

PUBLIC DISCLOSURE COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2024 calendar year, or tax year beginning 07/01, 2024, and ending 06/30, 2025

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return/terminated [ ] Amended return [ ] Application pending
C Name of organization THE SALK INSTITUTE FOR BIOLOGICAL STUDIES
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10010 N TORREY PINES ROAD
City or town, state or province, country, and ZIP or foreign postal code
LA JOLLA, CA 92037-1002
D Employer identification number 95-2160097
E Telephone number (858) 453-4100
G Gross receipts \$ 340,360,680
H(a) Is this a group return for subordinates? [ ] Yes [x] No
H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.
H(c) Group exemption number

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

J Website: WWW.SALK.EDU

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other L Year of formation: 1960 M State of legal domicile: CA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1. Mission statement (BASIC RESEARCH IN THE FOLLOWING: MOLECULAR BIOLOGY & GENETICS, NEUROSCIENCE, AND PLANT BIOLOGY); 2-7a. Governance and revenue data; 7b. Net unrelated business taxable income; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: MARIE CARTER-DUBOIS, CFO; Date; Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: STEVEN T. RUTTI; Preparer's signature; Date; Check [ ] if self-employed; PTIN: P00775456; Firm's name: ERNST & YOUNG US LLP; Firm's EIN: 34-6565596; Firm's address: 101 E WASHINGTON ST, PHOENIX, AZ 85004; Phone no.: (602) 322-3000

May the IRS discuss this return with the preparer shown above? See instructions [x] Yes [ ] No

**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 ON 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 \$ 148,586,524 including grants of \$ 0) (Revenue \$ 0)  
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 148,586,524

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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> . . . . .		✓
<b>23</b> 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> . . . . .	✓	
<b>24a</b> 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> . . . . .		✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .		✓
<b>b</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> . . . . .		✓
<b>26</b> 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> . . . . .	✓	
<b>27</b> 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> . . . . .		✓
<b>28</b> 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).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		✓
<b>c</b> 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> . . . . .		✓
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		✓
<b>32</b> 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> . . . . .		✓
<b>33</b> 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> . . . . .		✓
<b>34</b> 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> . . . . .	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	✓	
<b>b</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> . . . . .		✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		✓
<b>37</b> 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> . . . . .		✓
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O . . . . .	✓	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	✓	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	1,092		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		✓	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		✓	
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, 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.	<b>17</b>			

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 29		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 24		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .	<input checked="" type="checkbox"/>	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .		<input checked="" type="checkbox"/>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, (CONTINUED ON 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. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 MARIE CARTER-DUBOIS, 10010 N. TORREY PINES ROAD, LA JOLLA, CA 92037-1002, (858) 453-4100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, box 6 of 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) GERALD JOYCE, MD, PH.D. PRESIDENT / PROFESSOR	50.0	✓		✓				907,583	0	62,377
(2) JAN KARLSEDER, PH.D. PROFESSOR	50.0					✓		490,287	0	64,146
(3) FRED GAGE, PH.D. PROFESSOR	50.0					✓		453,121	0	63,722
(4) JULIA A MILLER, J.D. SECRETARY/GENERAL COUNSEL	50.0			✓				430,675	0	68,461
(5) KIM E WITMER TREASURER/SVP FINANCE & ADMN (OUTGOING OCT 2024)	50.0			✓				446,572	0	49,909
(6) REUBEN SHAW, PH.D. TRUSTEE/PROFESSOR (OUTGOING MAR 2025)	50.0	✓						411,517	0	58,573
(7) EDWARD CALLAWAY, PH.D. PROFESSOR	50.0					✓		383,288	0	65,927
(8) SUSAN KAECH, PH.D. PROFESSOR	50.0					✓		356,518	0	65,789
(9) KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	50.0			✓				353,369	0	61,838
(10) WOLFGANG BUSCH, PH.D. TRUSTEE/PROFESSOR	50.0	✓						340,005	0	60,872
(11) JERRY SHEEHAN CHIEF INFORMATION OFFICER	50.0					✓		354,307	0	44,255
(12) CHRISTIAN METALLO, PH.D. TRUSTEE/PROFESSOR (INCOMING APR 2025)	50.0	✓						310,492	0	59,952
(13) JANELLE AYRES, PH.D. TRUSTEE/PROFESSOR	50.0	✓						203,498	0	30,094
(14) MARNA C WHITTINGTON, PH.D. CHAIR	2.0	✓		✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) TERRY ROSEN, PH.D. VICE CHAIR	2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) AMY JACOBS TRUSTEE	0.5	<input checked="" type="checkbox"/>						0	0	0
(17) BENJAMIN H LEWIS TRUSTEE	0.5	<input checked="" type="checkbox"/>						0	0	0
(18) CAROL GALLAGHER, PHARM.D. TRUSTEE	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) CORINNE MENTZELOPOULOS TRUSTEE	0.5	<input checked="" type="checkbox"/>						0	0	0
(20) DANIEL C LEWIS TRUSTEE (OUTGOING NOV 2024)	0.5	<input checked="" type="checkbox"/>						0	0	0
(21) DANIEL TIERNEY TRUSTEE	0.5	<input checked="" type="checkbox"/>						0	0	0
(22) DAVID DOLBY TRUSTEE	0.5	<input checked="" type="checkbox"/>						0	0	0
(23) EDWIN K HUNTER TRUSTEE (OUTGOING NOV 2024)	0.5	<input checked="" type="checkbox"/>						0	0	0
(24) ERIC SAGERMAN TRUSTEE	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
<b>1b Subtotal</b>								5,441,232	0	755,915
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								5,441,232	0	755,915

**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 168

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

**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
EAST END ADVISORS, LLC, 610 FIFTH AVENUE, SUITE 506, NEW YORK, NY 10020	INVESTMENT ADVISOR	2,785,048
UNIVERSITY OF CALIFORNIA, SAN DIEGO, 9500 GILMAN DRIVE, LA JOLLA, CA 92093	TRNG PROGRAM/SUBCONT	1,636,683
RUDOLPH & SLETTEN INC, 7584 METROPOLITAN DR STE 100, SAN DIEGO, CA 92108	CONSTRUCTION SERVICE	1,465,015
A.O. REED & CO, 4777 RUFFIN STREET, SAN DIEGO, CA 92111	CONSTRUCTION SERVICE	852,627
SHOW IMAGING INC, 1125 JOSHUA WAY, VISTA, CA 92081	ENTERTAINMENT SERVICE	459,528

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .					
	<b>1b</b>	Membership dues . . . . .					
	<b>1c</b>	Fundraising events . . . . .	855,115				
	<b>1d</b>	Related organizations . . . . .					
	<b>1e</b>	Government grants (contributions)	85,975,012				
	<b>1f</b>	All other contributions, gifts, grants, and similar amounts not included above	68,860,890				
	<b>1g</b>	Noncash contributions included in lines 1a-1f . . . . .	\$ 9,074,953				
	<b>1h</b>	<b>Total.</b> Add lines 1a-1f . . . . .	155,691,017				
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		-----	0	0	0	0	
<b>b</b>		-----	0	0	0	0	
<b>c</b>		-----	0	0	0	0	
<b>d</b>		-----	0	0	0	0	
<b>e</b>		-----	0	0	0	0	
<b>f</b>		All other program service revenue . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .	0				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .	13,371,857	0	574,651	12,797,206	
	<b>4</b>	Income from investment of tax-exempt bond proceeds	0	0	0	0	
	<b>5</b>	Royalties . . . . .	1,475,392	0	0	1,475,392	
	<b>6a</b>	Gross rents . . . . .	(i) Real	0			
			(ii) Personal	0			
			<b>6b</b>	Less: rental expenses	0		
	<b>6c</b>	Rental income or (loss)	0				
	<b>d</b>	Net rental income or (loss) . . . . .	0	0	0	0	
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	169,606,462			
			(ii) Other	0			
			<b>7b</b>	Less: cost or other basis and sales expenses . . . . .	157,896,106		
	<b>7c</b>	Gain or (loss) . . . . .	11,710,356				
	<b>d</b>	Net gain or (loss) . . . . .	11,710,356	0	0	11,710,356	
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>855,115</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	151,800				
	<b>8b</b>	Less: direct expenses . . . . .	1,071,132				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .	(919,332)		0	(919,332)	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	0				
	<b>9b</b>	Less: direct expenses . . . . .	0				
<b>c</b>	Net income or (loss) from gaming activities . . . . .	0	0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0				
		<b>10b</b>	Less: cost of goods sold . . . . .	0			
		<b>c</b>	Net income or (loss) from sales of inventory . . . . .	0	0	0	0
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	ROYALTIES	900099	1,213	0	1,213	
	<b>b</b>	A/R RECHARGE ALLOWANCE	900099	60,282	0	60,282	
	<b>c</b>	REVENUE SHARE-HOST VEHICLE CHARGING STAT	900099	2,388	0	2,388	
	<b>d</b>	All other revenue . . . . .	900099	269	0	269	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		64,152				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		181,393,442	0	574,651	25,127,774	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	0	0		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,889,796	1,921,185	1,863,855	104,756
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	66,776,487	56,647,750	7,180,418	2,948,319
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,918,107	4,060,708	635,438	221,961
<b>9</b>	Other employee benefits . . . . .	9,890,979	8,168,236	1,278,203	444,540
<b>10</b>	Payroll taxes . . . . .	4,923,331	4,065,021	636,113	222,197
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	208,798	45,000	163,798	0
<b>b</b>	Legal . . . . .	897,862	523,408	374,454	0
<b>c</b>	Accounting . . . . .	313,113	0	313,113	0
<b>d</b>	Lobbying . . . . .	3,115	0	3,115	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	2,903,795	0	2,903,795	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	14,213,688	13,217,484	989,314	6,890
<b>12</b>	Advertising and promotion . . . . .	23,285	7,917	7,684	7,684
<b>13</b>	Office expenses . . . . .	724,923	184,204	374,068	166,651
<b>14</b>	Information technology . . . . .	3,926,201	2,752,903	912,956	260,342
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	12,007,536	9,191,360	2,396,410	419,766
<b>17</b>	Travel . . . . .	1,045,729	852,178	67,632	125,919
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,513,687	1,136,847	240,670	136,170
<b>20</b>	Interest . . . . .	563,281	0	563,281	0
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	12,402,044	11,301,608	990,571	109,865
<b>23</b>	Insurance . . . . .	403,053	0	403,053	0
<b>24</b>	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.)				
<b>a</b>	SCIENTIFIC SUBCONTRACTS	18,462,230	18,462,230	0	0
<b>b</b>	RESEARCH SUPPLIES	15,654,014	15,654,014	0	0
<b>c</b>	OTHER EXPENSES	796,259	126,249	158,283	511,727
<b>d</b>	REPAIRS & PARTS	406,683	268,222	137,831	630
<b>e</b>	All other expenses	22,803	0	22,803	0
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	176,890,799	148,586,524	22,616,858	5,687,417
<b>26</b>	<b>Joint costs.</b> 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)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	9,611,719	<b>1</b>	15,383,806
	<b>2</b> Savings and temporary cash investments . . . . .	34,743,132	<b>2</b>	21,683,222
	<b>3</b> Pledges and grants receivable, net . . . . .	38,515,677	<b>3</b>	31,339,271
	<b>4</b> Accounts receivable, net . . . . .	1,427,815	<b>4</b>	1,609,519
	<b>5</b> 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 . . . . .	304,304	<b>5</b>	402,159
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,445,253	<b>7</b>	2,557,382
	<b>8</b> Inventories for sale or use . . . . .	13,522	<b>8</b>	12,143
	<b>9</b> Prepaid expenses and deferred charges . . . . .	932,459	<b>9</b>	937,666
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 293,704,798		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 221,356,653	76,522,116	<b>10c</b> 72,348,145
	<b>11</b> Investments—publicly traded securities . . . . .	128,474,605	<b>11</b>	133,877,089
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	515,504,339	<b>12</b>	541,289,923
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	14,283,070	<b>15</b>	14,708,181
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	822,778,011	<b>16</b>	836,148,506	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	47,596,671	<b>17</b>	37,928,300
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	24,485,921	<b>19</b>	13,954,530
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	92,138,737	<b>23</b>	89,961,764
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	9,149,952	<b>25</b>	7,327,719
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	173,371,281	<b>26</b>	149,172,313
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	119,439,210	<b>27</b>	140,592,218
	<b>28</b> Net assets with donor restrictions . . . . .	529,967,520	<b>28</b>	546,383,975
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	649,406,730	<b>32</b>	686,976,193
<b>33</b> Total liabilities and net assets/fund balances . . . . .	822,778,011	<b>33</b>	836,148,506	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	181,393,442
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	176,890,799
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,502,643
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	649,406,730
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	32,481,538
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	585,282
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	686,976,193

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<input checked="" type="checkbox"/>
<b>b</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	<input checked="" type="checkbox"/>	
<b>c</b> 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.	<input checked="" type="checkbox"/>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<input checked="" type="checkbox"/>	
<b>b</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.	<input checked="" type="checkbox"/>	

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) FRED LUDDY ----- TRUSTEE	0.5 -----	✓						0	0	0
(26) FREDERICK J DOTZLER ----- TRUSTEE	0.5 -----	✓						0	0	0
(27) FREDERIK PAULSEN, PH.D. ----- TRUSTEE	0.5 -----	✓						0	0	0
(28) HAEYOUNG KONG TANG, PH.D. ----- TRUSTEE	2.0 -----	✓						0	0	0
(29) HORACIO VALEIRAS ----- TRUSTEE (INCOMING MAY 2025)	0.5 -----	✓						0	0	0
(30) HOWARD H NEWMAN, PH.D. ----- TRUSTEE	0.5 -----	✓						0	0	0
(31) IRVING WEISSMAN, M.D. ----- TRUSTEE	0.5 -----	✓						0	0	0
(32) JAY FLATLEY ----- TRUSTEE	0.5 -----	✓						0	0	0
(33) LYN HUTTON ----- TRUSTEE	2.0 -----	✓						0	0	0
(34) MARK KNICKREHM ----- TRUSTEE	0.5 -----	✓						0	0	0
(35) MARKUS REINHARD ----- TRUSTEE	2.0 -----	✓						0	0	0
(36) MARY JANE SALK ----- TRUSTEE	0.5 -----	✓						0	0	0
(37) RICHARD A HEYMAN, PH.D. ----- TRUSTEE	2.0 -----	✓						0	0	0
(38) SANJAY K JHA, PH.D. ----- TRUSTEE	0.5 -----	✓						0	0	0
(39) TIMOTHY M SCHOEN ----- TRUSTEE	2.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	176,855,692	138,798,417	150,881,176	139,394,431	155,691,017	761,620,733
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	176,855,692	138,798,417	150,881,176	139,394,431	155,691,017	761,620,733
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						761,620,733

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	176,855,692	138,798,417	150,881,176	139,394,431	155,691,017	761,620,733
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	6,807,160	9,621,065	6,721,516	10,050,004	14,786,344	47,986,089
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .					60,905	60,905
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,945	4,857	2,864	31,986	64,152	105,804
<b>11 Total support.</b> Add lines 7 through 10						809,773,531
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	94.05 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	93.73 %
<b>16a 33 1/3% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2024.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2023.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
	<b>11a</b>		
<b>b</b>	A family member of a person described on line 11a above?		
	<b>11b</b>		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? If "No," describe in <b>Part VI</b> 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.		
	<b>1</b>		
<b>2</b>	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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
	<b>1</b>		
<b>2</b>	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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
	<b>2</b>		
<b>3</b>	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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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.		
	<b>2a</b>		
<b>b</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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	<b>2b</b>		
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	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? If "Yes" or "No," provide details in <b>Part VI</b> .		
	<b>3a</b>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
	<b>3b</b>		

**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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2024

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E—Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019 . . . . .			
<b>b</b> From 2020 . . . . .			
<b>c</b> From 2021 . . . . .			
<b>d</b> From 2022 . . . . .			
<b>e</b> From 2023 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020 . . . . .			
<b>b</b> Excess from 2021 . . . . .			
<b>c</b> Excess from 2022 . . . . .			
<b>d</b> Excess from 2023 . . . . .			
<b>e</b> Excess from 2024 . . . . .			



**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) ROYALTIES	993	2,851	1,781	1,183	1,213	8,021
	(2) REVENUE SHARING- HOST VEHICLE CHARGING STATION	952	2,006	1,083	1,997	2,388	8,426
	(3) AR RECHARGE ALLOWANCE	0	0	0	28,806	60,282	89,088
	(4) OTHER	0	0	0	0	269	269
	Total	1,945	4,857	2,864	31,986	64,152	105,804

**Schedule B  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization <b>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</b>	Employer identification number <b>95-2160097</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

- 501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% 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 <b>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</b>	Employer identification number <b>95-2160097</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 81,887,625	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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  
**THE SALK INSTITUTE FOR BIOLOGICAL STUDIES**

Employer identification number  
**95-2160097**

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

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

Name of organization <b>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</b>	Employer identification number <b>95-2160097</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

**2024**

**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](http://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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES</b>	Employer identification number (EIN) <b>95-2160097</b>
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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 EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b) is:	THEN 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:	THEN 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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		✓	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
<b>i</b> Other activities?	✓		3,115
<b>j</b> Total. Add lines 1c through 1i			3,115
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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 expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions	<b>5</b>	

**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 NEXT PAGE

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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.

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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 - \$415.

SCHEDULE D (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Form with multiple rows for questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year'.

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

Form with rows 1a-2 for questions regarding art and historical treasures, including revenue and asset amounts.

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements**

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

**1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	370,818,860	351,101,623	345,211,760	375,050,161	299,166,085
<b>b</b> Contributions	10,896,195	4,828,947	4,585,120	1,603,261	14,926,831
<b>c</b> Net investment earnings, gains, and losses	32,672,721	31,788,749	17,999,745	(15,394,543)	74,973,285
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	17,515,183	16,900,459	16,695,002	16,047,119	14,016,040
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	396,872,593	370,818,860	351,101,623	345,211,760	375,050,161

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

- a** Board designated or quasi-endowment 5.63 %
- b** Permanent endowment 65.88 %
- c** Term endowment 28.49 %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> Related organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	0	1,153,930	0	1,153,930
<b>b</b> Buildings	0	64,209,980	57,692,743	6,517,237
<b>c</b> Leasehold improvements	0	104,438,065	73,916,162	30,521,903
<b>d</b> Equipment	0	122,970,877	88,818,653	34,152,224
<b>e</b> Other	0	931,946	929,095	2,851
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				72,348,145

**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	512,331,461	END OF YEAR MARKET VALUE
(B) STOCKS NOT-PUBLICLY TRADED <5%	3,011	COST
(C) LIMITED PARTNERSHIP INTEREST	28,955,451	END OF YEAR MARKET VALUE
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . . .	541,289,923	

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . . . .		

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	4,585
(2) DEFERRED RETIREE MEDICAL OBLIG	3,642,212
(3) LEASE LIABILITY	3,680,922
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	7,327,719

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**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	FUNDRAISING EXPENSES	1,071,132
	CHANGE IN VALUE OF DEFERRED GIFTS	186,702
	<b>TOTAL</b>	<b>1,257,834</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	INVESTMENT INCOME IN EXCESS OF AMOUNT DESIGNATED FOR CURRENT OPERATIONS	27,492,226
	ROUNDING	46
	<b>TOTAL</b>	<b>27,492,272</b>
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	FUNDRAISING EXPENSES	1,071,132
	<b>TOTAL</b>	<b>1,071,132</b>

**Part XIII**

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT INCOME INTENDED TO BE USED FOR AND TO SUPPORT RESEARCH, OPERATIONS, AND LECTURESHIP EXPENSES.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	INCOME TAXES - THE INSTITUTE HAS NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2025 AND 2024.
SCHEDULE D, PART XI, LINE 2(D)	FUNDRAISING EVENTS EXPENSES \$1,071,132 AND CHANGE IN VALUE OF DEFERRED GIFTS \$186,702
SCHEDULE D, PART XI, LINE 4(B)	INVESTMENT RETURN IN EXCESS OF AMOUNT DESIGNATED FOR CURRENT OPERATIONS UNDER SPENDING POLICY \$27,492,226 AND ROUNDING \$46
SCHEDULE D, PART XII, LINE 2(D)	FUNDRAISING EVENTS EXPENSE \$1,071,132

**SCHEDULE F  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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 (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	(SEE STATEMENT)	242,291
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	PROGRAM SERVICES	(SEE STATEMENT)	60,272
(3) SOUTH ASIA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	3,098
(4) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	(SEE STATEMENT)	47,254
(5) MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	2,038
(6) SOUTH AMERICA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	2,411
(7) CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		221,237,118
(8) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		42,525,983
(9) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	INVESTMENTS		1,148,177
(10) CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	(SEE STATEMENT)	15,358
(11) SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	(SEE STATEMENT)	6,734
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	0	0			265,290,734
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			265,290,734

**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.

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

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

**3** Enter total number of other organizations or entities . . . . .

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

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

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	<p>CENTRAL AMERICA AND THE CARIBBEAN - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>EAST ASIA AND THE PACIFIC - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>EUROPE (INCLUDING ICELAND AND GREENLAND) - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>MIDDLE EAST AND NORTH AFRICA - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>NORTH AMERICA (CANADA &amp; MEXICO ONLY) - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>SOUTH AMERICA - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>SOUTH ASIA - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p> <p>SUB-SAHARAN AFRICA - ACCRUAL - SCIENTISTS TRAVEL TO FOREIGN COUNTRIES TO ATTEND CONFERENCES. WE DO NOT DEEM THESE ACTIVITIES TO CONSTITUTE WORKING IN THE REGION.</p>

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of nongovernment grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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**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 <u>CONCERT</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events _____ (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,006,915			1,006,915
	<b>2</b> Less: Contributions . . . . .	855,115			855,115
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	151,800	0	0	151,800
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .				0
	<b>7</b> Food and beverages . . . . .	95,855			95,855
	<b>8</b> Entertainment . . . . .	326,760			326,760
	<b>9</b> Other direct expenses . . . . .	648,517			648,517
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,071,132
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				(919,332)	

**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	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**SCHEDULE J  
(Form 990)**

(Rev. January 2025)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <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)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	✓	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .</p>	✓	
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <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                 </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		✓
		✓
		✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
		✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
		✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		

**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	GERALD JOYCE, MD, PH.D. PRESIDENT / PROFESSOR	(i) 896,915	0	10,668	42,750	19,627	969,960	0
	(ii)	0	0	0	0	0	0	0
2	JAN KARLSEDER, PH.D. PROFESSOR	(i) 443,770	0	46,517	53,398	10,748	554,433	0
	(ii)	0	0	0	0	0	0	0
3	FRED GAGE, PH.D. PROFESSOR	(i) 435,306	0	17,815	42,000	21,722	516,843	0
	(ii)	0	0	0	0	0	0	0
4	JULIA A MILLER, J.D. SECRETARY/GENERAL COUNSEL	(i) 393,051	0	37,624	42,000	26,461	499,136	0
	(ii)	0	0	0	0	0	0	0
5	KIM E WITMER TREASURER/SVP FINANCE & ADMN (OUTGOING OCT 2024)	(i) 425,046	0	21,526	41,400	8,509	496,481	0
	(ii)	0	0	0	0	0	0	0
6	REUBEN SHAW, PH.D. TRUSTEE/PROFESSOR (OUTGOING MAR 2025)	(i) 268,932	0	142,585	42,000	16,573	470,090	0
	(ii)	0	0	0	0	0	0	0
7	EDWARD CALLAWAY, PH.D. PROFESSOR	(i) 367,527	0	15,761	46,300	19,627	449,215	0
	(ii)	0	0	0	0	0	0	0
8	SUSAN KAECH, PH.D. PROFESSOR	(i) 300,774	0	55,744	39,862	25,927	422,307	0
	(ii)	0	0	0	0	0	0	0
9	KIMBERLY CASTILLO CHIEF FINANCIAL OFFICER	(i) 342,977	0	10,392	42,000	19,838	415,207	0
	(ii)	0	0	0	0	0	0	0
10	WOLFGANG BUSCH, PH.D. TRUSTEE/PROFESSOR	(i) 229,434	0	110,571	39,014	21,858	400,877	0
	(ii)	0	0	0	0	0	0	0
11	JERRY SHEEHAN CHIEF INFORMATION OFFICER	(i) 326,175	0	28,132	38,332	5,923	398,562	0
	(ii)	0	0	0	0	0	0	0
12	CHRISTIAN METALLO, PH.D. TRUSTEE/PROFESSOR (INCOMING APR 2025)	(i) 272,356	0	38,136	34,171	25,781	370,444	0
	(ii)	0	0	0	0	0	0	0
13	JANELLE AYRES, PH.D. TRUSTEE/PROFESSOR	(i) 179,856	0	23,642	22,781	7,313	233,592	0
	(ii)	0	0	0	0	0	0	0
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - FIRST-CLASS OR CHARTER TRAVEL	FIRST-CLASS OR CHARTER TRAVEL: GERALD JOYCE, PH.D., PROFESSOR - \$20,441; FRED GAGE, PH.D., PROFESSOR - \$14,577; JANELLE AYRES, PH.D., PROFESSOR - \$2,444; JAN KARLSEDER, PH.D., PROFESSOR - \$883. NOT TAXABLE - ACCOUNTABLE PLAN.

**SCHEDULE L  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 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) REUBEN SHAW	PROFESSOR			HOME LOAN		✓	700,000	210,462	
(2) CHRISTIAN METALLO	PROFESSOR	HOME LOAN		✓	272,467	191,697		✓	✓		✓	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$	402,159					

**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)				

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

Cat. No. 50056A

Schedule L (Form 990) (Rev.1-2025)



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://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 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				
2				
3				
4				
5				
6				
7				
8				
9	✓	32	9,074,953	MARKET VALUE
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

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	0
----	---	----	---

	Yes	No
30a		✓
31	✓	
32a		✓
33		

**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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - SECURITIES - PUBLICLY TRADED - THE AMOUNT REPORTED REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

The Salk Institute for Biological Studies

Employer identification number

95-2160097

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	UNLOCKING THE SECRETS OF LIFE ITSELF IS THE DRIVING FORCE BEHIND THE SALK INSTITUTE. OUR TEAM OF WORLD-CLASS, AWARD-WINNING SCIENTISTS PUSHES BOUNDARIES OF KNOWLEDGE IN AREAS SUCH AS NEUROSCIENCE, CANCER RESEARCH, AGING, IMMUNOBIOLOGY, PLANT BIOLOGY, COMPUTATIONAL BIOLOGY, AND MORE. FOUNDED BY JONAS SALK, DEVELOPER OF THE FIRST SAFE AND EFFECTIVE POLIO VACCINE, THE INSTITUTE IS AN INDEPENDENT, NONPROFIT RESEARCH ORGANIZATION AND ARCHITECTURAL LANDMARK: SMALL BY CHOICE, INTIMATE BY NATURE, AND FEARLESS IN THE FACE OF ANY CHALLENGE.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

The Salk Institute for Biological Studies

Employer identification number

95-2160097

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - CONTINUED</p>	<p>THE SALK INSTITUTE FOR BIOLOGICAL STUDIES IS A WORLD-RENOWNED, INDEPENDENT RESEARCH INSTITUTE DEDICATED TO ADVANCING OUR UNDERSTANDING OF LIFE SCIENCES AND IMPROVING HUMAN HEALTH. ITS PROGRAMS BRING TOGETHER LEADING SCIENTISTS ACROSS DISCIPLINES TO EXPLORE FUNDAMENTAL QUESTIONS IN BIOLOGY, FROM THE MOLECULAR MECHANISMS OF DISEASE TO THE COMPLEXITIES OF THE BRAIN AND THE IMPACT OF CLIMATE CHANGE ON LIVING SYSTEMS. THROUGH COLLABORATIVE, CURIOSITY-DRIVEN RESEARCH AND INNOVATIVE TECHNOLOGY, SALK'S PROGRAMS AIM TO TRANSLATE SCIENTIFIC DISCOVERIES INTO REAL-WORLD SOLUTIONS THAT BENEFIT SOCIETY. BELOW ARE HIGHLIGHTED SCIENTIFIC ACHIEVEMENTS DURING JULY 2024 THROUGH JUNE 2025.</p> <p>STUDY REVEALS KEY GENE PROTECTING PLANTS FROM HARMFUL METALS IN SOIL - THE EXCESSIVE USE OF MANURE AND SEWAGE SLUDGE CAN INCREASE HEAVY METAL CONCENTRATIONS IN AGRICULTURAL LAND WHERE VITAL CROPS ARE GROWN. ONE OF THESE HEAVY METALS IS ZINC, A MICRONUTRIENT NECESSARY FOR PLANT AND ANIMAL HEALTH. IN EXCESS, HOWEVER, ZINC CAN BE EXTREMELY DAMAGING TO SENSITIVE PLANT SPECIES. SALK RESEARCHERS IDENTIFIED A GENE, CALLED TRICHOME BIREFRINGENCE OR TBR, THAT HELPS PLANTS MANAGE EXCESS ZINC BY TRAPPING IT IN THEIR ROOT CELL WALLS. SCIENTISTS AND FARMERS CAN NOW USE THIS INFORMATION TO DEVELOP AND GROW CROPS THAT ARE MORE RESILIENT TO SOIL CONTAMINATION. ENHANCING PLANT RESILIENCE IN THIS WAY IS A MAJOR GOAL OF SALK'S HARNESSING PLANTS INITIATIVE. THE STUDY WAS LED BY WOLFGANG BUSCH, PHD, AND PUBLISHED IN NATURE COMMUNICATIONS ON JULY 11, 2024.</p> <p>NEW TOOLS REVEAL NEUROPEPTIDES, NOT FAST NEUROTRANSMITTERS, ENCODE DANGER IN THE BRAIN - IN THE SPLIT SECOND THAT YOU ACCIDENTALLY TOUCH THE HOT HANDLE OF A CAST IRON SKILLET, PAIN AND A SENSE OF DANGER RUSH IN. RESEARCHERS ASSUMED THIS PROCESS MUST BE MEDIATED BY FAST-ACTING NEUROTRANSMITTERS, BUT SALK RESEARCHERS CREATED TWO NEW TOOLS TO STUDY THE EMOTIONAL FEAR RESPONSE CIRCUIT IN LIVE MICE FOR THE FIRST TIME. THEY FOUND THAT LARGER, SLOWER MOLECULES CALLED NEUROPEPTIDES ARE THE MAIN MESSENGERS IN THIS CIRCUIT-AND MORE THAN ONE NEUROPEPTIDE IS INVOLVED. THEIR FINDINGS MAY EXPLAIN WHY EXISTING MEDICATIONS THAT TARGET ONLY ONE NEUROPEPTIDE ARE OFTEN INEFFECTIVE AND COULD INSPIRE THE DEVELOPMENT OF NEW TREATMENTS FOR FEAR-RELATED CONDITIONS LIKE ANXIETY AND PTSD. THE STUDY WAS LED BY SUNG HAN, PHD, AND PUBLISHED IN CELL ON JULY 22, 2024.</p> <p>FUEL LEVEL LOW! ENERGY DEFICITS HARM ATHLETES' HEALTH, NEW RESEARCH TOOL REVEALS HOW - RELATIVE ENERGY DEFICIENCY IN SPORT, OR REDS, IS ESTIMATED TO AFFECT MORE THAN 40% OF PROFESSIONAL ATHLETES-AND THE RATE COULD BE EVEN HIGHER IN RECREATIONAL ATHLETES AND EXERCISERS. ATHLETES DEVELOP REDS BY CONSISTENTLY EXPENDING MORE ENERGY THAN THEY TAKE IN. OVER TIME, THIS ENERGY DEFICIT CAN LEAD TO HORMONAL AND REPRODUCTIVE ISSUES, INSOMNIA AND FATIGUE, BONE WEAKNESS AND INJURY, AND A HIGHER RISK OF ANXIETY AND DEPRESSION. SALK SCIENTISTS CREATED A LANDMARK MOUSE MODEL OF REDS, WITH WHICH THEY FOUND THAT REDS AFFECTS ORGAN SIZE AND GENE EXPRESSION PATTERNS ACROSS THE ENTIRE BODY. WHAT'S MORE, THE SYNDROME APPEARS TO IMPACT MALE AND FEMALE MICE DIFFERENTLY, IMPACTING KIDNEY HEALTH THE MOST IN MALES AND REPRODUCTIVE HEALTH AND MUSCLE MASS IN FEMALES. THIS WORK COULD IMPROVE REDS DIAGNOSIS AND REVEAL MOLECULAR TARGETS FOR FUTURE THERAPEUTICS TO HALT, REVERSE, OR PREVENT THE SYNDROME. THE STUDY WAS LED BY SATCHIDANANDA PANDA, PHD, AND PUBLISHED IN CELL METABOLISM ON SEPTEMBER 3, 2024.</p> <p>ONE IN THREE AMERICANS HAS A DYSFUNCTIONAL METABOLISM, BUT INTERMITTENT FASTING COULD HELP - MORE THAN ONE-THIRD OF ADULTS IN THE UNITED STATES HAVE METABOLIC SYNDROME, A CLUSTER OF CONDITIONS THAT SIGNIFICANTLY RAISE A PERSON'S RISK OF HEART DISEASE, STROKE, AND TYPE 2 DIABETES. THESE CONDITIONS INCLUDE HIGH BLOOD PRESSURE, ELEVATED BLOOD SUGAR, EXCESS ABDOMINAL FAT, AND ABNORMAL CHOLESTEROL LEVELS. IN A NEW CLINICAL TRIAL, RESEARCHERS AT SALK AND UC SAN DIEGO FOUND THAT TIME-RESTRICTED EATING-ALSO KNOWN AS INTERMITTENT FASTING-COULD OFFER SIGNIFICANT HEALTH BENEFITS TO ADULTS WITH METABOLIC SYNDROME. COMPARED TO OTHER PRESCRIBED LIFESTYLE CHANGES, TIME-RESTRICTED EATING COULD OFFER A MORE PRACTICAL INTERVENTION ACCESSIBLE TO A WIDER RANGE OF PATIENTS. THE STUDY WAS LED BY SATCHIDANANDA PANDA, PHD, AND PUBLISHED IN ANNALS OF INTERNAL MEDICINE ON OCTOBER 1, 2024.</p> <p>NEW BRAIN-MAPPING TOOL MAY BE THE "START" OF NEXT-GENERATION THERAPEUTICS - WHEN REPAIRING A CAR, IT'S IMPORTANT TO UNDERSTAND ITS BASIC BLUEPRINT AND HOW ALL THE PARTS CONNECT. TREATING BRAIN DISORDERS IS NO DIFFERENT, EXCEPT THAT SCIENTISTS ARE STILL MISSING KEY DETAILS OF THE BRAIN'S WIRING DIAGRAM. TO ADDRESS THIS, SALK RESEARCHERS DEVELOPED A NEW BRAIN-MAPPING TECHNOLOGY CALLED START. THE CUTTING-EDGE TOOL ALLOWS NEUROSCIENTISTS TO TRACE THE CONNECTIVITY BETWEEN DIFFERENT TYPES OF BRAIN CELLS WITH UNPRECEDENTED RESOLUTION. USING THIS TECHNIQUE, THE RESEARCHERS BECAME THE FIRST TO RESOLVE CORTICAL CONNECTIVITY AT THE RESOLUTION OF TRANSCRIPTOMIC CELL TYPES. THE DISCOVERIES MADE WITH START WILL HELP RESEARCHERS DESIGN NEW THERAPEUTICS THAT CAN TARGET CERTAIN NEURONS AND BRAIN CIRCUITS WITH GREATER SPECIFICITY AND EFFICACY, AND WITH FEWER SIDE EFFECTS THAN CURRENT PHARMACOLOGICAL APPROACHES. THE STUDY WAS LED BY EDWARD CALLAWAY, PHD, AND PUBLISHED IN IN NEURON ON SEPTEMBER 30, 2024.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

The Salk Institute for Biological Studies

Employer identification number

95-2160097

Return Reference - Identifier	Explanation
	<p>SCIENTISTS CREATE FIRST MAP OF DNA MODIFICATION IN THE DEVELOPING HUMAN BRAIN - A SALK, UC LOS ANGELES, UC SAN FRANCISCO, UC SAN DIEGO, AND SEOUL NATIONAL UNIVERSITY TEAM CREATED THE FIRST MAP OF DNA MODIFICATION IN THE HIPPOCAMPUS AND PREFRONTAL CORTEX-TWO REGIONS OF THE BRAIN CRITICAL TO LEARNING, MEMORY, AND EMOTIONAL REGULATION, AND ALSO FREQUENTLY INVOLVED IN DISORDERS LIKE AUTISM SPECTRUM AND SCHIZOPHRENIA. THE STUDY PROVIDES AN UNPRECEDENTED LOOK AT HOW GENE REGULATION EVOLVES DURING HUMAN BRAIN DEVELOPMENT, SHOWING HOW THE 3D STRUCTURE OF CHROMATIN (DNA AND PROTEINS) PLAYS A CRITICAL ROLE. THE PUBLICLY AVAILABLE ONLINE RESOURCE WILL BE A VALUABLE TOOL SCIENTISTS CAN USE TO CONNECT GENETIC VARIANTS ASSOCIATED WITH THESE CONDITIONS TO THE GENES, CELLS, AND DEVELOPMENTAL PERIODS THAT ARE MOST SENSITIVE TO THEIR EFFECTS. THE STUDY WAS LED BY JOSEPH ECKER, PHD, AND PUBLISHED IN NATURE ON OCTOBER 9, 2024.</p> <p>THROUGH THE LOOKING GLASS: A CROSS-CHIRAL REACTION CHALLENGES OUR DEFINITION OF LIFE - JUST AS YOUR LEFT AND RIGHT HANDS EXIST AS MIRROR IMAGES OF EACH OTHER, MANY BIOLOGICAL MOLECULES HAVE THEIR OWN FORM OF LEFT- AND RIGHT-HANDEDNESS, CALLED CHIRALITY. ON EARTH, ALL RNA EXISTS IN A RIGHT-HANDED CHIRAL FORM. EVEN WHEN SCIENTISTS MAKE SYNTHETIC LEFT-HANDED VERSIONS, THE TWO GROUPS BEHAVE AS IF ON OPPOSITE SIDES OF A MIRROR, UNABLE TO INTERACT WITH EACH OTHER. BUT WHAT IF THEY COULD? USING SOPHISTICATED BIOENGINEERING TECHNIQUES, SALK SCIENTISTS ENGINEERED A CHEMICAL SYSTEM IN WHICH LEFT- AND RIGHT-HANDED VERSIONS OF AN RNA ENZYME COULD EFFECTIVELY "REACH THROUGH THE MIRROR" AND REPLICATE EACH OTHER EXPONENTIALLY AND INDEFINITELY. THIS IS THE FIRST EVIDENCE OF A LIFELIKE CHEMICAL SYSTEM THAT OPERATES ON BOTH SIDES OF THE MIRROR OF CHIRALITY, CREATING THE OPPORTUNITY TO STUDY AN ENTIRELY NEW FORM OF BIOCHEMICAL EVOLUTION. THE ACHIEVEMENT COULD ALSO ADVANCE THE DEVELOPMENT OF CROSS-CHIRAL THERAPEUTICS, DIAGNOSTICS, AND OTHER BIOTECHNOLOGIES. THE STUDY WAS LED BY GERALD JOYCE, MD, PHD, AND PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES ON OCTOBER 22, 2024.</p> <p>CHOLESTEROL IS NOT THE ONLY LIPID INVOLVED IN TRANS FAT-DRIVEN CARDIOVASCULAR DISEASE - HIGH CHOLESTEROL HAS LONG BEEN THE FOCUS OF MANY HEART HEALTH CAMPAIGNS DUE TO ITS ROLE IN FORMING ARTERY-CLOGGING PLAQUES THAT CAN LEAD TO STROKE, HEART ATTACK, OR ARTERIAL DISEASE. BUT NEW SALK RESEARCH REVEALED THAT ANOTHER CLASS OF LIPIDS, CALLED SPHINGOLIPIDS, CAN ALSO CONTRIBUTE TO ARTERIAL PLAQUES AND HEART DISEASE. WHEN THE TEAM TRACKED THE FLOW OF DIETARY FATS THROUGHOUT THE BODY, THEY FOUND THAT TRANS FATS WERE BEING METABOLIZED INTO SPHINGOLIPIDS, AND THIS DROVE THE LIVER TO SECRETE ARTERY-CLOGGING MOLECULES INTO THE BLOODSTREAM. THE DISCOVERY THAT SPHINGOLIPIDS-NOT JUST CHOLESTEROL-CAN DIRECTLY CONTRIBUTE TO ATHEROSCLEROTIC HEART DISEASE OPENS A WHOLE NEW SET OF MOLECULES AND PATHWAYS THAT COULD BE TARGETED WITH NEW DRUGS TO WARD OFF CARDIOVASCULAR DISEASE, HEART ATTACK, AND STROKE. THE STUDY WAS LED BY CHRISTIAN METALLO, PHD, AND PUBLISHED IN CELL METABOLISM ON NOVEMBER 14, 2024.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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  
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Attach to Form 990 or Form 990-EZ.

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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

The Salk Institute for Biological Studies

Employer identification number

95-2160097

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - CONTINUED</p>	<p>NEUROSCIENTISTS DISCOVER HOW THE BRAIN SLOWS ANXIOUS BREATHING - HUMANS HAVE LONG USED SLOW BREATHING TO REGULATE EMOTIONS, AND, FOR THE FIRST TIME, SALK NEUROSCIENTISTS HAVE IDENTIFIED A SPECIFIC BRAIN CIRCUIT THAT MAKES THIS POSSIBLE. USING MICE, THE RESEARCHERS PINPOINTED A GROUP OF BRAIN CELLS IN THE FRONTAL CORTEX OF THE BRAIN THAT CONNECTS TO THE LOWER BRAINSTEM, WHERE VITAL ACTIONS LIKE BREATHING ARE CONTROLLED. THIS NEURAL PATHWAY ALLOWS US TO COORDINATE OUR BREATHING WITH OUR CURRENT BEHAVIORS AND EMOTIONAL STATE. NEW THERAPEUTICS DESIGNED TO TARGET THESE BRAIN CELLS COULD HELP PREVENT PANIC AND HYPERVENTILATION IN ANXIETY AND POST-TRAUMATIC STRESS DISORDERS. THE STUDY WAS LED BY SUNG HAN, PHD, AND PUBLISHED IN NATURE NEUROSCIENCE ON NOVEMBER 19, 2024.</p> <p>SUPERIOR PHOTOSYNTHESIS ABILITIES OF SOME PLANTS COULD HOLD KEY TO MORE RESILIENT CROPS - MORE THAN 3 BILLION YEARS AGO, ON AN EARTH ENTIRELY COVERED WITH WATER, PHOTOSYNTHESIS FIRST EVOLVED IN ANCIENT BACTERIA. THIS EVOLUTION WAS PUNCTUATED AROUND 30 MILLION YEARS AGO WITH THE EMERGENCE OF A NEWER, BETTER WAY TO PHOTOSYNTHESIZE CALLED C4 PHOTOSYNTHESIS. C4 PLANTS CAN THRIVE IN HOT, DRY CLIMATES AND ARE AMONG THE MOST PRODUCTIVE CROP SPECIES IN THE WORLD. HOWEVER, AROUND 95% OF PLANTS USE C3 PHOTOSYNTHESIS, A LESS EFFICIENT FORM THAT MAKES THEM MORE VULNERABLE TO DROUGHT AND HEAT. NOW, SALK AND UNIVERSITY OF CAMBRIDGE COLLABORATORS HAVE MADE A BREAKTHROUGH IN UNDERSTANDING THE EVOLUTION OF C4 PHOTOSYNTHESIS. THEIR FINDINGS MAY BE USED TO DRIVE C4 PHOTOSYNTHESIS IN IMPORTANT C3 CROPS LIKE RICE, WHEAT, AND SOYBEANS, MAKING THEM MORE PRODUCTIVE AND RESILIENT. THE STUDY WAS LED BY JOSEPH ECKER, PHD, AND PUBLISHED IN NATURE ON NOVEMBER 20, 2024.</p> <p>YOUR IMMUNE CELLS ARE WHAT THEY EAT - THE DECISION BETWEEN SCRAMBLED EGGS AND AN APPLE FOR BREAKFAST PROBABLY WON'T MAKE OR BREAK YOUR DAY, BUT FOR YOUR CELLS, A SIMILAR DECISION COULD DETERMINE THEIR ENTIRE IDENTITY. SALK RESEARCHERS FOUND THAT THE STATE OF THE IMMUNE SYSTEM'S T-CELLS COULD BE DETERMINED BY WHICH NUTRIENT THE CELL WAS METABOLIZING. SWITCHING FROM ACETATE TO CITRATE COULD SHIFT THE CELLS FROM AN ACTIVE, DISEASE-FIGHTING "EFFECTOR" STATE TO AN "EXHAUSTED" ONE. THE FINDINGS REVEAL HOW DIFFERENT NUTRIENTS CAN CHANGE A CELL'S GENE EXPRESSION, FUNCTION, AND IDENTITY. THEY ALSO SUGGEST THAT NEW THERAPIES COULD BE DESIGNED TO TARGET THESE NUTRIENT-DEPENDENT MECHANISMS TO HELP T CELLS REMAIN ACTIVE IN PATIENTS WITH CHRONIC DISEASES LIKE CANCER. THE STUDY WAS LED BY SUSAN KAECH, PHD, AND PUBLISHED IN SCIENCE ON DECEMBER 12, 2024.</p> <p>PLANT CELLS GAIN IMMUNE CAPABILITIES WHEN IT'S TIME TO FIGHT DISEASE - BECAUSE PLANT CELLS ARE IMMOBILE, EACH CELL IS FORCED TO MANAGE ITS OWN IMMUNITY ON TOP OF ITS MANY OTHER RESPONSIBILITIES. NEW SALK RESEARCH HELPS EXPLAIN HOW THESE MULTITASKING CELLS ACCOMPLISH IT ALL-DETECTING THREATS, RESPONDING TO THEM, AND WARNING OTHERS. WHEN PLANT CELLS ENCOUNTER A PATHOGEN, THEY ENTER A SPECIALIZED IMMUNE STATE AND TEMPORARILY BECOME PRIMARY IMMUNE RESPONDER (PRIMER) CELLS THAT ACT AS A HUB TO INITIATE THE IMMUNE RESPONSE. THESE PRIMER CELLS ARE ALSO SURROUNDED BY ANOTHER POPULATION OF CELLS, DEEMED BYSTANDER CELLS, WHICH SEEM TO BE IMPORTANT FOR TRANSMITTING THE IMMUNE RESPONSE THROUGHOUT THE PLANT. THE FINDINGS BRING US CLOSER TO UNDERSTANDING THE PLANT IMMUNE SYSTEM-AN INCREASINGLY IMPORTANT TASK AMID THE GROWING THREATS OF ANTIMICROBIAL RESISTANCE AND INFECTIOUS DISEASE. THE STUDY WAS LED BY JOSEPH ECKER, PHD, AND PUBLISHED IN NATURE ON JANUARY 8, 2025.</p> <p>TWO-IN-ONE ROOT ARMOR PROTECTS PLANTS FROM ENVIRONMENTAL STRESSORS AND CAPTURES EXCESS CARBON - TO COMPENSATE FOR THEIR INABILITY TO UP AND MOVE WHEN DANGER STRIKES, MANY PLANTS HAVE EVOLVED DIFFERENT WAYS TO PROTECT THEMSELVES, SUCH AS BUILDING AN ARMOR CALLED THE PERIDERM AROUND THEIR BODY AND ROOTS. SALK RESEARCHERS HAVE DEBUTED THE FIRST COMPREHENSIVE GENE EXPRESSION ATLAS OF THE PLANT PERIDERM AT THE SINGLE-CELL LEVEL. THIS INCLUDES IMPORTANT INSIGHTS INTO PHELLEM CELLS, WHICH ARE RICH IN SUBERIN-A MOLECULE THAT HELPS CAPTURE AND STORE EXCESS CARBON DIOXIDE FROM THE ATMOSPHERE. SCIENTISTS CAN NOW USE THIS INFORMATION TO STIMULATE PERIDERM GROWTH IN PLANTS FACING ENVIRONMENTAL STRESS, OR BOOST PHELLEM CELL GENES TO PRODUCE PLANTS WITH ENHANCED CARBON-CAPTURING ABILITIES-A CENTRAL GOAL OF SALK'S HARNESSING PLANTS INITIATIVE. THE STUDY WAS LED BY WOLFGANG BUSCH, PHD, AND PUBLISHED IN DEVELOPMENTAL CELL ON JANUARY 9, 2025.</p> <p>PUTTING A LID ON EXCESS CHOLESTEROL TO HALT BLADDER CANCER CELL GROWTH - BLADDER CANCER IS THE FOURTH MOST COMMON CANCER IN MEN, AND, LIKE ALL CANCERS, IT DEVELOPS WHEN ABNORMAL CELLS START TO MULTIPLY OUT OF CONTROL. SALK CANCER BIOLOGISTS HAVE DISCOVERED THAT PIN1, A PROTEIN FIRST DISCOVERED IN THE LAB OF TONY HUNTER, PHD, IN 1996, IS A MAJOR DRIVER OF BLADDER CANCER. THEY REVEALED THAT IT WORKS BY TRIGGERING THE SYNTHESIS OF CHOLESTEROL-A LIPID THAT CANCER CELLS USE AS FUEL TO GROW. THE RESEARCHERS DEVELOPED AN EFFECTIVE TWO-DRUG TREATMENT REGIMEN THAT HALTED TUMOR GROWTH IN MICE: SULFOPIN, AN EXPERIMENTAL PIN1 INHIBITOR, AND SIMVASTATIN, A STATIN THAT IS ALREADY COMMONLY USED IN HUMANS TO LOWER CHOLESTEROL LEVELS AND REDUCE THE RISK OF HEART DISEASE. THE STUDY WAS LED BY HUNTER AND PUBLISHED IN CANCER DISCOVERY, A JOURNAL OF THE AMERICAN ASSOCIATION FOR CANCER RESEARCH, ON JANUARY 14, 2025.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

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.

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Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

The Salk Institute for Biological Studies

Employer identification number

95-2160097

Return Reference - Identifier	Explanation
	<p>BILE ACIDS EXACERBATE LIVER CANCER, DIETARY SUPPLEMENT MAY OFFER RELIEF - IMMUNOTHERAPY HAS MADE AN INCREDIBLE IMPACT ON TREATING CANCERS OF THE LUNG, KIDNEY, AND SKIN-BUT FOR LIVER CANCER, THE TREATMENT HAS BEEN MUCH LESS EFFECTIVE. TO UNDERSTAND WHY, SALK RESEARCHERS TOOK A CLOSER LOOK AT HOW THE IMMUNE SYSTEM AND LIVER INTERACT. THEY DISCOVERED THAT CERTAIN BILE ACIDS IN THE LIVER WERE AFFECTING THE ACTIVITY OF CANCER-FIGHTING IMMUNE CELLS CALLED T-CELLS. BUT WHILE MANY OF THESE BILE ACIDS WERE IMPAIRING T-CELL FUNCTION, ONE SPECIFIC BILE ACID, CALLED URSODEOXYCHOLIC ACID (UDCA), WAS ACTUALLY BOOSTING THEIR ACTIVITY. AND WHEN MICE WERE GIVEN A UDCA DIETARY SUPPLEMENT, IT WAS ENOUGH TO CONTROL LIVER TUMOR GROWTH. SINCE UDCA IS ALREADY AVAILABLE AS A GENERIC MEDICATION, THE RESEARCHERS ARE HOPEFUL THAT IT COULD BE INCORPORATED INTO LIVER CANCER TREATMENTS TO MAKE IMMUNOTHERAPY MORE EFFECTIVE FOR THESE PATIENTS. THE STUDY WAS LED BY SUSAN KAECH, PHD, AND PUBLISHED IN SCIENCE ON JANUARY 9, 2025.</p> <p>BOOSTING THIS MOLECULE COULD HELP RETAIN MUSCLE WHILE LOSING FAT - WEIGHT LOSS DOESN'T DISCRIMINATE BETWEEN FAT AND MUSCLE. PATIENTS USING GLP-1 DRUGS CAN EXPERIENCE RAPID AND SUBSTANTIAL MUSCLE LOSS. ACCOUNTING FOR AS MUCH AS 40 PERCENT OF THEIR TOTAL WEIGHT LOSS. SALK RESEARCHERS DISCOVERED THAT A PROTEIN CALLED BCL6 IS KEY TO MAINTAINING HEALTHY MUSCLE MASS. THE EXPERIMENTS SHOWED THAT FASTING LED TO LOWER BCL6 LEVELS AND REDUCED MUSCLE MASS AND STRENGTH IN MICE, BUT INCREASING BCL6 SUCCESSFULLY REVERSED THESE LOSSES. THE RESEARCHERS SUGGEST THAT PAIRING GLP-1 MEDICATIONS WITH A BCL6-BOOSTING DRUG MAY HELP COUNTERACT UNWANTED MUSCLE LOSS. SIMILAR THERAPIES COULD ALSO BE USED TO TREAT OTHER POPULATIONS PRONE TO MUSCLE LOSS, SUCH AS OLDER ADULTS AND PATIENTS WITH SYSTEMIC DISEASES LIKE SEPSIS OR CANCER. THE STUDY WAS LED BY RONALD EVANS, PHD, AND PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES ON JANUARY 22, 2025.</p> <p>NEW STUDY EXPLAINS HOW ANTIDEPRESSANTS CAN PROTECT AGAINST INFECTIONS AND SEPSIS - ANTIDEPRESSANTS LIKE PROZAC ARE COMMONLY PRESCRIBED TO TREAT MENTAL HEALTH DISORDERS, BUT NEW RESEARCH SUGGESTS THEY COULD ALSO PROTECT AGAINST LIFE-THREATENING SEPSIS AND SERIOUS INFECTIONS. SALK SCIENTISTS HAVE UNCOVERED HOW THESE DRUGS ARE ABLE TO REGULATE THE IMMUNE SYSTEM AND DEFEND AGAINST INFECTIOUS DISEASE. THEY FOUND THAT PROZAC INCREASED LEVELS OF AN IMMUNE SYSTEM MOLECULE CALLED INTERLEUKIN-10 IN MICE, WHICH LED TO REDUCED INFLAMMATION AND PREVENTED SEPSIS-INDUCED HEART FAILURE. THESE INSIGHTS COULD LEAD TO A NEW GENERATION OF LIFESAVING MEDICATIONS AND ENHANCE GLOBAL PREPAREDNESS FOR FUTURE PANDEMICS. THE STUDY WAS LED BY JANELLE AYRES, PHD, AND PUBLISHED IN SCIENCE ADVANCES ON FEBRUARY 14, 2025.</p> <p>PEPTIDE IMITATION IS THE SINCEREST FORM OF PLANT FLATTERY - FERTILIZER PRODUCTION CONSUMES MASSIVE AMOUNTS OF ENERGY, AND ITS USE POLLUTES THE WATER, AIR, AND LAND. SALK PLANT BIOLOGISTS ARE PROPOSING A NEW SOLUTION TO HELP KICK THIS UNSUSTAINABLE FERTILIZER HABIT. IN THEIR NEW STUDY, THE RESEARCHERS IDENTIFIED A KEY MOLECULE PRODUCED BY PLANT ROOTS, A SMALL PEPTIDE CALLED CLE16 THAT ENCOURAGES PLANTS AND BENEFICIAL SOIL FUNGI TO INTERACT WITH EACH OTHER. THEY SAY BOOSTING THIS SYMBIOTIC RELATIONSHIP, IN WHICH THE FUNGI PROVIDE MINERAL NUTRIENTS TO THE PLANTS THROUGH CLE16 SUPPLEMENTATION, COULD BE A MORE NATURAL AND SUSTAINABLE WAY TO ENCOURAGE CROP GROWTH WITHOUT THE USE OF HARMFUL ARTIFICIAL FERTILIZERS. THE STUDY WAS LED BY LENA MUELLER, PHD, AND PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES ON APRIL 14, 2025.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**Open to Public  
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Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - CONTINUED	<p>ESTROGEN-RELATED RECEPTORS COULD BE KEY TO TREATING METABOLIC AND MUSCULAR DISORDERS - ACROSS THE BODY, TINY BEAN-SHAPED STRUCTURES CALLED MITOCHONDRIA TURN THE FOOD WE EAT INTO USABLE ENERGY. THIS CELLULAR-LEVEL METABOLISM IS ESPECIALLY IMPORTANT IN MUSCLE CELLS, WHICH REQUIRE A LOT OF FUEL TO POWER OUR MOVEMENT. MITOCHONDRIAL DYSFUNCTION IS DIFFICULT TO TREAT, BUT RECENT SALK FINDINGS SHOW THAT A GROUP OF PROTEINS CALLED ESTROGEN-RELATED RECEPTORS COULD BE A NEW AND EFFECTIVE THERAPEUTIC TARGET. THE SCIENTISTS DISCOVERED THAT ESTROGEN-RELATED RECEPTORS PLAY AN IMPORTANT ROLE IN MUSCLE CELL METABOLISM-ESPECIALLY DURING EXERCISE. DEVELOPING A DRUG TO BOOST ESTROGEN-RELATED RECEPTORS COULD BE A POWERFUL WAY TO RESTORE ENERGY SUPPLIES IN PEOPLE WITH METABOLIC DISORDERS, SUCH AS MUSCULAR DYSTROPHY. THE STUDY WAS LED BY RONALD EVANS, PHD, AND PUBLISHED IN PROCEEDINGS OF THE NATIONAL ACADEMY OF SCIENCES ON MAY 12, 2025.</p> <p>ACTION! PROTEINS CRITICAL TO HEALTHY BRAIN DEVELOPMENT CAPTURED ON FILM - OUR CELLS RELY ON MICROSCOPIC HIGHWAYS AND SPECIALIZED PROTEIN VEHICLES TO MOVE EVERYTHING-FROM POSITIONING ORGANELLES TO CARTING PROTEIN INSTRUCTIONS TO DISPOSING OF CELLULAR GARBAGE. THESE HIGHWAYS (CALLED MICROTUBULES) AND VEHICLES (CALLED MOTOR PROTEINS) ARE INDISPENSABLE TO CELLULAR FUNCTION AND SURVIVAL. USING ADVANCED MODERN IMAGING TECHNIQUES, SALK RESEARCHERS MADE A MOLECULAR MOVIE OF THE MOTOR PROTEIN DYNEIN BEING TURNED ON BY ITS SMALL PARTNER PROTEIN LIS1. THE FINDINGS PAVE THE WAY FOR NEW THERAPEUTICS THAT RESTORE LIS1 AND DYNEIN FUNCTION-A CRUCIAL TASK, SINCE THEIR DYSFUNCTION CAN LEAD TO SEVERE DEVELOPMENTAL AND NEUROLOGICAL DISORDERS. THE STUDY WAS LED BY AGNIESZKA KENDRICK, PHD, AND PUBLISHED IN NATURE STRUCTURAL &amp; MOLECULAR BIOLOGY ON MAY 23, 2025.</p> <p>CANNABIS PANGENOME REVEALS POTENTIAL FOR MEDICINAL AND INDUSTRIAL USE - CANNABIS HAS BEEN A GLOBALLY IMPORTANT CROP FOR MILLENNIA, SERVING AS A CORNERSTONE OF HUMAN CIVILIZATION BY PROVIDING SEED OIL, TEXTILES, AND FOOD FOR OVER 10,000 YEARS. TODAY, CANNABIS REMAINS AN UNDERSTUDIED AND UNDERUTILIZED RESOURCE, BUT US BILLS PASSED IN 2014 AND 2018 HAVE RE-ENERGIZED CANNABIS CROP DEVELOPMENT FOR MEDICINAL, GRAIN, AND FIBER APPLICATIONS. SALK PLANT BIOLOGISTS HAVE CREATED THE MOST COMPREHENSIVE, HIGH-QUALITY, AND DETAILED GENETIC ATLAS OF CANNABIS TO DATE. THE TEAM ANALYZED 193 DIFFERENT CANNABIS GENOMES (ENTIRE SETS OF GENETIC INFORMATION), REVEALING AN UNPRECEDENTED DIVERSITY, COMPLEXITY, AND UNTAPPED OPPORTUNITY WITHIN THIS FOUNDATIONAL AGRICULTURAL SPECIES. THEIR FINDINGS SET THE STAGE FOR TRANSFORMATIVE ADVANCES IN CANNABIS-BASED AGRICULTURE, MEDICINE, AND INDUSTRY. THE STUDY WAS LED BY TODD MICHAEL, PHD, AND PUBLISHED IN NATURE ON MAY 28, 2025.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	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.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	THE MEMBERS OF THE CORPORATION ELECT THE TRUSTEES.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	THE MEMBERS OF THE CORPORATION MAY ALTER, AMEND, OR REPEAL THE BY-LAWS BY VOTE.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

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Name of the organization

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Return Reference - Identifier	Explanation										
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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.										
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	A COMPREHENSIVE MARKET ASSESSMENT WAS COMPLETED IN APRIL 2024, BASED ON COMPENSATION DATA FROM A SELECTED PEER GROUP FOR SALK PRESIDENT AND EXECUTIVE LEADERSHIP ROLES. THIS ASSESSMENT WAS PROVIDED TO SALK'S BOARD CHAIR, CO-CHAIR, CHAIR OF THE PEOPLE & CULTURE COMMITTEE, AND TO SALK'S PRESIDENT. SALK'S PRESIDENT AND THE INSTITUTE'S VICE-PRESIDENT PEOPLE & CULTURE DISCUSSED THE PERFORMANCE OF VICE-PRESIDENT-LEVEL EXECUTIVES AT A MEETING ON MARCH 28, 2025; THE VICE-PRESIDENT PEOPLE & CULTURE WAS NOT PRESENT FOR DISCUSSION ABOUT HER PERFORMANCE. AFTER THIS MEETING, A SEPARATE DISCUSSION ABOUT THE COMPENSATION OF THE INSTITUTE PRESIDENT, RECOMMENDED CHANGES WERE PRESENTED TO AND APPROVED BY THE SALK BOARD OF TRUSTEES AT THE EXECUTIVE SESSION OF THE APRIL 4, 2025 BOARD OF TRUSTEES MEETING.										
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	A COMPREHENSIVE MARKET ASSESSMENT WAS COMPLETED IN APRIL 2024, BASED ON COMPENSATION DATA FROM A SELECTED PEER GROUP FOR SALK PRESIDENT AND EXECUTIVE LEADERSHIP ROLES. THIS ASSESSMENT WAS PROVIDED TO SALK'S BOARD CHAIR, CO-CHAIR, CHAIR OF THE PEOPLE & CULTURE COMMITTEE, AND TO SALK'S PRESIDENT. SALK'S PRESIDENT AND THE INSTITUTE'S VICE-PRESIDENT PEOPLE & CULTURE DISCUSSED THE PERFORMANCE OF VICE-PRESIDENT-LEVEL EXECUTIVES AT A MEETING ON MARCH 28, 2025; THE VICE-PRESIDENT PEOPLE & CULTURE WAS NOT PRESENT FOR DISCUSSION ABOUT HER PERFORMANCE. AFTER THIS MEETING, A SEPARATE DISCUSSION ABOUT THE COMPENSATION OF THE INSTITUTE PRESIDENT, RECOMMENDED CHANGES WERE PRESENTED TO AND APPROVED BY THE SALK BOARD OF TRUSTEES AT THE EXECUTIVE SESSION OF THE APRIL 4, 2025 BOARD OF TRUSTEES MEETING.										
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, DC, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, WA, WI, WV										
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.										
FORM 990, PART VII, SECTION A - DIRECTORS COMPENSATION	THE FOLLOWING INDIVIDUALS WERE COMPENSATED FOR THE FOLLOWING SERVICES AND NOT PAID AS TRUSTEES: GERALD JOYCE, PH.D. - PRESIDENT/PROFESSOR; REUBEN SHAW, PH.D. - PROFESSOR; JANELLE AYRES, PH.D. - PROFESSOR; WOLFGANG BUSCH, PH.D. - PROFESSOR; CHRISTIAN METALLO, PH.D. - PROFESSOR.										
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST</td> <td>398,627</td> </tr> <tr> <td>CHANGE IN VALUE OF DEFERRED GIFTS</td> <td>186,702</td> </tr> <tr> <td>ROUNDING</td> <td>- 47</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>585,282</b></td> </tr> </tbody> </table>	(a) Description	(b) Amount	POSTRETIREMENT BENEFIT CHANGES OTHER THAN NET PERIODIC BENEFIT COST	398,627	CHANGE IN VALUE OF DEFERRED GIFTS	186,702	ROUNDING	- 47	<b>TOTAL</b>	<b>585,282</b>
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<b>TOTAL</b>	<b>585,282</b>										

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

THE SALK INSTITUTE FOR BIOLOGICAL STUDIES

Employer identification number

95-2160097

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

(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.

Cat. No. 50135Y

Schedule R (Form 990) (Rev. 1-2025)

**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)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		✓
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	✓	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	✓	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	✓	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		✓

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

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(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 CORPORATION	4	41,147	100.00	✓	
(2) CHARITABLE REMAINDER TRUSTS (5)	SUPPORT	CA	N/A	TRUST					