SALK INSTITUTE, GLADSTONE INSTITUTES, AND UC SAN FRANCISCO REPORTED IN THE JOURNAL NATURE ON HOW OBESITY CAN CHANGE THE IMMUNE SYSTEM AND, POTENTIALLY, HOW CLINICIANS MIGHT BE ABLE TO BETTER TREAT ALLERGIES AND ASTHMA IN OBESE PEOPLE. [3/30/2022]

THE PROTEIN THAT KEEPS THE PANCREAS FROM DIGESTING ITSELF - SALK SCIENTISTS REPORTED IN THE JOURNAL GASTROENTEROLOGY ON APRIL 21, 2022, THAT A PROTEIN KNOWN AS ESTROGEN-RELATED RECEPTOR GAMMA (ERR ?) IS CRITICAL FOR PREVENTING PANCREATIC AUTO-DIGESTION IN MICE. MOREOVER, THEY DISCOVERED THAT PEOPLE WITH PANCREATITIS HAVE LOWER LEVELS OF ERR ? IN CELLS AFFECTED BY THIS INFLAMMATION. THESE FINDINGS SUGGEST THAT NEW THERAPIES AIMED AT REGULATING ERR ? ACTIVITY COULD HELP PREVENT OR TREAT PANCREATITIS AND PANCREATIC CANCER. [4/21/2022]

AN OCEAN IN YOUR BRAIN: INTERACTING BRAIN WAVES KEY TO HOW WE PROCESS INFORMATION - FOR YEARS, THE BRAIN HAS BEEN THOUGHT OF AS A BIOLOGICAL COMPUTER THAT PROCESSES INFORMATION THROUGH TRADITIONAL CIRCUITS, WHEREBY DATA ZIPS STRAIGHT FROM ONE CELL TO ANOTHER. WHILE THAT MODEL IS STILL ACCURATE, A NEW STUDY LED BY SALK PROFESSOR THOMAS ALBRIGHT AND STAFF SCIENTIST SERGEI GEPSHTEIN SHOWS THAT THERE'S ALSO A SECOND, VERY DIFFERENT WAY THAT THE BRAIN PARSES INFORMATION: THROUGH THE INTERACTIONS OF

Name of the organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES	Employer identification number 95-2160097
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FORM 990, PART III - PROGRAM SERVICE

WAVES OF NEURAL ACTIVITY. THE FINDINGS, PUBLISHED IN SCIENCE ADVANCES ON APRIL 22, 2022, HELP RESEARCHERS BETTER UNDERSTAND HOW THE BRAIN PROCESSES INFORMATION. [4/22/2022]

CELLULAR REGENERATION THERAPY RESTORES DAMAGED LIVER TISSUE FASTER THAN EVER - MAMMALS CAN'T TYPICALLY REGENERATE ORGANS AS EFFICIENTLY AS OTHER VERTEBRATES, SUCH AS FISH AND LIZARDS. NOW, SALK SCIENTISTS HAVE FOUND A WAY TO PARTIALLY RESET LIVER CELLS TO MORE YOUTHFUL STATES-ALLOWING THEM TO HEAL DAMAGED TISSUE AT A FASTER RATE THAN PREVIOUSLY OBSERVED. THE RESULTS, PUBLISHED IN CELL REPORTS ON APRIL 26, 2022, REVEAL THAT THE USE OF REPROGRAMMING MOLECULES CAN IMPROVE CELL GROWTH, LEADING TO BETTER LIVER TISSUE REGENERATION IN MICE. [4/26/2022]

WHY HUNGRY WORMS TAKE RISKS - WHETHER IT'S MAKING RASH DECISIONS OR FEELING GRUMPY, HUNGER CAN MAKE US THINK AND ACT DIFFERENTLY-"HANGRY," EVEN. BUT LITTLE IS KNOWN ABOUT HOW HUNGER SIGNALS IN THE GUT COMMUNICATE WITH THE BRAIN TO CHANGE BEHAVIOR. NOW, SALK SCIENTISTS ARE USING WORMS AS A MODEL TO EXAMINE THE MOLECULAR UNDERPINNINGS AND HELP EXPLAIN HOW HUNGER MAKES AN ORGANISM SACRIFICE COMFORT AND MAKE RISKY DECISIONS TO GET A MEAL.

THEIR LATEST FINDINGS, PUBLISHED IN PLOS GENETICS ON MAY 5, 2022, REVEAL THAT PROTEINS IN INTESTINAL CELLS MOVE DYNAMICALLY TO TRANSMIT SIGNALS ABOUT HUNGER, ULTIMATELY DRIVING WORMS TO CROSS TOXIC BARRIERS TO REACH FOOD. SIMILAR MECHANISMS MAY ALSO OCCUR IN HUMANS. [5/5/2022]

HAIR-RAISING RESEARCH: SALK SCIENTISTS FIND SURPRISING LINK BETWEEN IMMUNE SYSTEM, HAIR GROWTH - SALK SCIENTISTS HAVE UNCOVERED AN UNEXPECTED MOLECULAR TARGET OF A COMMON TREATMENT FOR ALOPECIA, A CONDITION IN WHICH A PERSON'S IMMUNE SYSTEM ATTACKS THEIR OWN HAIR FOLLICLES, CAUSING HAIR LOSS. THE FINDINGS, PUBLISHED IN NATURE IMMUNOLOGY ON JUNE 23, 2022, DESCRIBE HOW IMMUNE CELLS CALLED REGULATORY T CELLS INTERACT WITH SKIN CELLS USING A HORMONE AS A MESSENGER TO GENERATE NEW HAIR FOLLICLES AND HAIR GROWTH. [6/23/2022]

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

FORM 990, PART VI, LINE 17 - STATES

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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,

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EAST END ADVISORS, LLC 610 FIFTH AVENUE, SUITE 506 NEW YORK, NY 10020	INVESTMENT ADVISOR	2,678,755.
UNIVERSITY OF CALIFORNIA, SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	TRNG PROGRAM/SUBCONT	1,600,560.
A.O. REED & CO 4777 RUFFIN STREET SAN DIEGO, CA 92111	CONSTRUCTION SERVICE	1,194,367.
BACK'S CONSTRUCTION INC. 1602 FRONT STREET SAN DIEGO, CO 92101	CONSTRUCTION SVC	503,861.
TK ELEVATOR CORP 3100 INTERSTATE NORTH CIR SE STE 500 ATLANTA, GA 30339-2227	ELEVATOR SERVICE	372,014.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

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.

OMB No. 1545-0047

2021

Open to Public
Inspection

Employer identification number

95-2160097

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2021

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SALK INSTITUTE COMMERCIAL SERVICES CORP. 23-2159172 10010 N. TORREY PINES ROAD LA JOLLA, CA 92037-1002	MGMT SERVICES	PA	SALK INSTITUTE	C	4.	41,134,100.0000		X	
(2) CHARITABLE REMAINDER TRUSTS (5)	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.

Table with columns: Description (1a-1s), Yes, No. Rows include: 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; b Gift, grant, or capital contribution to related organization(s); c Gift, grant, or capital contribution from related organization(s); d Loans or loan guarantees to or for related organization(s); e Loans or loan guarantees by related organization(s); f Dividends from related organization(s); g Sale of assets to related organization(s); h Purchase of assets from related organization(s); i Exchange of assets with related organization(s); j Lease of facilities, equipment, or other assets to related organization(s); k Lease of facilities, equipment, or other assets from related organization(s); l Performance of services or membership or fundraising solicitations for related organization(s); m Performance of services or membership or fundraising solicitations by related organization(s); n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s); o Sharing of paid employees with related organization(s); p Reimbursement paid to related organization(s) for expenses; q Reimbursement paid by related organization(s) for expenses; r Other transfer of cash or property to related organization(s); s Other transfer of cash or property from related organization(s).

Table with columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved. Rows (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.

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