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Form 990

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable

C Name of organization
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGYD Employer identification number
33-0328688

Address change

E Telephone number
(858) 752-6500

Name change

Initial return

Terminated

Amended return

Application pending

F Name and address of principal officer
CHARLES CARPOWICH
9420 ATHENA CIRCLE
LA JOLLA, CA 92037

G Gross receipts \$ 43,646,609

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

J Website: ► WWW LIAI.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1988 M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
BIOMEDICAL RESEARCH MAKING BREAKTHROUGH DISCOVERIES LEADING TO NEW TREATMENTS AND CURES

| | | |
|---|----|---------|
| 2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets | 3 | 14 |
| 3 Number of voting members of the governing body (Part VI, line 1a) | 4 | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 5 | 393 |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 6 | 9 |
| 6 Total number of volunteers (estimate if necessary) | 7a | 246,498 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7b | 60,812 |

| | | |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 Program service revenue (Part VIII, line 2g) | 34,487,640 | 38,763,253 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,904,985 | 4,264,931 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 186,114 | 102,355 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,865,407 | 501,829 |
| | 40,444,146 | 43,632,368 |

| | | |
|--|------------|--------------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | Prior Year | Current Year |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 6,710 | 2,500 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 21,706,140 | 24,616,497 |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 290,635 | 0 | 0 |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 19,223,219 | 21,197,504 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 40,936,069 | 45,816,501 |
| 19 Revenue less expenses Subtract line 18 from line 12 | -491,923 | -2,184,133 |

| | | |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 Total liabilities (Part X, line 26) | 25,773,788 | 30,922,104 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 7,513,259 | 14,845,708 |
| | 18,260,529 | 16,076,396 |

| | | |
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| 23 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 24 Total liabilities (Part X, line 26) | 25,773,788 | 30,922,104 |
| 25 Net assets or fund balances Subtract line 24 from line 23 | 7,513,259 | 14,845,708 |
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|---|
| 23 Total assets (Part X, line 16)</td |
|---|

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

AT THE LA JOLLA INSTITUTE, OUR PURPOSE IS MAKING BREAKTHROUGH DISCOVERIES TOWARD NEW TREATMENTS OR CURES TO END THE SUFFERING WROUGHT BY THE HOST OF DISEASES RELATED TO IMMUNE SYSTEM FUNCTION THESE RANGE FROM TYPE 1 DIABETES TO INFECTIOUS DISEASES TO CANCER

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 40,566,382 including grants of \$ 2,500) (Revenue \$ 4,264,931)

THE LA JOLLA INSTITUTE IS A NONPROFIT BIOMEDICAL RESEARCH INSTITUTE DEDICATED TO FIGHTING DISEASE THROUGH CUTTING-EDGE IMMUNOLOGY RESEARCH SPECIFICALLY, OUR RESEARCHERS FOCUS ON UNDERSTANDING THE IMMUNE RESPONSE TO INFECTIOUS DISEASES AND CANCERS AND TO ADVANCING PROGRESS TOWARD THE PREVENTION, TREATMENT AND CURE OF NUMEROUS DISEASES RELATED TO IMMUNE SYSTEM FUNCTION IMMUNE SYSTEM DISORDERS AFFECT MILLIONS AND INCLUDE MANY OF SOCIETY'S MOST DEBILITATING ILLNESSES (SEE SCHEDULE O FOR CONTINUATION) OUR RESEARCH FOCUSES ON FIVE MAJOR DISEASE AREAS 1 AUTOIMMUNE DISEASES SUCH AS TYPE 1 DIABETES AND RHEUMATOID ARTHRITIS 2 CANCER AND STIMULATING ANTI-TUMOR RESPONSES 3 INFECTIOUS DISEASES SUCH AS TUBERCULOSIS, FLU AND DENGUE VIRUS 4 ALLERGY AND ASTHMA AND CONTROLLING HARMFUL IMMUNE REACTIONS 5 VASCULAR IMMUNOLOGY INCLUDING HEART DISEASE AND TYPE 2 DIABETES REGARDED AS A LEADING IMMUNOLOGY RESEARCH INSTITUTE, THE LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY (LIAI) BRINGS TO BEAR A COMPREHENSIVE RESEARCH EFFORT TO UNDERSTAND THE DIVERSE ASPECTS OF IMMUNE-MEDIATED DISEASES AND TO ADVANCE PROGRESS TOWARD THEIR PREVENTION, TREATMENT AND CURE IMMUNE SYSTEM DISORDERS AFFECT MILLIONS AND INCLUDE MANY OF SOCIETY'S MOST DEBILITATING ILLNESSES THESE RANGE FROM CHRONIC, SEVERE AUTOIMMUNE DISORDERS SUCH AS RHEUMATOID ARTHRITIS, TYPE 1 DIABETES, MULTIPLE SCLEROSIS AND CROHN'S DISEASE TO IMMUNE SYSTEM MALFUNCTIONS UNDERLYING HEART DISEASE AND CANCER, THE NATION'S NO 1 AND NO 2 KILLERS RESPECTIVELY ITS RESEARCHERS ALSO EXPLORE HOW THE IMMUNE SYSTEM RESPONDS TO INFECTIOUS DISEASES AND IS USING THIS KNOWLEDGE TO ADVANCE THE DEVELOPMENT OF NEW VACCINES A NONPROFIT, THE INSTITUTE WAS FOUNDED IN 1988 AND IS HOME TO 22 INDEPENDENT LABORATORIES, EACH OPERATED BY A LEADING SCIENTIST WHO OVERSEES RESEARCH EFFORTS TO ANALYZE IMMUNE SYSTEM FUNCTIONING SUPPORTING THESE EFFORTS ARE THE INSTITUTE'S MORE THAN 300 EMPLOYEES -- NEARLY HALF OF WHOM HOLD DOCTORAL DEGREES (PH D OR M D) FROM NUMEROUS COUNTRIES AROUND THE WORLD ALTHOUGH RELATIVELY YOUNG, THE INSTITUTE HAS ACCOMPLISHED MUCH IN ITS SHORT HISTORY, AND WAS RECENTLY RANKED AMONG TOP FIVE ORGANIZATIONS FOR RESEARCH IMPACT IN IMMUNOLOGY WORLDWIDE (AS MEASURED BY CITATIONS PER PUBLICATION) BY THE RATING AGENCY THOMSON REUTERS IN ADDITION, THREE OF ITS SCIENTISTS ARE AMONG THE MOST HIGHLY CITED IMMUNOLOGISTS IN THE WORLD -- A DISTINCTION HELD BY LESS THAN ONE HALF OF ONE PERCENT OF ALL PUBLISHING SCIENTIFIC AUTHORS SEVERAL OF ITS FACULTY MEMBERS ALSO SERVE ON NATIONAL INSTITUTES OF HEALTH (NIH) GRANT REVIEW PANELS, APPOINTMENTS THAT SIGNAL A HIGH DEGREE OF RESPECT FROM PEERS ITS SCIENTISTS ALSO REGULARLY PUBLISH RESEARCH PAPERS DESCRIBING THEIR LATEST FINDINGS, MANY OF THESE APPEARING IN THE MOST PRESTIGIOUS SCIENTIFIC JOURNALS THE INSTITUTE RECEIVES THE MAJORITY OF ITS FUNDING THROUGH COMPETITIVE RESEARCH GRANTS FROM THE NIH AND IS GROWING ITS PHILANTHROPIC OPPORTUNITIES TO FULFILL PRIORITY NEEDS THIS INCLUDES FUNDING FOR NEW AREAS OF RESEARCH, CUTTING-EDGE TECHNOLOGIES AND CONTINUING RECRUITMENT OF THE VERY BEST SCIENTISTS IT IS GUIDED BY A 14-MEMBER BOARD OF DIRECTORS, WHICH HAS INCLUDED FIVE MEMBERS OF THE NATIONAL ACADEMY OF SCIENCES A SCIENTIFIC ADVISORY BOARD OF DISTINGUISHED OUTSIDE SPECIALISTS CONDUCTS ANNUAL EVALUATIONS OF SCIENTIFIC PROGRESS AND REVIEWS FUTURE RESEARCH OBJECTIVES LA JOLLA INSTITUTE RESEARCHERS CONTINUED TO MAKE IMPRESSIVE RESEARCH ADVANCEMENTS IN 2010, WITH MORE THAN 150 RESEARCH PAPERS PUBLISHED IN SCIENTIFIC JOURNALS THE HIGHEST ANNUAL TOTAL IN THE INSTITUTE'S HISTORY SCIENTIFIC PAPERS IN WHICH RESEARCHERS EXPLAIN THEIR LATEST FINDINGS--MUST GO THROUGH A RIGOROUS PEER-REVIEW PROCESS PRIOR TO PUBLICATION THE INSTITUTE'S MAJOR PUBLISHED FINDINGS IN 2010 ILLUSTRATE THE RANGE AND POWER OF IMMUNOLOGY RESEARCH SOME EXAMPLES INCLUDE DR ANJANA RAO'S FINDING OF AN ENZYME MUTATION THAT PLAYS A MAJOR ROLE IN TUMOR FORMATION IN CERTAIN BLOOD CANCERS, PUBLISHED IN THE JOURNAL NATURE, DR CATHERINE HEDRICK'S DISCOVERY OF AN IMPORTANT NEW CELLULAR PLAYER THAT COULD LEAD TO NEW THERAPIES THAT REDUCE DIABETES' SEVERITY, PUBLISHED IN THE JOURNAL OF CLINICAL INVESTIGATION, AND DR SUJAN SHRESTA'S RESEARCH, WHICH PROVED A LONG-HELD AND CONTROVERSIAL HYPOTHESIS THAT SOME ANTIBODIES CAN BE HARMFUL IN DENGUE VIRUS INFECTION HER WORK, PUBLISHED IN CELL HOST & MICROBE, IS INFLUENCING DENGUE VACCINE DEVELOPMENT WORLDWIDE IN ADDITION, FIVE POTENTIAL THERAPIES, BASED ON INSTITUTE DISCOVERIES, ADVANCED IN THE PHARMACEUTICAL PIPELINE IN 2010, THREE OF THEM IN CLINICAL TRIALS THESE INCLUDE ONE TRIAL BEING LED BY INSTITUTE SCIENTIST DR JOEL LINDEN ON SICKLE CELL DISEASE, A DEVASTATING DISEASE THAT AFFECTS SEVERAL MILLION PEOPLE WORLDWIDE OTHER MAJOR HIGHLIGHTS IN 2010 INCLUDED THE INSTITUTE'S RECEIPT OF A \$12.6 MILLION NIH GRANT TO DEVELOP AN RNA INTERFERENCE (RNAI) CENTER FOR GENETIC TESTING RNAI IS A NOBEL PRIZE-WINNING TECHNOLOGY THAT ALLOWS SCIENTISTS TO EXPLORE NEW WAYS OF DISRUPTING DISEASE PROCESSES BASED ON ALTERING GENE FUNCTION IN RECEIVING THE CENTER GRANT, THE LA JOLLA INSTITUTE SUCCEEDED IN A HIGHLY COMPETITIVE GRANT PROCESS, WHICH INCLUDED THOUSANDS OF APPLICATIONS ENCOMPASSING ALL BIOMEDICAL RESEARCH DISCIPLINES THE CENTER, SLATED TO OPEN IN 2011, WILL BE ONE OF A SMALL, SELECT GROUP OF DEDICATED RNAI FACILITIES WORLDWIDE ALSO IN 2010, THE INSTITUTE'S INFECTIOUS DISEASE EFFORTS CONTINUED TO MAKE IMPRESSIVE GAINS A TEAM OF LA JOLLA INSTITUTE RESEARCHERS ARE CHARTING NEW TERRITORY IN THE WORLDWIDE SCIENTIFIC BATTLE AGAINST TUBERCULOSIS, A DANGEROUS INFECTIOUS DISEASE THAT KILLS ABOUT 1.7 MILLION PEOPLE WORLDWIDE EACH YEAR AS PART OF A MULTI-MILLION DOLLAR PROJECT, FUNDED IN 2009 BY THE NIH, INSTITUTE RESEARCHERS BEGAN MAPPING THE BODY'S IMMUNE RESPONSE TO THE TUBERCULOSIS BACTERIA, MARKING THE FIRST TIME THIS MASSIVE EFFORT HAS EVER BEEN UNDERTAKEN BY ILLUMINATING PREVIOUSLY UNKNOWN CELLULAR PLAYERS IN THE BODY'S TUBERCULOSIS DEFENSE, INSTITUTE RESEARCHERS HOPE TO FIND IMPORTANT CANDIDATES FOR DEVELOPING A NEW AND BETTER VACCINE LA JOLLA INSTITUTE RESEARCHERS ARE ALSO WORKING TOWARD THE CREATION OF FIRST-EVER VACCINES FOR MALARIA AND DENGUE VIRUS IN ADDITION TO THEIR RESEARCH ACTIVITIES IN 2010, INSTITUTE SCIENTISTS ALSO LECTURED AT MEDICAL RESEARCH SEMINARS THROUGHOUT THE WORLD AND ORGANIZED NUMEROUS SCIENTIFIC CONFERENCES WHILE IT IS DIFFICULT TO DETERMINE THE NUMBER OF PERSONS BENEFITED BECAUSE OF THE BROAD APPLICABILITY OF THE LA JOLLA INSTITUTE'S FINDINGS AND ACCOMPLISHMENTS, THE INSTITUTE ESTIMATES THAT THOUSANDS OF RESEARCH AND CLINICAL SCIENTISTS ATTENDED THE ABOVE MENTIONED CONFERENCES, READ THE INSTITUTE'S PUBLICATIONS, AND/OR DIRECTLY COLLABORATED WITH OUR SCIENTISTS, AND AS A RESULT, NOW INCORPORATE PORTIONS OF OUR RESEARCH INTO THEIR WORK

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 40,566,382

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

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, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | Yes | |
| 5 | | |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | | No |
| 11a | Yes | |
| 11b | | No |
| 11c | | No |
| 11d | | No |
| 11e | | No |
| 11f | | No |
| 12a | | No |
| 12b | Yes | |
| 13 | | No |
| 14a | | No |
| 14b | Yes | |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | | No |
| 19 | | No |
| 20a | | No |
| 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|--|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | No |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 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-24d and complete Schedule K. If "No," go to line 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) 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 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | Yes | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? 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) | 28a | | No |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | Yes | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | Yes | |
| 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 | 29 | | No |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 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? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | | No |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | No |
| a | 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 | 36 | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 37 | | 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? If "Yes," complete Schedule R, Part VI | 38 | Yes | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | | | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

| | | Yes | No |
|---|--|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 116 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 393 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes |
| <p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 7a | No |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7b | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | No |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7e | No |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9a | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9b | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | | |
| <p>Note. See the instructions for additional information the organization must report on Schedule O</p> | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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 to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a 14

b Enter the number of voting members included in line 1a, above, who are independent

1b 12

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2 No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3 No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4 No

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

5 No

6 Does the organization have members or stockholders?

6 No

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a No

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

8a Yes

b Each committee with authority to act on behalf of the governing body?

8b Yes

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

9 No

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

10a Does the organization have local chapters, branches, or affiliates?

10a No

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

10b

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

11a Yes

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

12a Yes

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b Yes

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c Yes

13 Does the organization have a written whistleblower policy?

13 Yes

14 Does the organization have a written document retention and destruction policy?

14 Yes

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

15a Yes

b Other officers or key employees of the organization

15b 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 taxable entity during the year?

16a No

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed CA , CT , NY , OH , VA , IL , MD , NC , FL , MI , WI , AZ , NJ , PA , WA , GA , RI , UT , MO , TX

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

CHARLES CARPOWICH
9420 ATHENA CIRCLE
LA JOLLA, CA 920371387
(858) 752-6500

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

 Check if Schedule O contains a response to any question 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations | |
|---|---|---|--------------------|-----------------------|---------|--------------|---|--|---|--------|
| | | Or director | Individual trustee | Institutional Trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) MITCHELL KRONENBERG PHD PRESIDENT/CSO | 40 00 | X | | | X | | | 389,584 | 0 | 47,408 |
| (2) SAMUEL STROBER MD DIRECTOR | 2 00 | X | | | | | | 6,000 | 0 | 0 |
| (3) SUSAN SWAIN PHD DIRECTOR | 2 00 | X | | | | | | 5,500 | 0 | 0 |
| (4) JOHN MAJOR DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (5) MARK FISCHER DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (6) RHONDA RHYNE DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) WILLIAM ROHN DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) ROBERT DYNES PHD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) LEROY HOOD MD PHD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) HAROLD BUCHANAN DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (11) KATINA TSAKOPOULOS DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) RICHARD KORNFELD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) MICHAEL MARTIN DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) TOSHI FUMI MIKAYAMA PHD DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) DAVID DOMINGUEZ DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) KIMISHIGE ISHIZAKA MD PHD DIRECTOR/EMERITUS | 2 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|---------------------------------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (17) STEVEN ODRE DIRECTOR | 2 00 | X | | | | | 0 | 0 | 0 |
| (18) CHARLES CARPOWICH EVP/COO | 40 00 | | | X | | | 299,208 | 0 | 54,394 |
| (19) AMNON ALTMAN DIRECTOR, SCIENTIFIC AFFAIRS | 40 00 | | | | X | | 290,248 | 0 | 49,803 |
| (20) STEPHEN WILSON VP CHIEF TECH OFFICER | 40 00 | | | | X | | 195,154 | 0 | 48,158 |
| (21) MARYANN STEWART VP CHIEF DEV OFFICER | 40 00 | | | | X | | 203,328 | 0 | 39,486 |
| (22) CARL WARE DIVISION HEAD/MEMBER | 40 00 | | | | | X | 185,944 | 0 | 31,415 |
| (23) ALESSANDRO SETTE CENTER HEAD/MEMBER | 40 00 | | | | | X | 294,164 | 0 | 47,339 |
| (24) STEPHEN SCHOENBERGER MEMBER | 40 00 | | | | | X | 246,998 | 0 | 42,548 |
| (25) KLAUS LEY DIVISION HEAD/MEMBER | 40 00 | | | | | X | 283,801 | 0 | 49,784 |
| (26) JOEL LINDEN DIVISION HEAD/MEMBER | 40 00 | | | | | X | 265,102 | 0 | 20,755 |
| | | | | | | | | | |
| | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 2,665,031 | 0 | 431,090 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **►37**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| SOL PACIFIC LLC 6336 GREENWICH DR SUITE B SAN DIEGO, CA 92122 | JANITORIAL SERVICES | 133,788 |
| PILLSBURY WINTHROP SHAW PITTMAN LLP POBOX 60000 SAN FRANCISCO, CA 94160 | LEGAL | 133,276 |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2 | | |

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---------------|-------------------|--|--------------------------------|---|--|
| | | | | | | | |
| Contributions, grants and other similar amounts | 1a Federated campaigns | 1a | 183,756 | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 29,971,928 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 8,607,569 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 38,763,253 | | | |
| Program Service Revenue | 2a CONSORTIUM REVENUE | | | Business Code | | | |
| | b | | 900099 | 4,264,931 | 4,264,931 | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 4,264,931 | | | |
| | 3 Investment income (including dividends, interest and other similar amounts) | | | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | 83,439 | | | 83,439 | |
| 5 Royalties | | | | 137,243 | | 137,243 | |
| 6a Gross Rents | (I) Real | (II) Personal | | | | | |
| b Less rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | | | | | |
| 7a Gross amount from sales of assets other than inventory | (I) Securities | (II) Other | 33,157 | | | | |
| b Less cost or other basis and sales expenses | | | 14,241 | | | | |
| c Gain or (loss) | | | 18,916 | | | | |
| d Net gain or (loss) | | | | 18,916 | | 18,916 | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | | | | | | | |
| a | | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | |
| a | | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a TECHNICAL SERVICES | | 541900 | 208,129 | | 208,129 | | |
| b OTHER INCOME | | 900099 | 118,088 | | | 118,088 | |
| c BUILDING MANAGEMENT | | 561700 | 38,369 | | 38,369 | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 364,586 | | | | |
| 12 Total revenue. See Instructions | | | 43,632,368 | 4,264,931 | 246,498 | 357,686 | |

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 2,500 | 2,500 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . . . | 1,627,521 | 1,432,219 | 162,752 | 32,550 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | 203,528 | 203,528 | | |
| 7 Other salaries and wages | 17,446,354 | 14,966,821 | 2,412,289 | 67,244 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . | 1,518,369 | 1,354,532 | 151,837 | 12,000 |
| 9 Other employee benefits . . . | 2,412,457 | 2,054,536 | 345,282 | 12,639 |
| 10 Payroll taxes . . . | 1,408,268 | 1,239,276 | 140,827 | 28,165 |
| a Fees for services (non-employees) Management . . . | | | | |
| b Legal . . . | 184,928 | 80,376 | 104,552 | |
| c Accounting . . . | 163,837 | | 163,837 | |
| d Lobbying . . . | 3,700 | | 3,700 | |
| e Professional fundraising services See Part IV, line 17 . . | | | | |
| f Investment management fees . . . | | | | |
| g Other . . . | 152,353 | 84,321 | 68,032 | |
| 12 Advertising and promotion . . . | 249,754 | 10,156 | 152,848 | 86,750 |
| 13 Office expenses . . . | 204,167 | 168,559 | 34,554 | 1,054 |
| 14 Information technology . . . | 588,568 | 299,868 | 285,355 | 3,345 |
| 15 Royalties . . . | | | | |
| 16 Occupancy . . . | 4,745,590 | 4,289,767 | 431,007 | 24,816 |
| 17 Travel . . . | 341,638 | 323,515 | 16,890 | 1,233 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . | | | | |
| 19 Conferences, conventions, and meetings . . . | 106,937 | 94,502 | 11,036 | 1,399 |
| 20 Interest . . . | | | | |
| 21 Payments to affiliates . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . | 1,385,225 | 1,211,842 | 173,383 | |
| 23 Insurance . . . | 140,633 | 124,158 | 16,475 | |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a LAB SUPPLIES | 7,209,276 | 7,193,402 | 15,874 | |
| b CONSORTIUM EXPENSE | 4,121,876 | 4,121,876 | | |
| c MINOR EQUIP & FURNITURE | 474,333 | 431,026 | 43,307 | |
| d PAGE COSTS/MANUSCRIPT H | 96,535 | 96,535 | | |
| e RELOCATION/RECRUITMENT | 80,840 | 80,840 | | |
| f All other expenses | 947,314 | 702,227 | 225,647 | 19,440 |
| 25 Total functional expenses. Add lines 1 through 24f | 45,816,501 | 40,566,382 | 4,959,484 | 290,635 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|---|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 1,567 | 1 2,568 |
| | 2 Savings and temporary cash investments | 8,845,805 | 2 14,381,604 |
| | 3 Pledges and grants receivable, net | 7,810,089 | 3 7,231,938 |
| | 4 Accounts receivable, net | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 393,749 | 5 343,749 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L | 6 | |
| | 7 Notes and loans receivable, net | 91,667 | 7 149,404 |
| | 8 Inventories for sale or use | 8 | |
| | 9 Prepaid expenses and deferred charges | 622,815 | 9 1,051,097 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 15,598,006 | |
| | b Less accumulated depreciation | 10b 7,836,262 | 10c 8,008,096 7,761,744 |
| | 11 Investments—publicly traded securities | | 11 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 |
| | 14 Intangible assets | | 14 |
| | 15 Other assets See Part IV, line 11 | | 15 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 25,773,788 | 16 30,922,104 |
| Liabilities | 17 Accounts payable and accrued expenses | 7,022,766 | 17 8,298,700 |
| | 18 Grants payable | 18 | |
| | 19 Deferred revenue | 490,493 | 19 6,547,008 |
| | 20 Tax-exempt bond liabilities | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 7,513,259 | 26 14,845,708 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 17,989,164 | 27 15,614,175 |
| | 28 Temporarily restricted net assets | 271,365 | 28 462,221 |
| | 29 Permanently restricted net assets | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | 32 | |
| | 33 Total net assets or fund balances | 18,260,529 | 33 16,076,396 |
| | 34 Total liabilities and net assets/fund balances | 25,773,788 | 34 30,922,104 |

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | | | |
|---|---|---|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 43,632,368 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 45,816,501 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -2,184,133 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 18,260,529 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 0 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 16,076,396 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

| | Yes | No |
|--|-----|-----|
| 1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/> | 2a | No |
| 2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/> | 2b | Yes |
| 2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/> | 2c | Yes |
| 2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/> | 3a | Yes |
| 3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/> | 3b | Yes |

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public
Inspection**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
UCSD MEDICAL CENTER SAN DIEGO, CA

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|---|-------------|---|---|----|---|----|--|----|-------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 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 line 4 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, 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 IV) | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Section C. Computation of Public Support Percentage

| | | |
|--|----|---|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | | ► |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions | | ► |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► | |
| b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► | |
| 20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ► | |

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

Facts And Circumstances Test

SCHEDULE C

Political Campaign and Lobbying Activities

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

- Complete if the organization is described below.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures

3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) Total |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| 2a Lobbying non-taxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots non-taxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

| | (a) | | (b) |
|---|--------|----|-------|
| | Yes | No | |
| | Amount | | |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? If "Yes," describe in Part IV | Yes | | 3,700 |
| j Total lines 1c through 1i | | | 3,700 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|--|--------------------|---|
| EXPLANATION OF OTHER LOBBYING ACTIVITIES | PART II-B, LINE 1I | LA JOLLA INSTITUTE OF ALLERGY & IMMUNOLOGY IS A MEMBER OF THE ASSOCIATION OF INDEPENDENT RESEARCH INSTITUTES AND RESEARCH AMERICA. THESE ORGANIZATIONS DESIGNATE A PORTION OF THE DUES THEY RECEIVE FOR LOBBYING ACTIVITIES |

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**

LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a-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 |
|----|-----------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

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

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

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

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | 5,653,826 | 1,058,930 | 4,594,896 | |
| d Equipment | | 9,406,297 | 6,301,190 | 3,105,107 | |
| e Other | | 537,883 | 476,142 | 61,741 | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | | 7,761,744 |

Part VII Investments—Other Securities. See Form 990, Part X, line 12

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation |
|---|-----------------------|----------------------------------|
| | | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
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Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

3. For 12 (ACC 712) Extracts. In Part XIV, around the

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 43,632,368 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 45,816,501 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -2,184,133 |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 0 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -2,184,133 |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 43,385,869 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 43,385,869 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 246,499 |
| c | Add lines 4a and 4b | 4c | 246,499 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 43,632,368 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 45,570,002 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 45,570,002 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 246,499 |
| c | Add lines 4a and 4b | 4c | 246,499 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 45,816,501 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | EXPENSES NETTED AGAINST REVENUE ON AUDITED FINANCIAL STATEMENTS 246,499 |
| PART XIII, LINE 4B - OTHER ADJUSTMENTS | | EXPENSES NETTED AGAINST REVENUE ON AUDITED FINANCIAL STATEMENTS 246,499 |

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
- Attach to Form 990. ► See separate instructions.

Employer identification number

33-0328688

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Part V if additional space is needed)

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ► Use Part V if additional space is needed.

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

3 Enter total number of other organizations or entities ► _____

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

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926) Yes No

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A) Yes No

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

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, 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 file Form 5713, International Boycott Report (see instructions for Form 5713). Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**

LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

Part I Questions Regarding Compensation

Yes No

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

| | | |
|-----------|--|----|
| 1b | | |
| 2 | | |
| | | |
| 4a | | No |
| 4b | | No |
| 4c | | No |
| | | |
| 5a | | No |
| 5b | | No |
| | | |
| 6a | | No |
| 6b | | No |
| | | |
| 7 | | No |
| 8 | | No |
| 9 | | |

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

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) MITCHELL KRONENBERG PHD | (i) 368,246 (ii) 0 | 0 | 21,338 0 | 36,750 0 | 10,658 0 | 436,992 0 | 0 0 |
| (2) CHARLES CARPOWICH | (i) 269,468 (ii) 0 | 0 | 29,740 0 | 36,750 0 | 17,644 0 | 353,602 0 | 0 0 |
| (3) AMNON ALTMAN | (i) 246,313 (ii) 0 | 500 0 | 43,435 0 | 36,750 0 | 13,053 0 | 340,051 0 | 0 0 |
| (4) STEPHEN WILSON | (i) 183,871 (ii) 0 | 0 | 11,283 0 | 30,529 0 | 17,629 0 | 243,312 0 | 0 0 |
| (5) MARYANN STEWART | (i) 177,759 (ii) 0 | 0 | 25,569 0 | 30,915 0 | 8,571 0 | 242,814 0 | 0 0 |
| (6) CARL WARE | (i) 174,139 (ii) 0 | 0 | 11,805 0 | 23,267 0 | 8,148 0 | 217,359 0 | 0 0 |
| (7) ALESSANDRO SETTE | (i) 263,421 (ii) 0 | 500 0 | 30,243 0 | 36,750 0 | 10,589 0 | 341,503 0 | 0 0 |
| (8) STEPHEN SCHOENBERGER | (i) 210,031 (ii) 0 | 36,281 0 | 686 0 | 31,968 0 | 10,580 0 | 289,546 0 | 0 0 |
| (9) KLAUS LEY | (i) 256,982 (ii) 0 | 25,500 0 | 1,319 0 | 36,750 0 | 13,034 0 | 333,585 0 | 0 0 |
| (10) JOEL LINDEN | (i) 239,901 (ii) 0 | 0 | 25,201 0 | 13,130 0 | 7,625 0 | 285,857 0 | 0 0 |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |

Part III Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Schedule L (Form 990 or 990-FZ)

Transactions with Interested Persons

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
- Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected: | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
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2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, Line 26, or Form 990-EZ, Part V, Line 38a.

| (a) Name of interested person and purpose | | (b) Loan to or from the organization? | (c) Original principal amount | (d) Balance due | (e) In default? | | (f) Approved by board or committee? | | (g) Written agreement? | |
|---|--|---------------------------------------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | | | Yes | No | Yes | No | Yes | No |
| (1) SEE PART V | | X | 250,000 | 166,666 | | No | Yes | | Yes | |
| (2) SEE PART V | | X | 250,000 | 177,083 | | No | Yes | | Yes | |
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| Total | | | | ► \$ 343,749 | | | | | | |

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) SEE PART V | | | | | No |
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Part V Supplemental Information

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

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS | | (A) NAME OF PERSON STEPHEN SCHOENBERGER (B) PURPOSE OF LOAN HOUSING LOAN (C) ORIGINAL PRINCIPAL AMOUNT \$250,000 (D) BALANCE DUE \$166,666 (A) NAME OF PERSON KLAUS LEY (B) PURPOSE OF LOAN HOUSING LOAN (C) ORIGINAL PRINCIPAL AMOUNT \$250,000 (D) BALANCE DUE \$177,083 |
| SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | | (A) NAME OF PERSON HILDE CHEROUTRE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SPOUSE OF PRESIDENT AND CSO (C) AMOUNT OF TRANSACTION \$203,528 (D) DESCRIPTION OF TRANSACTION FULL TIME EMPLOYEE (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF PERSON KYOWA HAKKO KIRIN CALIFORNIA INC ("KKC") (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION KKC KEY EMPLOYEE IS A DIRECTOR OF INSTITUTE (C) AMOUNT OF TRANSACTION \$5,036,993 (D) DESCRIPTION OF TRANSACTION RESEARCH FUNDING, FACILITY RENT, COST REIMBURSEMENTS (E) SHARING OF ORGANIZATION REVENUES? = NO |

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**

LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| FORM 990, PART VI, SECTION B, LINE 11 | | IN ACCORDANCE WITH WRITTEN INSTITUTE POLICY, A DRAFT OF FORM 990 IS PROVIDED TO ALL BOARD MEMBERS FOR THEIR REVIEW AND COMMENT APPROXIMATELY 30 DAYS PRIOR TO FILING THIS PROVIDES AN OPPORTUNITY FOR MEMBERS OF THE BOARD TO ASK QUESTIONS AND OBTAIN ADDITIONAL INFORMATION COMMENTS AND SUGGESTED CHANGES TO THE DRAFT ARE INCORPORATED INTO THE FINAL VERSION OF FORM 990 |

| Identifier | Return Reference | Explanation |
|------------|---|---|
| | FORM 990, PART VI, SECTION B, LINE 12C | THE INSTITUTE ADMINISTERS THREE SEPARATE CONFLICT OF INTEREST POLICIES APPLYING TO 1) THE BOARD OF DIRECTORS, 2) FACULTY AND SENIOR ADMINISTRATION, AND 3) AN INVESTIGATOR FINANCIAL CONFLICT OF INTEREST POLICY REQUIRED UNDER NATIONAL INSTITUTES OF HEALTH REGULATIONS. THE INSTITUTE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES THESE POLICIES IN ACCORDANCE WITH WRITTEN PROCEDURES, WHICH INCLUDE THE COMPLETION OF DISCLOSURE FORMS BY COVERED INDIVIDUALS, EVALUATION OF COMPLETED FORMS BY A DESIGNATED CONFLICT REVIEW OFFICER, AND AS NECESSARY, FURTHER EVALUTION AND DETERMINATION BY A DESIGNATED CONFLICT REVIEW COMMITTEE. IF A CONFLICT IS DETERMINED, A MANAGEMENT PLAN IS DESIGNED AND MONITORED FOR THE SPECIFIC SITUATION. SUCH PLAN MAY REQUIRE THE COVERED INDIVIDUAL TO ELIMINATE THE CONFLICT. |

| Identifier | Return Reference | Explanation |
|------------|--|---|
| | FORM 990, PART VI, SECTION B, LINE 15 | COMPENSATION DECISIONS FOR THE INSTITUTE'S CEO AND OTHER KEY EMPLOYEES ARE MADE ANNUALLY. ADJUSTMENTS, IF ANY, TYPICALLY TAKE EFFECT ON A JANUARY 1ST CYCLE FOR THESE PURPOSES. THE INSTITUTE'S HUMAN RESOURCES DEPARTMENT OBTAINS RELEVANT MARKET COMPARABILITY DATA FOR EACH POSITION ON AN ANNUAL BASIS. THE INSTITUTE ALSO PERIODICALLY ENGAGES AN INDEPENDENT COMPENSATION CONSULTING FIRM TO PERFORM COMPENSATION STUDIES FOR KEY INDIVIDUALS AND TO EVALUATE THE INSTITUTE'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS FOR REASONABLENESS. IN ACCORDANCE WITH ITS CHARTER, THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND DISCUSSES THIS INFORMATION, AND THE PERFORMANCE OF THE INSTITUTE'S CEO AND KEY EMPLOYEES, AND FORMULATES RECOMMENDED COMPENSATION ACTIONS TO THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS THESE RECOMMENDATIONS AND RELATED INFORMATION IN DECIDING COMPENSATION LEVELS FOR EACH POSITION. |

| Identifier | Return Reference | Explanation |
|------------|---------------------------------------|--|
| | FORM 990, PART VI, SECTION C, LINE 19 | THE INSTITUTE MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. SUMMARIZED FINANCIAL DATA IS ALSO MADE AVAILABLE AS PART OF THE INSTITUTE'S ANNUAL REPORT, WHICH IS WIDELY DISTRIBUTED, AND CAN BE DOWNLOADED FROM THE INSTITUTE'S WEB SITE |

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

Name of the organization

LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY

Employer identification number

33-0328688

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) ALLIMUNE LLC 9420 ATHENA CIRCLE LA JOLLA, CA 92037 33-0841007 | RESEARCH | CA | | 29,564 | N/A |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 1c | | |
| 1d | | |
| 1e | | |
| | | |
| 1f | | |
| 1g | | |
| 1h | | |
| 1i | | |
| | | |
| 1j | | |
| 1k | | |
| 1l | | |
| 1m | | |
| 1n | | |
| | | |
| 1o | | |
| 1p | | |
| | | |
| 1q | | |
| 1r | | |

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

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-----------------------------------|------------------------------|------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

Part VII Supplemental Information

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|