efile GRAPHIC print Submission Date - 2020-08-14 DLN: 93493227009120 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 201 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. Open to Public Department of the ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Treasurv Internal Revenue A For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization The Scripps Research Institute D Employer identification number **B** Check if applicable: O Address change 33-0435954 O Name change Doing business as ☐ Initial return □ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) 10550 North Torrey Pines Road E Telephone number O Amended return Application Pending (858) 784-1000 City or town, state or province, country, and ZIP or foreign postal code La Jolla, CA 92037 G Gross receipts \$ 472.333.694 Name and address of principal officer: **H(a)** Is this a group return for Peter Schultz ☐ Yes ✓ No 10550 North Torrey Pines Road subordinates? Are all subordinates La Jolla, CA 92037 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or ☐ 501(c) () **(**(insert no.) 527 If "No," attach a list. (see instructions) Website: www.scripps.edu **H(c)** Group exemption number ▶ L Year of formation: 1924 M State of legal domicile: CA K Form of organization: 🗹 Corporation 🔘 Trust 🔲 Association 🔲 Other 🕨 Summary 1 Briefly describe the organization's mission or most significant activities: TSRI conducts biomedical and biochemical research and postgraduate training programs Activities & Governance Check this box 🕨 🗌 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 16 Number of independent voting members of the governing body (Part VI, line 1b) 2,238 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 6 30 Total number of volunteers (estimate if necessary) . Total unrelated business revenue from Part VIII, column (C), line 12 7a -430.260 Net unrelated business taxable income from Form 990-T, line 34 460.725 Prior Year **Current Year** 347,588,971 366,278,398 Contributions and grants (Part VIII, line 1h) . Revenue Program service revenue (Part VIII, line 2g) . 2,371,336 2,851,883 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 15,706,452 15,672,880 14.463.746 27.380.820 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 380,130,505 412,183,981 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 15,511,633 15,022,351 Benefits paid to or for members (Part IX, column (A), line 4) . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 150,123,705 200,866,661 **16a** Professional fundraising fees (Part IX, column (A), line 11e) . 202,426 52.468 **b** Total fundraising expenses (Part IX, column (D), line 25) 3,951,238 207,270,027 216,656,487 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 373,107,791 432,597,967 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 . 7.022.714 -20.413.986 Assets or d Balances Beginning of Current Year **End of Year** 791,941,824 962,297,107 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 149,007,980 281,456,307 Net assets or fund balances. Subtract line 21 from line 20 642,933,844 680,840,800 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 2020-08-13 Signature of officer Sign Here Jared Machado Vice President, Finance/CFO Type or print name and title Print/Type preparer's name Preparer's signature Check | if P00540589 Paid self-employed Firm's name ▶ Deloitte Tax LLP Firm's EIN > 86-1065772 **Preparer** Firm's address > 695 Town Center Drive Suite 1000 Use Only Phone no. (714) 436-7100 Costa Mesa, CA 92626 🗸 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat. No. 11282Y

Form	m 990 (2018)	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
disco for its	Scripps Research Institute ("TSRI") performs high impact basic biomedical research, improves the human condition by fostering tran coveries into useful products and engages in the highest quality graduate scientific education and post graduate scientific training. The its entrepreneurial environment and its emphasis in research relating to synthetic chemistry, the relationship between molecular struvity and chemical biology.	SRI is known
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ?	s 🛂 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 expension 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 379,098,469 including grants of \$) (Revenue \$ 2,851,88	33)
	public and private institutes and individuals. TSRI's unique structure merges basic scientific studies in biology, chemistry and bioinformatics with tran to produce the next generation of drugs and advances in digital and precision medicine. Scientific discoveries at TSRI seed joint drug discovery projectivision of TSRI, creating a pipeline of drug candidates that will impact patients for years to come. The Scripps Research Translational Institute, anoth TSRI, aims to individualize healthcare by leveraging the progress being made in human genomics and combining it with the power of wireless digital artificial intelligence.	cts at Calibr, a er division of
4b	(Code:) (Expenses \$ 26,362,834 including grants of \$ 15,022,351) (Revenue \$)
	TSRI is committed to educating, training and inspiring the scientists of tomorrow. The institute's Skaggs Graduate School of Chemical and Biological Sone of the ten best graduate programs in the country, empowers students to make high-impact discoveries at the interface of chemistry and biology. Skaggs Graduate School are immersed in intensive laboratory research from day one and pursue ambitious investigations across scientific disciplines the school become educators at top universities and research institutes, thought leaders within government departments and innovators at pharmac biotechnology companies. Postdoctoral associates arrive at TSRI from all over the globe, seeking to expand their knowledge and training by working world-renowned scientists. The Scripps Fellows program identifies individuals with an outstanding record of graduate research and moves them into t laboratories, allowing them to leapfrog their postdoctoral years of study and begin pushing the frontiers of scientific discovery.	Students in the c. Graduates of eutical and alongside our
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 405,461,303	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Yes Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? No If "Yes," complete Schedule C, Part III . 5 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? No If "Yes," complete Schedule D, Part I . 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο 8 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? No 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Yes permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. VII. IX. or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total Nο assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Yes Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Yes **b** Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a No **14a** Did the organization maintain an office, employees, or agents outside of the United States? . **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 14b Yes Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Yes foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Nο or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Yes 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Par	rt IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	-		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Vac	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 344		Yes	INO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(aambling) winnings to prize winners?	1c	Yes	1

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

No

15

Form 990 (2018) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year **1**a 18 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 16 1b 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? . 2 Nο Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 No of officers, directors or trustees, or key employees to a management company or other person? . 4 No Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 No Did the organization have members or stockholders? . 6 Nο . . 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . 7a Nο 7b b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Yes 8a **b** Each committee with authority to act on behalf of the governing body? . Yes 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 in Schedule O q Nο Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a No **10a** Did the organization have local chapters, branches, or affiliates? . **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. . 12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a Yes b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Did the organization have a written whistleblower policy? . . . 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . 15a Yes 15b **b** Other officers or key employees of the organization Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Nο **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK, AL, CA, CO, DC, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN , MS , NC , NH , NJ , NM , NY , OH , OR , PA , RI , SC , TN , UT , VA, WI, WV Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

▶ Jared Machado 3301 North Torrey Pines Court La Jolla, CA 92037 (858) 784-1000

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."

Part VII

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trus compensated employees; and former such perso	tees or director ns.	s; instit	ution	al tr	uste	ees; of	ffice	rs; key employees;	highest	
Check this box if neither the organization no	r any related or	ganizat	ion co	omp	ensa	ated a	ny d	current officer, direc	ctor, or trustee.	
(A) Name and Title	Average hours per week (list any hours for rolated are related by the first any hours for rolated are related by the first and a director/trustee) Position (do not check more than one box, unless person is both an officer and a director/trustee) Reports compensation (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and					
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Peter G Schultz President/CEO	40.00	х		х				835,853	0	68,467
(2) Herbert Boyer end 022819	1.00	x						0	0	0
Director	0.00	^							0	Ü
(3) Ronald Burkle Director	1.00	Х						0	0	0
(4) Gerald Chan	1.00	v							0	0
Director	0.00	Х							0	U
(5) John D Diekman Board Chair	0.00	х						0	0	0
(6) Mark Edwards	1.00									
Director	0.00	Х						0	0	0
(7) Peter C Farrell PhD D Sc Director	1.00	Х						0	0	0
(8) Isy Goldwasser Director	1.00	Х						0	0	0
(9) Benedict Gross Director	1.00	Х						0	0	0
(10) William R Hearst III	1.00							0	0	0
(11) Sherry Lansing	0.00 1.00	X						0	0	0
Director	0.00									
(12) Ge Li	1.00	х						0	0	0
Director	0.00 1.00									
(13) Claudia S Luttrell Director		х						0	0	0
(14) Joel S Marcus	0.00 1.00									
Director	0.00	Х						0	0	0
(15) John Martin	1.00	Х						0	0	0
Director	0.00	,						Ů	-	
(16) Mark Pearson	1.00	х						0	0	0
Director	0.00									
(17) Jeffrey Kelly Director/Professor	40.00	х						372,639	0	67,225
Director/Froressor	0.00		<u> </u>							Form 990 (2018)
										FUIIII 330 (2018)

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (D) (F) (C) (E) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless person is both an officer hours per compensation compensation amount of other week (list from the compensation from related any hours for organization (Worganizations (W-2/1099-MISC) and a director/trustee) from the related 2/1099-MISC) organization and Individual or director Highest Former Key employee organizations related Institutional ficer below dotted organizations line) 99 compensat trustee Trustee 8 (18) Bernard Saint-Donat PhD ..x 0.00 Director (19) Christopher T Walsh 1.00 Director 0 (20) Demetrios Andrikosstart 2719 40.00 Χ 254,992 57,802 0.00 Secretary/Legal & General Counsel (21) Tamara L Barnas end 2719 40.00 Assistant Secretary Χ 100,017 23,973 (22) Douglas A Binghamend 2719 0.<u>00</u> 40.00 ecretary/EVP of Scripps FL Х 300.373 64.112 (23) Jared M Machado 40.00 Treasurer/CFO Х 355.152 71.981 0.00 (24) Matthew Tremblay 40.00 0.00 Х 462.068 56.451 Chief Operating Officer 40.00 (25) Mary Wang start 2719 Χ 113,430 11,229 · 0.00 Assistant Secretary (26) James R Williamson 40.00 Х 406,268 68,088 VP Rsch & Academic Affairs 0.00 Professor/Exec VP 40.00 Х 1,046,647 66,612 0.00 (28) Karl B Sharpless 38.00 p ----Х 351,983 67,323 (29) Kevin Eastwood 40.00 Χ 367,624 45,951 0.00 Strategic Ptnrshp, Sr. Dir. (30) Steven Steinhubl 40.00 Associate Professor Х 425.120 46,009 0.00 (31) Travis S Young
VP, Biologics 40.00 0.00 Х 412,774 21 255 (32) Richard A King End 42017 -9 2.00 42017 Former COO 40.00 0.00 Х 325.000 0 (33) Jim C Paulson 40.00 0.00 Х 302.070 69.332 Professor/Former Interim President (34) Peter K Vogt 40.00 0<u>.00</u> Χ Professor/Former Exec VP 315,548 67,198 (35) Cary E Thomas 40.00 Х 262,912 63,996 0.00 CIO (36) Kaye I Wynne 40.00 <u>0.00</u> Χ 805,233 8,195 VP Sponsored Programs 1b Sub-Total . c Total from continuation sheets to Part VII, Section A ٠ 945.199 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 310 Yes No Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on 3

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for Section B. Independent Contractors

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

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.

Yes

Yes

3

4

1

PO Box 844708 Dallas, TX 75284

line 1a? If "Yes," complete Schedule J for such individual . . .

(A) (B) (C) Name and business address Description of services Compensation Wilson Sonsini Goodrich & Rosati 1,850,910

Los Angeles, CA 90074		
Hogan Lovells US LLP	Legal Services	1,433,235
600 Brickell Ave Suite 2700 Miami, FL 33131		
Dorsey & Whitney LLP	Legal Services	447,603
50 South St Suite 1500 Minneapolis, MN 55402		
Deloitte & Touche LLP	Audit & Tax Services	378,549

Cooley LLP Legal Services 101 California St 5th floor San Francisco, CA 94111 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 > 27

372,043

Form **990** (2018)

orm 990 (2018)				Page 10
Part IX Statement of Functional Expenses ection 501(c)(3) and 501(c)(4) organizations must complete all colu	mns. All other organi	izations must comple	ete column (A).	
Check if Schedule O contains a response or note to any li	ine in this Part IX .			🗸
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	13,030,451	13,030,451		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,991,900	1,991,900		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,032,011	1,472,798	2,559,213	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	143,278,684	133,837,000	7,468,755	1,972,929
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,382,986	7,755,553	524,284	103,149
9 Other employee benefits	36,487,647	34,047,793	2,107,313	332,541
.0 Payroll taxes	8,685,333	8,035,271	543,193	106,869
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying	59,596	59,596		
e Professional fundraising services. See Part IV, line 17	52,468			52,468
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	98,825,860	96,022,814	2,663,930	139,116
.2 Advertising and promotion				
.3 Office expenses	4,001,206	3,367,820	483,788	149,598
4 Information technology				
.5 Royalties				
. 6 Occupancy	22,654,465	21,025,231	1,573,925	55,309
.7 Travel	4,382,688	4,085,861	171,664	125,163
.8 Payments of travel or entertainment expenses for any federal, state, or local public officials				
.9 Conferences, conventions, and meetings				
20 Interest	1,513,716	1,513,716		
Payments to affiliates				
2 Depreciation, depletion, and amortization	31,480,693	31,448,863	9,629	22,201
R3 Insurance	3,173,421	2,187,190	115,856	870,375
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Lab Supplies	29,804,726	27,133,082	2,486,510	185,134
b Utilities	13,777,896	13,226,508	47,571	503,817
c Professional Services	10,497,622	7,684,733	2,429,795	383,094
d Rental Services	-1,050,525			-1,050,525
e All other expenses	-2,464,877	-2,464,877		
Total functional expenses. Add lines 1 through 24e	432,597,967	405,461,303	23,185,426	3,951,238
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720).				

24 Unsecured notes and loans payable to unrelated third parties . . . 24

25 31,115,742 Other liabilities (including federal income tax, payables to related third parties, 22,211,250 25 and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 . . 149,007,980 26 281,456,307 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 407,490,389 27 456,691,979 27

Balances 28 Temporarily restricted net assets 152,692,169 28

29 Permanently restricted net assets 82,751,286 29

128,159,790 Fund 95,989,031 Organizations that do not follow SFAS 117 (ASC 958),

0 check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . 30 Assets

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances .

31

32

33

34

680,840,800

962,297,107 Form **990** (2018)

642,933,844

791,941,824

31

32

34

Net 33

Form	990 (2018)				Page 12
Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41	2,183,981
2	Total expenses (must equal Part IX, column (A), line 25)	2		43	2,597,967
3	Revenue less expenses. Subtract line 2 from line 1	3		-2	0,413,986
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		64	2,933,844
5	Net unrealized gains (losses) on investments	5		-	5,156,888
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	4,477,830
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		68	0,840,800
Par	t XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate be consolidated basis, or both:	asis,			
	☐ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	е	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	d audit	3b	Yes	
				Form 9	90 (2018)

efil	e GR	APHIC pri	nt Subi	mission Date	- 2020-08-14			DLN: 9	93493227009120
(Fo		ULE A 90 or		mplete if the o	narity Statu organization is a sec 4947(a)(1) nonexe Attach to Form	tion 501(c)(3) o mpt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	OMB No. 1545-0047 2018
Depa Treas		t of the		► Go to	www.irs.gov/Form9	990 for the late	st information.		Open to Public Inspection
Maen	eadfRtdn	æorganizat i esearch Institu						Employer identifica	tion number
				<u> </u>	(411 : 1:			33-0435954	
_	rt I organiz				:us (All organization e it is: (For lines 1 throu			ee instructions.	
1					sociation of churches		•	A)(i).	
2					1)(A)(ii). (Attach Sche				
3					vice organization desc			i).	
4	✓	A medical i	esearch orga	•	ed in conjunction with				er the hospital's
5		An organiza	ation operate		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descril	oed in section
6		A federal, s	tate, or loca	l government or	governmental unit de	scribed in sectio	on 170(b)(1)(A)	(v).	
7				rmally receives vi). (Complete	a substantial part of it Part II.)	s support from a	governmental u	nit or from the genera	l public described in
8		A commun	ty trust desc	ribed in sectio	n 170(b)(1)(A)(vi). (C	Complete Part II.)			
9					escribed in 170(b)(1) (ee instructions. Enter t				ge or university or a
10		activities re income and	elated to its e I unrelated b	exempt function	(1) more than 331/3% s—subject to certain e income (less section 5 t III.)	xceptions, and (2	2) no more than	331/3% of its support f	rom gross investment
11		An organiza	ation organiz	ed and operate	d exclusively to test fo	r public safety. S	ee section 509 ((a)(4).	
12		more publi	ly supported	d organizations	d exclusively for the be described in section 5 te type of supporting o	609(a)(1) or sec	tion 509(a)(2).	See section 509(a)	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
b		Type II. A manageme	supporting o nt of the sup	rganization supe	ervised or controlled in ation vested in the sar				
c		Type III fu	nctionally i	ntegrated. A s	upporting organization must complete Part			d functionally integrat	ed with, its supported
d		functionally	integrated.	The organization	I. A supporting organizen generally must satisen IV, Sections A and	fy a distribution	n connection with requirement and	h its supported organi an attentiveness requ	zation(s) that is not uirement (see
e					ved a written determin		RS that it is a Typ	e I, Type II, Type III fur	nctionally integrated,
f	Enter	the number	of supporte	d organizations				<u> </u>	
g	/:\ N			formation about	the supported organiz		anization listed	(st) Amount of	(vi) Amount of
	(1) N	ame of supp organization		(II) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				1					
Tota	ı								
For I	Paperv	vork Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	5F	Schedule A (Form	990 or 990-EZ) 2018

Sch	edule A (Form 990 or 990-EZ) 2018						Page 2
	art II Support Schedule for	Organizations	Described in	Sections 170(b)(1)(A)(iv), 17	70(b)(1)(A)(vi)	, and 170(b)
	(1)(A)(ix)	•		•			
	(Complete only if you ch	ecked the box o	n line 5, 7, 8, o	r 9 of Part I or if	the organization	n failed to qualif	v under Part III.
	If the organization fails t						,
_	ection A. Public Support	o quality arract	the tests listed	below, piedse e	ompiece rare mi,	'	
	lendar year	T	I	1	1	1	I
	fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received. (Do not						
	include any "unusual grant.")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
0	line 4.						
	ection B. Total Support						
	lendar year	T	T	1		T	
	fiscal year beginning in)	(a)2014	(b) 2015	(c)2016	(d)2017	(e) 2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through						
	10 Gross receipts from related activities,	otc. (soo instructio	nc)			1.0	
12	·					12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	inization, check
	this box and ${f stop\ here}$					▶□	
	ection C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (lir			column (f))		14	
			=			14	
15	Public support percentage for 2017 Sci					15	
16 a	33 1/3% support test—2018. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation			. ▶ □
ŀ	33 1/3% support test—2017. If the						
•	box and stop here. The organization	•					
	10%-facts-and-circumstances test						• •
1/a	is 10% or more, and if the organization	meets the "facts.	anization did not i	crieck a box on in	e 13, 10a, 01 10b, s hov and ston ho	ro Evnlain	
	in Part VI how the organization meets t						
	•			•			▶ □
	organization						🕨 🗆
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "facts	-and-circumstanc	es" test. The orga	nization qualifies a	is a publicly	
	supported organization						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	7b, check this box	and see	
	instructions						. ▶□
					Sched	ule A (Form 990	or 990-EZ) 2018
					50.100		 ,

Sche	dule A (Form 990 or 990-EZ) 2018			Page 4
	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Pase Sections A and D, and complete Part V.)	ı check art I, co	ked 12l omplet	b of e
Se	ection A. All Supporting Organizations			
		l	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	_		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b c	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. 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)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to	4b		
	the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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)? If "Yes,"

6

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9a

9b

9с

10a

10b Schedule A (Form 990 or 990-EZ) 2018

organization's supported organizations? If "Yes," provide detail in **Part VI.**

contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

7

8

9a

10a

Sch	edule A	(Form 990 or 990-EZ) 2018			Page 5
Pa	art IV	Supporting Organizations (continued)			
				Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?			
а		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?			
	3		11a		<u> </u>
b	A far	(A) 11 11 11 11 11 11 11 11 11 11 11 11 11	11b		
		7	11c		
	ection	B. Type I Supporting Organizations			
		<u> </u>		Yes	No
1	elect VI he orga trust	the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the inization had more than one supported organization, describe how the powers to appoint and/or remove directors or ees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such the support of	1		
2	oper <i>carri</i>	the organization operate for the benefit of any supported organization other than the supported organization(s) that lated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit led out the purposes of the supported organization(s) that operated, supervised or controlled the supporting inization.	2		
	ection	C. Type II Supporting Organizations			
-		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1		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 Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
			-		
	ection	D. All Type III Supporting Organizations			
				Yes	No
1	tax y Form	he organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?			
			1		
2	or (ii	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization tained a close and continuous working relationship with the supported organization(s).			
			2		
3	orga	nason of the relationship described in (2), did the organization's supported organizations have a significant voice in the nization's investment policies and in directing the use of the organization's income or assets at all times during the tax of If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
_	ection	E. Type III Functionally-Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	15):		
	а	The organization satisfied the Activities Test. Complete line 2 below.	-		
	b \cap	The organization is the parent of each of its supported organizations. Complete line 3 below.			
				.: \	
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	struct	ions)	
2	Activ	ities Test. Answer (a) and (b) below.		Yes	No
	orga orga resp	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the supported nization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported inizations and explain how these activities directly furthered their exempt purposes, how the organization was consive to those supported organizations, and how the organization determined that these activities constituted translated that its activities.	2a		
	orga <i>orga</i>	the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the nization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the nization's position that its supported organization(s) would have engaged in these activities but for the organization's vement.	2b		
3	Pare	nt of Supported Organizations. Answer (a) and (b) below.	20		
_	a Did t		3a		
	b Did t	he organization exercise a substantial degree of direction over the policies, programs and activities of each of its	3b		
			วม		

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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Current Year

Schedule A (Form 990 or 990-EZ) 2018

Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

instructions).

Multiply line 5 by .035

Enter 85% of line 1

Recoveries of prior-year distributions

Enter greater of line 2 or line 3

Income tax imposed in prior year

temporary reduction (see instructions)

Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

6

7

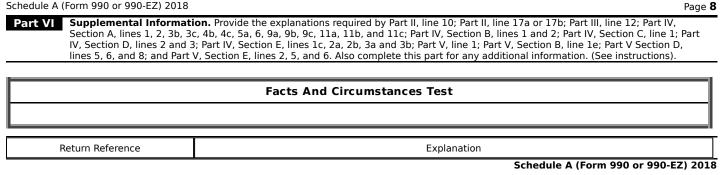
1

2

3

4

5



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Submission Date - 2020-08-14

DLN: 93493227009120

OMB No. 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Open to Public Inspection

Department of the Treasury <u>Internal Revenue</u>

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

矮軌 organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-F7. Part V. line 35c (Proxy Tax) (see separate instructions), then

1116	me of the organization Scripps Research Institute			Employer ide	ntification number
	e scripps Research institute			33-0435954	
Pai	rt I-A Complete if t	he organization is ex	empt under section 501(c) or		nization.
1	Provide a description of "political campaign activ		nd indirect political campaign activitie	es in Part IV (see instructions	for definition of
2			uctions)	>	\$
3	Volunteer hours for polit	cical campaign activities (s	ee instructions)		
Pai			empt under section 501(c)(3)		
1	Enter the amount of any	excise tax incurred by the	e organization under section 4955	.	\$
2	Enter the amount of any	excise tax incurred by org	ganization managers under section 49	55	\$
3	If the organization incur	red a section 4955 tax, did	l it file Form 4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				
4a					☐ Yes ☐ No
b	If "Yes," describe in Part	IV.	empt under section 501(c), e	veent section FO1/s\/3)
			-	-	
1			organization for section 527 exempt fu		\$
2			contributed to other organizations for		\$
3	Total exempt function ex	kpenditures. Add lines 1 ar	nd 2. Enter here and on Form 1120-POI	L, line 17b	\$
4	Did the filing organization	on file Form 1120-POL for	this year?		☐ Yes ☐ No
5	organization made payn political contributions re	ments. For each organization or comptly that were promptly	cation number (EIN) of all section 527 on listed, enter the amount paid from to and directly delivered to a separate ponal space is needed, provide informa	the filing organization's fund political organization, such a	ls. Also enter the amount o
(a)	Name	(b) Address	(c) EIN	(d) Amount paid frifling organization funds. If none, end -0	ter contributions receive and promptly and directly delivered to separate political
(a)	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none
	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none
1	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none
1	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none
1 2 3	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none
1 2 3 4	Name	(b) Address	(c) EIN	filing organization funds. If none, en	n's contributions receive and promptly and directly delivered to separate political organization. If none

Page 2

	section 501(h)). ck if the filing organization belongs to an expenses, and share of excess lobbying ck if the filing organization checked box A Limits on Lobbying	expenditures).	in Part IV each af	filiated group me	emher's name	
B Che	<u> </u>	and "limited control" pr			ember 3 name,	address, EIN,
	Limits on Lobbying	tana minitea control pri	ovisions apply.			
	(The term "expenditures" means		rred.)		(a) Filing ganization's totals	(b) Affiliated group totals
1a Tot	al lobbying expenditures to influence public opinio	on (grass roots lobbying)				
b Tot	al lobbying expenditures to influence a legislative	body (direct lobbying)				
	cal lobbying expenditures (add lines 1a and 1b)					
	her exempt purpose expenditures					
	al exempt purpose expenditures (add lines 1c and					
	bbying nontaxable amount. Enter the amount from lumns.	the following table in bo	otn			
lf t	the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	able amount is:			
Not	t over \$500,000	20% of the amount on line 1	le.			
Ove	er \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the ex	xcess over \$500,000	. 		
Ove	er \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the ex	xcess over \$1,000,0	00.		
Ove	er \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the exc	cess over \$1,500,00	0.		
Ove	er \$17,000,000	\$1,000,000.				
i Sul j Ift	btract line 1g from line 1a. If zero or less, enter -0- btract line 1f from line 1c. If zero or less, enter -0- here is an amount other than zero on either line 1l ction 4911 tax for this year?	h or line 1i, did the orgar	nization file Form	1(h)	ete all of th	Yes No
	columns below. See t		ctions for line	s 2a through		
	Lobbying Exp	enditures During 4-	Tear Averagii	ig Period		
	Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lo	obbying nontaxable amount					
	obbying ceiling amount 50% of line 2a, column(e))					
c To	tal lobbying expenditures					
d Gr	rassroots nontaxable amount					
e Gr (1	rassroots ceiling amount 50% of line 2d, column (e))					
f Gr	rassroots lobbying expenditures			Schod	ule C (Form 9	90 or 990-EZ) 2018

	chedule C (Form 990 or 990-EZ) 2018					Page 3
Pa	Part II-B Complete if the organization is exempt under section 5768 (election under section 501(h)).	ion 501(c)(3) and has NOT file	ed			
or o	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed	I description of the lobbying activity	(a))	(b)
0, 0	or each less response on lines to timough it below, provide in rule iv a detailed	description of the lobbying detivity.	Yes	No	Amo	unt
L	During the year, did the filing organization attempt to influence foreign, nat including any attempt to influence public opinion on a legislative matter or					
а	a Volunteers?			No		
b				No		
c	c Media advertisements?			No		
d	d Mailings to members, legislators, or the public?			No		
e	e Publications, or published or broadcast statements?			No		
f	f Grants to other organizations for lobbying purposes?			No		
g				No		
h				No		
i	i Other activities?		Yes			59,596
j	j Total. Add lines 1c through 1i					59,596
2a	2a Did the activities in line 1 cause the organization to be not described in sec	tion 501(c)(3)?		No		
b	b If "Yes," enter the amount of any tax incurred under section 4912					
c	c If "Yes," enter the amount of any tax incurred by organization managers und	der section 4912				
d	d If the filing organization incurred a section 4912 tax, did it file Form 4720 fo	or this year?				
Pa	Part III-A Complete if the organization is exempt under section 501(c)(6).	ion 501(c)(4), section 501(c)(5), or	section		
_		_		_	Yes	No
1				1		
2	,			2		
3				3		
Pa	Part III-B Complete if the organization is exempt under section and if either (a) BOTH Part III-A, lines 1 and 2, are "Yes."					
1	·		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not i expenses for which the section 527(f) tax was paid).	nclude amounts of political	2-			
a b			2a 2b			
c	c Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductib	ole section 162(e) dues .	3			
4	4 If notices were sent and the amount on line 2c exceeds the amount on line the organization agree to carryover to the reasonable estimate of nondeduc expenditure next year?	ctible lobbying and political	4			
5	5 Taxable amount of lobbying and political expenditures (see instructions)		5			
_	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	Explanation
	TSRI pays annual dues to the Association of Independent Research Institute (AIRI), Council for Global Immigration, and the National Association of College and University Business Officers (NACUBO), a portion of which is used for lobbying activities. TSRI also uses the services of KMarcus Research Group LLC for any governmental relations needs. TSRI does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.

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(Form 990)

Submission Date - 2020-08-14

DLN: 93493227009120

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.

OMB No. 1545-0047 **2018**Open to Public

Department of the ► Go to www.irs.gov/Form990 for the latest information. Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The Scripps Research Institute 33-0435954 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements . . 2a 2h Number of conservation easements on a certified historic structure included in (a) 2c c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Par	t III	Organizations M	laintaining Col	llections of	Art, Histo	rical 1	Treasure	s, or Other	Similar As	sets (con	tinued)	
3		the organization's acq (check all that apply):	uisition, accession	, and other red	cords, check a	any of	the followi	ng that are a s	ignificant use	of its colle	ection	
а		Public exhibition			d		Loan or e	xchange progr	ams			
b		Scholarly research			е		Other					
c		Preservation for future	generations									
4	Provid	de a description of the o	organization's coll	ections and ex	plain how the	y furth	er the org	anization's exe	empt purpose	in :		
5		g the year, did the orga s to be sold to raise fun								☐ Yes	□ No	
Par	t IV	Escrow and Cust Complete if the org line 21.			n Form 990,	Part I	V, line 9,	or reported	an amount		90, Part	: X,
1a	Ic the	organization an agent,	trustee custodia	n or other inte	rmediary for	ontrib	utions or o	other accets no	ıt.			
10		ded on Form 990, Part X								☐ Yes	□ No	
b	If "Ye	s," explain the arranger	ment in Part XIII ar	nd complete th	ne following ta	able:			Am	ount		
c	Begin	nning balance						1c				
d	Addit	ions during the year						1d				
e	Distri	butions during the year	r					1e				
f		ng balance						1f				
2a	Did th	ne organization include	an amount on For	m 990 Part X	line 21 for e	scrow	or custodia	al account liabi	ility?	☐ Yes	□ No	
_		•								∪ res	∪ NO	
b	rt V	s," explain the arranger Endowment Fund										
Га	LV	Endowment rund	us. Complete ii	(a)Current y		Prior yea		Two years back	(d)Three year	s hack (e)	Four years	hack
1a	Beginn	ing of year balance .		99,581		69,583		72,652,489		96,085	65,64	
	-	outions		13,237	7,745	29,168	,940	3,182,125	3,51	12,735	5,86	7,557
		estment earnings, gain	ns, and losses	361	1,209	888	,030	2,132,475	1,29	91,236	-1,51	1,798
		or scholarships										
		expenditures for facilities										
		ograms		1,009	9,226	58	,631	8,383,442	1,44	47,567	70:	2,755
f.	Admini	istrative expenses .										
g	End of	year balance		112,171	1,714	99,581	,986	69,583,647	72,65	52,489	69,29	6,085
2	Provid	de the estimated perce	ا ntage of the curre	nt vear end ba	lance (line 1c	ı. colur	nn (a)) hel	ld as:				
а		d designated or quasi-e	_	14.000 %		,	(-//					
b	Perm	anent endowment 🕨	86.000 %									
c		orarily restricted endow	vment > 0	%								
	-	percentages on lines 2a										
3a	Are th	nere endowment funds nization by:		•	anization that	are he	ld and adr	ministered for	the		Yes I	No
	(i) un	related organizations								3a(i)	ı	No
b		elated organizations .s" on 3a(ii), are the rela			 red on Sched	 ule R?				3a(ii) 3b	ı	No
4		ribe in Part XIII the inter	•	•							11	
	t VI	Land, Buildings,										
		Complete if the org	• •		n Form 990,	Part I	V, line 11	la. See Form	990, Part X	, line 10.		
	Descri	iption of property	(a) Cost or othe (investmer		o) Cost or other	basis (c	ther) (c)) Accumulated de	epreciation	(d) Bo	ook value	
1a	Land					43,35	0,748				43,3	50,748
		gs				442,51		2	29,579,158			32,403
							2,166		21,487,359			74,807
		old improvements				267,82			15,622,823			00,720
a	∟quipn	nent				207,82	.5,545		13,022,023			00,720

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

311,453,912

Part VII	Investments Other Securities. Complete if the	he organiz	ation answe	ered "Yes" on Forn	n 990, Part IV, l	ine 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	(b) Bo	ook value		Method of valuat	
(1) Financia	(including name of security)	+		Cost or	end-of-year mark	et value
(2) Closely-l	held equity interests					
	ent in Limited Partnerships		222,581,626		F	
(A)						
(B)						
(C)						
(D)						
(E)		1				
(F)						
(G)		1				
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•	222,581,626			
Part VIII	Investments Program Related. Complete if the organization answered 'Yes' on	•		11c See Form 0	00 Part Y line	13
	(a) Description of investment		Book value	(c)	Method of valuat	tion:
(1)				Cost or	end-of-year mark	cet value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			202 5 4 7 1	15
Part IX	Other Assets. Complete if the organization answere (a) Description		orm 990, Part	t IV, line 11d. See Fo		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)					
Part X	Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered	'Yes' on For	m 990, Part IV, lir	ne 11e or 11f.	
1.	(a) Description of liability		(b) Bo	ok value		
	ncome taxes					
Pension Liab				25,277,223 5,543,151		
Unitrust	added Neik			295,368		
(4)						
(5)						
(6)						
(7)			 			
(8)						
(9)						
			I			
	n (h) must equal Form 990 Part Y col (R) line 25)	p-	<u> </u>	21 115 742		
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of	f the footno	te to the orga	31,115,742 nization's financial s	statements that re	eports the

2

3

-2.641.486

0

412.183.981

412.183.981

436.113.369

3.515.402

432.597.967

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12
а	Net unrealized gains (losses) on investments
L	Departed convices and use of facilities

Donated services and use of facilities .

Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line **2e** from line **1**

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue, gains, and other support per audited financial statements . . .

Investment expenses not included on Form 990, Part VIII, line 7b. Add lines 4a and 4b . .

Other (Describe in Part XIII.)

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 2

Total expenses and losses per audited financial statements . Amounts included on line 1 but not on Form 990. Part IX. line 25: Donated services and use of facilities

Other losses . .

Other (Describe in Part XIII.)

Add lines 2a through 2d

Subtract line 2e from line 1 . 3 4

Supplemental Information

Amounts included on Form 990. Part IX. line 25. but not on line 1:

Investment expenses not included on Form 990. Part VIII, line 7b . . . Other (Describe in Part XIII.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

principles of The Scripps Research Institute.

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

4a

2a 2h

2c

2d

2a

2h

2c

2d

4a

4b

4b

Explanation

3.515.402

5

1

2e

3

4c

5

1

2e

3

-6.156.888

3.515.402

4c

432.597.967

2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Investment return from the endowments supports scientific projects consistent with the mission and Part V. Line 4:

Part XI, Line 2d - Other Adjustments:

Part XII. Line 2d - Other Adjustments:

Add lines 4a and 4b

Part XIII

efile GRAPHIC print	Submi	ission Date -	2020-08-14			DLN:	93493227009120
SCHEDULE F	Stat	ement o	f Activiti	ies Outside t	he Un	ited	OMB No. 1545-0047
(Form 990) Department of the	► Comp	lete if the organiz	ation answerst	ates orm 990, Part IV, to Form 990. structions and the latest	line 14b, 15	, or 16.	2018 Open to Public Inspection
Treasury							
Name of the organization from Scripps Research Inst						Employer ident	ification number
						33-0435954	
	nformation 90, Part IV,		s Outside the	e United States. Con	nplete if t	ne organizati	on answered "Yes"
other assistance, to award the grants	he grantees' s or assistand	eligibility for the	e grants or assist		criteria use	d 	✓ Yes □ No
2 For grantmakers the United States.	s. Describe ir	n Part V the orga	inization's proce	dures for monitoring the	use of its o	rants and othe	r assistance outside
3 Activites per Region	n. (The follow	ing Part I, line 3	table can be dup	olicated if additional spac	e is needed	l.)	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	program s	y listed in (d) is a ervice, describe fic type of e(s) in region	(f) Total expenditures for and investments in region
(1) East Asia and the Pa	cific	0	0	Program Services	Grants for Research	Scientific	162,000
(2) Europe (Including Ico Greenland)	eland &	0	0	Program Services	Grants for Research	Scientific	985,091
(3) Middle East and Nor	th Africa	0	0	Program Services	Grants for Research	Scientific	111,618
(4) North America		0	0	Program Services	Grants for Research	Scientific	632,837
(5) Sub-Saharan Africa		0	0	Program Services	Grants for Research	Scientific	100,354
(6) Central America and Caribbean (7)	the	0	0	Investments			62,103,004
(8)							
(9)							
10)							
11)							
12)							
13)							
14)							
15) (16)							
(17)							-
3a Sub-total		0	C				64,094,904
b Total from continuat							0
c Totals (add lines 3a For Paperwork Reduction A		e the Instructions	for Form 990.) Cat.	No. 50082	W Schedul	64,094,904 le F (Form 990) 2018

(1)

FMV FMV FMV FMV

Schedule F (Form 990) 2018

Page 2

	IV, line 1	IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.							
L	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

111,618 Check

	Africa	Research	,		
(2)	North Ameri	Grants for Scientific Research	162,000	Check	
(3)	Europe (Incl Iceland & Gr		348,6150	Check	
(4)	Europe (Incl Iceland & Gr		52,225	Check	
(5)	East Asia an Pacific	d the Grants for Scientific Research	54,000	Check	
(6)	Europe (Incl	uding Grants for Scientific	25,7500	Check	

Middle East and North Grants for Scientific

	raciiic	Research				
(6)	' '	Grants for Scientific Research	25,750	Check		FMV
(7)		Grants for Scientific Research	232,223	Check		FMV
(8)	North America	Grants for Scientific Research	238,614	Check		FMV
(9)	Europe (Including	Grants for Scientific	236,160	Check		FMV

		Research				
8)		Grants for Scientific Research	238,614	Check		FMV
9)		Grants for Scientific Research	236,160	Check		FMV
(0)	East Asia and the Pacific	Grants for Scientific Research	108,000	Check		FMV
(1)		Grants for Scientific Research	-	Electronic fund/wire transfer		FMV
(2)		Grants for Scientific Research	-	Electronic fund/wire transfer		FMV
(3)		Grants for Scientific Research	-	Electronic fund/wire transfer		FMV

	Iceland & Greenland)	Research				
10)	East Asia and the Pacific	Grants for Scientific Research	108,000	Check		FMV
11)	Sub-Saharan Africa	Grants for Scientific Research		Electronic fund/wire transfer		FMV
12)	Europe (Including Iceland & Greenland)	Grants for Scientific Research		Electronic fund/wire transfer		FMV
13)	Europe (Including Iceland & Greenland)	Grants for Scientific Research		Electronic fund/wire transfer		FMV
14)						
15)						
(

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part III

(2) (3) (4) (5) (6) (7) (8) (9)

10) 11) 12) 13)

14) 15) (16) (17) (18)

Schedule F (Form 990) 2018

	- 3
Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 1	6.
Part III can be duplicated if additional space is needed.	

Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,	

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>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)</i>	☑ 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)	2 v	O.,
		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

Schedule F (Form 990) 2018	Page 5
method; amounts of invest (accounting method); and	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting stments vs. expenditures per region); Part II, line 1 (accounting method); Part III Part III, column (c) (estimated number of recipients), as applicable. Also complete this onal information (see instructions).
ReturnReference	Explanation
	TSRI monitors the amounts provided to the foreign organization by adherence to a grant contract and monitors detailed billing statements of research expenditures.
Schedule F, Part IV:	TSRI has less than 10% ownership in a foreign corporation during the tax year, and therefore, was not required to file Form 5471.
,	
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l	
·	Schedule F (Form 990) 2018

efile GRAPHIC print Submission Date - 2020-08-14 SCHEDULE G (Form 990 or 990-

Department of the

Treasury

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990. Part IV. lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

DLN: 93493227009120 OMB No. 1545-0047

Inspection

Employer identification number

Name of the cities of allow The Scripps Research Institute Part I

33-0435954 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 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 \(\simega \) No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of (iii) Did (iv) Gross receipts (vi) Amount paid to (ii) Activity (v) Amount paid to fundraiser have individual from activity (or retained by) (or retained by) custody or or entity (fundraiser) fundraiser listed in organization control of col. (i) contributions? Yes No E-Philanthropy Ground Work Digital Westwood Blvd Suite 167 4.927 No 43.863 -38.936 Los Angeles, CA 90024 2 Philanthropy KDD Philanthropy Consultant -8,605 11324 Shorepointe Court 0 8,605 Nο San Diego, CA 92130 10 4,927 52,468 -47,541

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.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA,

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3		
11	Does the organization conduct gaming	activities with nonmemb	ers?		☐ Yes	□No			
12	Is the organization a grantor, beneficia formed to administer charitable gamin		a member of a partnership or other entity		□ Yes				
13	Indicate the percentage of gaming acti	vity conducted in:			∪ ies				
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
14	Enter the name and address of the per	son who prepares the org	anization's gaming/special events books and re	cords:					
	Name •								
	Address								
15a	Does the organization have a contract revenue?	with a third party from wh	nom the organization receives gaming		☐ Yes	□No			
b									
c	If "Yes," enter name and address of the	third party:							
	Name								
	Address								
16	Gaming manager information:								
	Name Name								
	Gaming manager compensation ► \$								
	Description of services provided								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
17 a	Mandatory distributions: Is the organization required under state retain the state gaming license? .		distributions from the gaming proceeds to		Yes	□ No			
b	Enter the amount of distributions requi in the organization's own exempt activi		buted to other exempt organizations or spent \$ \$		∪ ies	O NO			
Pai	t IV Supplemental Information	n. Provide the explana	ations required by Part I, line 2b, columns ble. Also provide any additional information	. ,			,		
	Return Reference		Explanation						
Sche (V);	dule G, Part I, line 2b, columns (III) and	project fees. Also include and travel. KDD Philanth	acted as digital fundraising consultants, which d were third party vendor fees, such as video p ropy consultant provided the following services unication Department: readiness assessment, fu	roductio on as re indraisir	n, digital o quest bas ng/leadersh	campaigr is by the nip coach	ns, ning,		
			Sched	ule G (Fo	orm 990 or	990-EZ)	2018		

efile GRAPHIC print Submission Date - 2020-08-14 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

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

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

DLN: 93493227009120

OMB No. 1545-0047

Schedule I (Form 990) 2018

Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for the latest information.						Inspection	
Name of the organization The Scripps Research Institute						Employer identif	ication number	
Part I General Infor	mation on Grant	s and Assistance				33-0433934		
1 Does the organization m	naintain records to su	ostantiate the amount of	f the grants or assistance,		/ for the grants or assistanc	e, and	✓ Yes □ N	
2 Describe in Part IV the o	rganization's procedu	res for monitoring the u	se of grant funds in the Ur	nited States.			<u> </u>	
			and Domestic Governn ditional space is needed.	nents. Complete if the	organization answered "Yes	" on Form 990, Part IV, lin	e 21, for any recipient	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
		-	s listed in the line 1 table				0	

Cat. No. 50055P

(1) Scholarships & Stipends, TSRI Graduate

Part III

School

(5)

(6)

(7)

Return Reference

Part I. Line 2:

Schedule I (Form 990) 2018

Page 2

Explanation

(b) Number of

recipients

464

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

13.030.451

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

between the student and faculty advisor. As long as the student is progressing, she/he would continue to be paid.

(d) Amount of

noncash assistance

0 FMV

Graduate student stipends are processed via personnel action forms which are approved by the Graduate Office and Human Resources prior to being sent to the payroll

office. Once approved, graduate students are set up in TSRI's payroll system and are dispersed on the 1st and 15th of each month. Monitoring is done via the interaction

(e) Method of valuation (book.

FMV. appraisal, other)

Schedule I (Form 990) 2018

efile GRAPHIC print Submission Date - 2020-08-14 DLN: 93493227009120 **Compensation Information** OMB No. 1545-0047 Schedule I (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The Scripps Research Institute 33-0435954 **Questions Regarding Compensation** Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes 2 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: 4a Yes 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? No Participate in, or receive payment from, an equity-based compensation arrangement? 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? 5a No Any related organization? 5b No If "Yes," on line 5a or 5b, describe in Part III. 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: The organization?. 6a No 6b Any related organization? No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 No Were any amounts reported on Form 990, Part VII, paid or accured 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. 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2018 Cat. No. 50053T

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

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

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

Note. The sum of columns (B)(i)-	(iii) for e	ach listed individual n	nust equal the total amo	unt of Form 990, Part VI	I, Section A, line 1a, app	licable column (D) and	(E) amounts for that inc	dividual.
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISO	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1Peter G Schultz President/CEO	(i)	721,175	79,502	35,176	55,000	13,467	904,320	0
	(ii)	0	0	0	0	0	0	0
2Jeffrey Kelly Director/Professor	(i)	342,000	0	30,639	55,000	12,225	439,864	0
Directory rolessor	(ii)	0	0	0	0	0	0	0
3Demetrios Andrikosstart 2719 Secretary/Legal & General Counsel	(i)	231,103	22,517	1,372	41,104	16,698	312,794	0
,,g	(ii)	0	0	0	0	0	0	0
4Douglas A Binghamend 2719 Secretary/EVP of Scripps FL	(i)	260,310	0	40,063	52,864	11,248	364,485	0
7	(ii)	0	0	0	0	0	0	0
5Jared M Machado Treasurer/CFO	(i)	308,905	35,000	11,247	55,000	16,981	427,133	0
	(ii)	0	0	0	0	0	0	0
6 Matthew Tremblay Chief Operating Officer	(i)	399,087	62,981	0	44,513	11,938	518,519	0
	(ii)	0	0	0	0	0	0	0
7 James R Williamson VP Rsch & Academic Affairs	(i)	356,646	36,001	13,621	55,000	13,088	474,356	0
	(ii)	0	0	0	0	0	0	0
8 Eric Topol Professor/Exec VP	(i)	1,046,647	0	0	55,000	11,612	1,113,259	0
	(ii)	0	0	0	0	0	0	0
9 Karl B Sharpless Professor	(i)	343,290	0	8,693	55,000	12,323	419,306	0
	(ii)	0	0	0	0	0	0	0
10 Kevin Eastwood Strategic Ptnrshp, Sr. Dir.	(i)	298,995	68,629	0	31,674	14,277 	413,575	0
	(ii)	0	0	0	0	0	0	0
11 Steven Steinhubl Associate Professor	(i)	420,543 	0	4,577	27,500 	18,509	471,129 	0
	(ii)	0	0	0	0	0	0	0
12 Travis S Young VP, Biologics	(i)	191,736	221,038	0	8,250	13,005	434,029	0
	(ii)	0	0	0	0	0	0	0
13 Richard A King End 42017 Former COO	(i)	0	0	325,000	0	0	325,000	0
	(ii)	0	0	0	0	0	0	0
14 Jim C Paulson Professor/Former Interim President	(i)	275,509 	0	26,561 	55,000 	14,332 	371,402	0
	(ii)	0	0	0	0	0	0	0
15 Peter K Vogt Professor/Former Exec VP	(i)	292,745 	0	22,803	55,000 	12,198 	382,746	0
	(ii)	0	0	0	0	0	0	0
16 Cary E Thomas CIO	(i)	225,661 	18,751 	18,500	50,003	13,993 	326,908	0
	(ii)	0	0	0	0	0	0	0
17Kaye I Wynne VP Sponsored Programs	(i)	33,145 	0	772,088 	7,101 	1,094 	813,428 	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018

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	Explanation
	Business travel and first class travel. The Scripps Research Institute allows for business travel for certain key employees for long haul flights. In certain circumstances, business class service is not available on smaller aircraft. In those circumstances, TSRI allows first class travel. At times TSRI will relocate employees between campuses and will provide a housing allowance for a limited duration to assist with the transition, which was provided to Douglas A. Bingham, Executive Vice President of Scripps Florida. This was paid out based on an agreement with Mr. Bingham and not in accordance with a written policy.
Part I, Line 4a	The following individuals received severance payments: Richard A. King \$325,000 Kaye I. Wynne \$728,595
	Eric Topol, M.D., received compensation from an unrelated organization, Scripps Clinic Medical Group, for services provided to The Scripps Research Institute. In 2018, in exchange for these services, The Scripps Research Institute reimbursed the Scripps Medical Group \$750,000.

Schedule J (Form 990) 2018

Software ID:

Software Version:

efile GRAPHIC print **Submission Date - 2020-08-14** Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions,

OMB No. 1545-0047

DLN: 93493227009120

Open to Public Inspection

explanations, and any additional information in Part VI. Department of the Treasury ▶ Attach to Form 990. Internal Revenue Service ▶Go to www.irs.gov/Form990 for the latest information.

	e of the organization								Emplo	yer iden	tificatio	on number	r	
The	Scripps Research Institute								33-04	35954				
P	art Bond Issues								•					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f) Desc	ription of purpose	(g) De	efeased	beha	On alf of suer	(i) finar	Pool ncing
									Yes	No	Yes	No	Yes	No
A	California Infrastructure & Economic Development Bank	63-0304653	13034AMU1	08-30-2016	40,511,601 See Part VI				Х		Х		Х	
Pa	art Proceeds	•		•		1			<u> </u>					
						Α		В	(:			D	
1	Amount of bonds retired					6,945,0	000							
2	Amount of bonds legally defeas													
3	Total proceeds of issue					40,511,6	501							
4	Gross proceeds in reserve funds	s												
5	Capitalized interest from proceed	eds												-
6	Proceeds in refunding escrows .					7,079,2	218							-
7	Issuance costs from proceeds .					648,7	704							
8	Credit enhancement from proce	eds												
9	Working capital expenditures fr	•												
10	Capital expenditures from proce	eds												
11	Other spent proceeds													
12	Other unspent proceeds					33,072,2	217							
13	Year of substantial completion .				2	016								
_	`				Yes	No	Yes	No	Yes	No		Yes	I	No
14	Were the bonds issued as part of	of a current refunding	issue?		Х									
15	Were the bonds issued as part of	of an advance refundi	ng issue?		Х									
16					Х									
17	7 Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt Private Business U													
					-	A		В	C				D	
_					Yes	No	Yes	No	Yes	No		Yes		No
1	Was the organization a partner	in a partnership, or a	member of an LLC, w	thich owned property		Х								

Χ

Χ

Are there any lease arrangements that may result in private business use of bond-financed

At there any management or service contracts that may result in private business use of bond-financed property? No Yes N	Par	Private Business Use (Continued)									rage =
3a Are there any management or service contracts that may result in private business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond coursed or other outside course to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond coursel or other outside coursel to review any research agreements relating to the financed property? d If "Yes" to line 3c, does the organization routinely engage bond coursel or other outside coursel to review any research agreements relating to the financed property? d If "Yes" to line 3c, does the organization or outside of the financed property in the outpet of the financed property used in a private business use of a result of unrelated trade or business activity carried on by your organization, another sections 501(c)3) on the property of the financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another sections 501(c)3) on 94 organization, or a state or local government. 5 Therefore the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another sections 501(c)3) on 94 organization, or a state or local government. 5 Therefore the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another sections 501(c)3) on 94 organization, or a state or local government test? 5 Description in the percentage of bond-financed property to do organization sections 501(c)3) organizations sections 501(c)3) organizations sections 501(c)3) organizations sections 501(c)3) organizations financed property in the section of the organization sections 501(c)3 organizations financed property in the s					A		В		С		D
bond-financed property? If "Nes" to line 3a, does the organization routinely engage band coursel or other outside coursel to review any mahagement of service contracts relating to the financed property? If "Nes" to line 3a, does the organization countrally engage band coursel or other outside coursel property? If "Nes" to line 3a, does the organization countrally engage band coursel or other outside coursel to review any research appearments relating to be financed property? If "Nes" to line 3a, does the organization countrally engage band coursel or other outside coursel to review any research appearments relating to be financed property on the financed property of the financed property of the financed property used in a private business use by entities other than a section \$31(c)3) organization or a state or focal government. If the property is a state or focal government is a section of the financed property used in a private business use as a result of organization, or a state of financed property used in a private business use as a result of organization, or a state of focal government. If the state of the bond issue meet the private security or payment test? If the state of the bond issue meet the private security or payment test? If the state of the bond issue meet the private security or payment test? If "Nes" to line 8a, enser the percentage of bond-financed property to a nongovernmental person other than a 301(c)(3) organization enter be bonds were issued? If "Nes" to line 8a, enser the percentage of bond-financed property sold or disposed of . If "Nes" to line 8a, enser the percentage of bond-financed property sold or disposed of . If "Nes" to line 8a, enser the percentage of bond-financed property sold or disposed of . If "Nes" to line 8a, enser the percentage of bond-financed property sold or disposed of . If "Nes" to line 8a, enser the percentage of bond-financed property sold or disposed of the sold or the sold				Yes	No	Yes	No	Yes	No	Yes	No
b if "Yes" to line 3a, does the organization routinely engage band coursel or other outside coursel to review any management to service contract relating to the financed property? c Are there any research agreements that may result in private business use of bond-financed property? d If "Yes" to line 3c, does the organization routinely engage band coursel or other outside coursel to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. 5 Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. 6 Total of lines 4 and 5. 7 Does the bond issue meet the private security or payment test? 8 Has there her a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 8 If "Yes" to line 8a, enter the percentage of bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 9 Has there here a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 1 If "Yes" to line 8a, was not remedial action taken pursuant to Regulations sections 1.14-12 and 1.14-12 an	3a		ss use of		X						
Exercise the early research agreements that may result in private business use of bond-financed property? diff "Fest" to line 3c, does the organization routinely engage bond coursel or other outside coursel to review any research agreements relating to the financed property?** **Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. **Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, and the state of unrelated trade or business activity carried on by your organization, and the state of unrelated trade or business activity or payment test? **Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, and a state or ideal government. **Office of the percentage of financed property sold or organization, or a state or ideal government. **Office of the state of the stat	b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other of									
property?											
to review any research agreements relating to the financed property? 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. 5 Enter the percentage of financed property used in a private business use as a result of unestated trade or business sactivity carried on by your organization, another section 501(c)(3) 0% organization or a state or local government. 6 Total of lines 4 and 5. 7 Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 1 If "Wes' to line 8a, enter the percentage of bond-financed property sold or disposed of . 1 If "Sees to line 8a, was any remedial action than pursuant to Regulations sections 1.141-12 and 1.145-2? 1 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? 2 If "Nes' to line 8a, was any remedial action than pursuant to Regulations sections 1.141-12 and 1.145-2? 2 If "Nes' to line 8a, was any remedial action than pursuant of Regulations sections 1.141-12 and 1.145-2? 2 If "No to line 8a, was any remedial action than pursuant of Regulations sections 1.141-12 and 1.145-2? 2 If "No to line 8a, was any remedial action than pursuant of Regulations sections 1.141-12 and 1.145-2? 3 Rebate not due yet? 4 X In	С		iu-iiiaiiceu	X							
a section 501c(3) organization or a state or local government. The precentage of humanization or a state or local government.	d		outside counsel		х						
unrelated trade or business activity carried on by your organization, another section 501(c)(3) 0 % 6 Total of lines 4 and 5 . 0 % 7 Does the bond issue meet the private security or payment test? X 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? 8 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . 8 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . 8 If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.45-2? 9 Has the organization established written procedures to ensure that all nonqualified bonds of the Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage A B C D Yes No Yes No Yes No 1 Has the issuer filed form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? A B C D Yes No Yes No Yes No Yes No Yes No Yes No Yes No Ho Seption to rebate? A No rebate due? A No repairation or the governmental issuer entered into a qualified hedge with respect to the bond issue? A No and provider a variable rate issue? A No more of provider and pr	4				0 %				1		
7 Does the bond issue meet the private security or payment test?	5	unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government			0 %						
Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? If "Yes" to line 8 as, anter the percentage of bond-financed property sold or disposed of. If "Yes" to line 8 as any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. Part IV Arbitrage A B C D Yes No Yes No Yes No Yes No In Leu of Arbitrage Rebate? If "No" to line 1, did the following apply? A S B C D O D Yes No Yes No Yes No Yes No Yes No If "Yes" to line 2, did the following apply? A S B C D If "Yes" to line 2, did the following apply? A S B C D If "Yes" to line 1, did the following apply? A S B C D If "Yes" to line 1, did the following apply? A S B C D If "Yes" to line 1, did the following apply? A S B C D If "Yes" to line 1, did the following apply? A S B C D If "Yes" to line 1, did the following apply? A S B C D If "Yes" No Yes No Yes No Ye	6	Total of lines 4 and 5			0 %						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-27. Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-27. Part IV Arbitrage Arbitrage Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? I Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? I ff "No" to line 1, did the following apply? Rebate not due yet? X	7	Does the bond issue meet the private security or payment test?			Х						T
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. Part IV Arbitrage A B C D Yes No Yes No Yes No I Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? A Rebate not due yet? A No Ebate due? X No rebate due? X No	8a	person other than a 501(c)(3) organization since the bonds were issued?			х						
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?. 9 Has the organization established written procedures to ensure that all nonqualified bonds of the Regulations sections 1.141-12 and 1.145-2?. Part IV Arbitrage A B C D Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty In Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? c No rebate due? f "Yes" to line 2, provide in Part VI the date the rebate computation was performed. 3 Is the bond issue a variable rate issue? 4 As the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? c Term of hedge. d Was the hedge superintegrated?.	<u></u>				1						
1.145-27. 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-27. Part IV Arbitrage Arbitrage A B C D Yes No Yes No Yes No Yes No											_
Issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?. Part IV Arbitrage		1.145-2?									
Part IV Arbitrage A B C D Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	9	issue are remediated in accordance with the requirements under	ed bonds of the	Х							
Yes No Yes No Yes No 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Par							Į.	U.	- 1	
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? Rebate not due yet? Rebate not due yet? X B Exception to rebate? C No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed C State of the bond issue a variable rate issue? Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? X Rebate not due yet? X X X X X X X X X X X X X			Α			В		С		D	1
in Lieu of Arbitrage Rebate?			Yes	No	Yes	No	Ye	es	No	Yes	No
a Rebate not due yet?	1	in Lieu of Arbitrage Rebate?		Х							
b Exception to rebate?	2										
c No rebate due?	а	-	Х								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	b	·		Χ							
computation was performed	С	No rebate due?		Χ							
Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? b Name of provider											
with respect to the bond issue? b Name of provider	3	Is the bond issue a variable rate issue?		Х							
c Term of hedge	4a			Х							
d Was the hedge superintegrated?	b	•									
	С	Term of hedge									
e Was the hedge terminated?	d	, ,									
	е	Was the hedge terminated?									

Page **2**

applicable regulations?

Schedule K. Part I. Bond Issues:

Schedule K. Part III. Line 3d: Schedule K. Part IV. Line 6:

Return Reference

Part VI

D

No

Yes

Schedule K (Form 990) 2018

Page 3

		Α		В	,	L	L	<u>, </u>
	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
Name of provider								
Term of GIC								
Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
Were any gross proceeds invested beyond an available temporary period?		Х						_
Has the organization established written procedures to monitor the requirements of section 148?	Х							
rt V Procedures To Undertake Corrective Action								
	Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider	Were gross proceeds invested in a guaranteed investment contract (GIC)? Name of provider

This question is being answered without regard to a yield-restricted advance refunding escrow financed with proceeds of the bonds.

Х

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

Overall private use isn't material and outside counsel would review any significant agreements.

ь

Yes

Explanation

(a) Issue Name: California Infrastructure & Economic Development Bank (f) Description on Purpose; Refund and defease bonds previously issued for the benefit of

No

_

C

Nο

Yes

Yes Nο

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the

voluntary closing agreement program if self-remediation is not available under

the Institute on 06/29/2000 and and 02/23/2005.

efile GRAPHIC	print	Subi	nission Da	te - 2020-0	8-14					D	LN: 93	3493	22700	912
Schedule L Form 990 or 990-EZ)	• (Comple	te if the org	ganization an	swered "Ye	ntereste	0, Part IV, lin	ies 25		5b, 26	,		1545-0	_
/9U-EZ)			27, 28a			90-EZ, Part V, 0 or Form 990		0b.) (1	Q
			▶ Go t			for the latest					_	_ U		U
Department of the reasury											0		to Pul ection	
nternal Revenue														
Service Name of the orga	anization							Em	vola	er iden	tificati	on nu	mber	
The Scripps Research														
Part I Exces	c Ponof	it Tran	sastions (sostion FO1(s)	(2) costion [501(c)(4), and 5	01(a)(20) arga		0435					
				, ,		V, line 25a or 2					10b.			
·		_	ified person			between disqu					ription	of	(d)
						organization			transa				Corre Yes	_
														No
	rted an ar (b) Relati					(f)Balance due	(g) In default?		(h)		(i)Written agreement			
				То	From			Yes	No	Yes	No	Yes	N	0
								1						
								1						
Total .)	▶ \$								
Part III Gra	nts or A	ssistar	ice Benefi	ting Interes	ted Perso	ns.								
						90, Part IV, lii	ne 27.							
(a) Name of intere	ested pers		Relationship		(c) Amount	of assistance	(d) Type of	assist	ance	(e) Pur	pose o	f assist	ance
		inte	erested perso organizat											
			5. garnza											

Cat. No. 50056A

Schedule L (Form 990 or 990-EZ) 2018

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

(a) Name of interested person	between interested person and the	transaction	(a) Description of transaction		zation's nues?
	organization			Yes	No
	Member of the Board of Directors - The Scripps Research Institute	8,611,339	See Part V		No
•	Member of the Board of Directors - The Scripps Research Institute	2,766,579	See Part V		No

D 11/	6 1 116 1						
Part V	Supplemental Information						
	Provide additional information for a	responses to questions on	Schedule L (see instruc				

ictions). **Return Reference** Explanation (a) Name of Person: Joel S. Marcus(b) Relationship Between Interested Person and Organization: Member of the Board of Directors - The Scripps Research Institute(c) Amount of Transaction \$8,611,339.(d) Description of Transaction: The Scripps Research Institute (TSRI) leases office and laboratory space building from Alexandria Real Estate (ARE), Joel S. Marcus is the Executive Chairman & Founder of ARE. Mr. Marcus was appointed to TSRI'S Board as of May 2017. Lease commenced in November 1997, at which time, the property was not owned by ARE and Mr. Marcus was not a member of TSRI'S Board.(e) Sharing of Organization Revenues? =

Sch L, Part IV, Business Transactions Involving Interested Persons: No(a) Name of Person: Ge Li(b) Relationship Between Interested Person and Organization: Member of the Board of Directors - The Scripps Research Institute(c) Amount of Transaction \$2,766,579.(d) Description of Transaction: California Institute for BioMedical Research (CALIBR) a division of The Scripps Research Institute (TSRI) has contracts with outside parties for outsourced research services. Ge Li is the Chairman and Chief Executive Officer at Wuxi Companies which is one of the contracted parties to provide outsourced research services. CALIBR began working with Wuxi in 2013, at which time Mr. Li was not a member of TSRI or CALIBR's Board. Wuxi Companies and TSRI or Calibr do not share revenue.(e) Sharing of Organization Revenues? = No

efile GRAPHIC print Submission Date - 2020-08-14 SCHEDULE M

DLN: 93493227009120 OMB No. 1545-0047

Noncash Contributions

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

2018

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Employer identification number Name of the organization The Scripps Research Institute 33-0435954 Types of Property Part I (d) (a) (b) (c)

Check if Number of contributions or Noncash contribution Method of determining applicable items contributed noncash contribution amounts amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art **2** Art—Historical treasures **3** Art—Fractional interests Books and publications **5** Clothing and household goods Cars and other vehicles . Boats and planes . . . Intellectual property . . . Х 9 Securities—Publicly traded . 12 4,041,630 Cost or Selling Price 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Oualified conservation contribution-Other . . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles Food inventory . . 19 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ **26** Other ▶ (______) Other ► (______ 27 28 Other ▶ (_____

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

29 Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt 30a

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .

b If "Yes," describe the arrangement in Part II.

b If "Yes." describe in Part II.

describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2018)

31

32a

Yes

Yes

0

No

No

Schedule M (Fo	orm 990) (2018)	Page 2					
Part II	Supplemental Info	rmation.					
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		Explanation					
Part I, Column ((b):	Securities - Publicly traded - No. of contributions					
Part I, Line 32b		Shares of stock gifted to TSRI are transferred into our brokerage account at Morgan Stanley and they in turn sell the shares and wire proceeds to TSRI.					
		Schedule M (Form 990) (2018)					

efile GRAPHIC print **Submission Date - 2020-08-14** SCHEDULE O (Form 990 or

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

DLN: 93493227009120 OMB No. 1545-0047

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

Inspection **Employer identification number**

Name of the organization Service 33-0435954 **Explanation** Return Reference On June 17, 2020, the Audit Committee reviewed a draft of the Form 990 (including all supplemental Form 990. Part VI. schedules). This review included a presentation of the statements by the Chief Financial Officer with Section B. particular emphasis on disclosures about governance and about transactions with interested persons. The line 11b 990 will be provided to the full Board of Directors prior to filing. Form 990. TSRI'S Conflict of Interest Policies and Procedures apply to members of the Board of Directors, officers, key Part VI. personnel, and their family members (altogether covered individuals) to protect the interests of TSRI when Section B, it is contemplating entering into a transaction or arrangement that could: 1) Benefit the private interest of a line 12c covered individual within the meaning of Treasury Regulation Section 1.501(c)(3)-1(d)(1)(ii), 2) Result in a possible excess benefit transaction within the meaning of Section 4958(c) of the Internal Revenue Code of 1986, as amended; or 3) Be a self-dealing transaction within the meaning of Section 5233 of the California Corporations Code (the "Corporations Code"). TSRI's policies and procedures are intended to supplement. but not replace, any state and federal laws governing actual, potential, or apparent conflict of interest applicable to TSRI. Disclosure documents responsive to TSRI's policies are annually submitted by covered individuals, and are reviewed by TSRI administration for pertinent relationships. Any transactions or arrangements involving covered individuals that fall within the scope of the policies are then subject to review and consideration by non-conflicted Board of Director members, with conflicted members being recused from any debate and vote to approve or disapprove. Form 990. The compensation of the CEO and certain other key executives was reviewed and approved by the Board Part VI. of Directors. This review was based, in part, on analysis performed by the Human Resources department. Section B, and included data from outside consultants or internally-conducted research. On an ongoing basis, line 15 executives may participate in the normal annual salary increase program, which is based on a recommendation from the Human Resources department based on market research. Any unusual or potentially non-qualified compensation would be reviewed by outside counsel for any tax compliance issues. Form 990. Governing documents and Conflict of Interest Policies are not available to the public at this time. The financial statements are filed with the State of Florida by The Scripps Florida Funding Corporation. The Part VI. Section C. statements are provided to bond holders through TSRI's dissemination agent. The annual information return line 19 is provided upon request. Form 990. Purchase Services and Maintenance: Program service expenses 96,022,814. Management and general Part IX, expenses 2,663,930. Fundraising expenses 139,116. Total expenses 98,825,860. line 11g Form 990. Calibr Fund Balance 64,477,830.

Part XI,

990-EZ)

Department of the

efile GRAPHIC print	5	Submission Date - 2020-08-14
SCHEDULE R		Related
/ = 000)		ittiatea

ed Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

DLN: 93493227009120

(Form 990) ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** The Scripps Research Institute 33-0435954 Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (e) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) STRIDE LLC 220,500 21,000 The Scripps Research Institute Facilitate Basic Research CA 10550 North Torrey Pines Rd La Iolla, CA 92037 82-5129385

Part II Identification of Related Tax-Exempt Organizations C	omplete if the organiza	ation answered "Yes	" on Form 990, I	Part IV, line 34 be	cause it had one or more	
related tax-exempt organizations during the tax year.						
(a)	(b)	(c)	(d)	(e)	(f)	(g)

Part II Identification of Related Tax-Exempt Organizations Correlated tax-exempt organizations during the tax year.	omplete if the organ	I ization answered "Y	es" on Form 990, Pa	I art IV, line 34 becau	se it had one or more		
(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	512(b contr enti	
						Yes	No
						+-	
							<u> </u>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No. 50135\	Y		Schedule R (Form 990)) 201	18

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	Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income		Disprop alloca				i) ral or aging :ner?	(k) Percentage ownership
							Yes	No		Yes	No	
Part IV Identification of Related Organizations Taxable as it had one or more related organizations treated as a contact (a)				ear.	zation ansv	wered "Yes	s" on F	orm 99		line 3	34 be	cause

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	$\overline{}$	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of- year assets	Percentage ownership	Section (13) cor enti	n 512(b) ontrolled tity?
		country)	<u> </u>	<u> </u>	<u> </u>	<u></u> /		Yes	No
(1)Calm Therapeutics Inc	Research	DE	The Scripps Research Institute	C	-149,375	319,167	62.020 %	Yes	
10550 North Torrey Pines Rd La Jolla, CA 92037 82-5375039		ı	Research institute		1		l		
(2)Biosurf Inc	Research	DE	The Scripps Research Institute	C	-273	700	60.600 %	Yes	
10550 North Torrey Pines Rd La Jolla, CA 92037 82-5117568			Research institute		1		<u> </u>		
					<u> </u>		<u> </u>		
							<u> </u>		
							I		
					1			7	

Schedule R (Form 990) 2018					Pag	ge 3
Part V Transactions With Related Organizations Complete if the organization answered "	Yes" on Form 990, Part	IV, line 34, 35b,	or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	ed organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b		No
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				1 g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)				1j		No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k		No
$ {\bf I} \hbox{Performance of services or membership or fundraising solicitations for related organization} (s) $				11	Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1р		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	line, including covered re	lationships and tran	saction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount in	volved	
(1)Calm Therapeutics Inc	С	735,000	Cash Method			
(2)Calm Therapeutics Inc	L	241,500	Cash Method			

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)		(c)	(d)	J.	(e)	(f)	(a)	(h)		(i)	(i)	ı	(k)			
(a) Name, address, and EIN of entity	(b) Primary activity	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?		Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No			Yes	No		Yes	No				
													_			

