

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC. Doing Business As: ... Number and street: 11350 SW VILLAGE PARKWAY ... City or town: PORT ST LUCIE, FL 349872352

D Employer identification number: 33-0319501. E Telephone number: (772) 345-4800. G Gross receipts: \$ 17,055,197

F Name and address of Principal Officer: MICHAEL E AUGUSTINE, 11350 SW VILLAGE PARKWAY, PORT ST LUCIE, FL 34987

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

H(c) Group Exemption Number

I Tax-exempt status: 501(c) (3)

J Web site: WWW TPIMS ORG

K Type of organization: Corporation

L Year of Formation: 1988. M State of legal domicile: CA

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 1. Mission statement, 2. Operations discontinued, 3-6. Number of members/employees/volunteers, 7a. Total gross revenue, 7b. Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8-12. Revenue (Contributions, Program service, Investment, Other, Total), 13-19. Expenses (Grants, Benefits, Salaries, Fundraising, Other, Total, Revenue less expenses), 20-22. Net Assets or Fund Balances (Total assets, Total liabilities, Net assets).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including all schedules and attachments, and the information therein is true, correct, and complete.

Signature of officer: MICHAEL E AUGUSTINE VICE PRESIDENT & CFO

Preparer's information: ALPERN ROSENTHAL, 440 COLUMBIA DRIVE SUITE 500, WEST PALM BEACH, FL 33409

May the IRS discuss this return with the preparer shown above? (See instructions for details.)

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission
 TORREY PINES INSTITUTE FOR MOLECULAR STUDIES IS A NONPROFIT PUBLIC BENEFIT CORPORATION AND IS NOT ORGANIZED FOR THE PRIVATE GAIN OF ANY PERSON THE SPECIFIC PURPOSE OF THIS CORPORATION IS TO CONDUCT SCIENTIFIC RESEARCH IN THE PUBLIC INTEREST

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 (4) organizations and 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 \$ 3,822,108 including grants of \$ 192,286) (Revenue \$ 50,871)
 CHEMISTRY WHEN TORREY PINES INSTITUTE FOR MOLECULAR STUDIES FIRST OPENED ITS LABORATORIES TWENTY-ONE YEARS AGO, ITS MAIN RESEARCH FOCUS WAS IN THE AREA OF CHEMISTRY THE RESEARCH RESULTED IN A NEW METHOD OF DRUG DISCOVERY CALLED, "COMBINATORIAL CHEMISTRY", WHICH IS NOW BEING USED BY RESEARCHERS WORLDWIDE TO HELP FIND NEW DRUGS AND DIAGNOSTICS FOR DISEASES THIS GROUP ALSO SUPPORTS ALL OF THE OTHER RESEARCH BEING CONDUCTED AT OUR INSTITUTE BY PROVIDING THE "CHEMICAL LIBRARIES" NEEDED FOR THOSE GROUPS IN THEIR SEARCH FOR VACCINES, THERAPEUTICS, AND DIAGNOSTIC COMPOUNDS AS A RESULT OF THE METHODS INVENTED AND DEVELOPED IN TPIMS CHEMISTRY LABORATORIES, WE HAVE BEEN ABLE TO MAKE SIGNIFICANT PROGRESS IN ALL OF OUR RESEARCH GROUPS TPIMS NOW PARTNERS WITH OTHER RESEARCH CENTERS TO MAKE COMPOUNDS TO BE USED BY RESEARCHERS ALL OVER THE WORLD IN AREAS SUCH AS CANCER RESEARCH RESEARCH RESULTS HAVE BEEN PRESENTED TO THE PUBLIC IN HUNDREDS OF SCIENTIFIC JOURNAL ARTICLES AND IN SCIENTIFIC PRESENTATIONS WORLDWIDE TPIMS HAS TRAINED MANY SCIENTISTS IN THESE METHODS NOT ONLY IN SAN DIEGO AND FLORIDA, BUT ALSO ACROSS THE UNITED STATES AND AROUND THE WORLD THIS GROUP IS SUPPORTED BY THE NATIONAL INSTITUTES OF HEALTH, THE STATE OF FLORIDA, VARIOUS CORPORATE RESEARCH CONTRACTS, AND GENEROUS DONATIONS FROM THE PUBLIC

4b (Code) (Expenses \$ 2,288,025 including grants of \$ 4,262) (Revenue \$ 1,065,258)
 INFECTIOUS DISEASE ANTIBIOTIC RESISTANCE HAS BECOME OVERWHELMINGLY COMMONPLACE AS MORE BACTERIAL AND VIRAL STRAINS ADAPT TO CURRENT TREATMENTS AND ARE BECOMING MORE DIFFICULT TO CURE TPIMS RESEARCH IS FOCUSED ON FINDING NEW COMPOUNDS TO FIGHT BACTERIA, VIRUSES, PARASITES AND FUNGI SEVERAL COMPOUNDS HAVE BEEN DEVELOPED AND ARE BEING INVESTIGATED BY PHARMACEUTICAL COMPANIES FOR FUTHER ACTIVITY THE GOAL IS FOR THESE COMPOUNDS TO PLAY A MAJOR ROLE IN TREATMENTS FOR BACTERIAL AND FUNGAL INFECTIONS DESPITE THE EFFORTS OF THOUSANDS OF RESEARCHERS AROUND THE WORLD, THERE IS STILL NO KNOWN CURE FOR AIDS THE MOST POPULAR TREATMENT FOR AIDS PATIENTS TODAY IS PROVIDING MEDICATION THAT HELPS PREVENT THE VIRUS THAT CAUSES AIDS, HIV-1, FROM REPLICATING ITSELF INSIDE THE BODY TPIMS IS SCREENING DIFFERENT COMPOUNDS TO DEVELOP DRUGS TO COMBAT HIV-1 AND POSSIBLY DEVELOP A VACCINE ONE SCIENTIST IS STUDYING "VIRUS-LIKE PARTICLES" AS A PLATFORM FOR AN HIV VACCINE THESE PARTICLES ARE SYNTHETIC, THEY LOOK AND ACT LIKE HIV, BUT ARE NON-INFECTIOUS ANOTHER SCIENTIST FOCUSES ON THE MANY OPPORTUNISTIC INFECTIONS THAT INVADE IMMUNOCOMPROMISED INDIVIDUALS, HOPING TO ARRIVE AT METHODS FOR TREATING THOSE PATIENTS WHEN THEY BECOME ATTACKED BY VIRUSES THAT THEIR IMMUNE SYSTEM CAN NOT FIGHT FUNDING FOR THESE RESEARCH PROGRAMS WAS PROVIDED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, THE BILL AND MELINDA GATES FOUNDATION, THE AIDS & INFECTIOUS DISEASE SCIENCE CENTER, VARIOUS CORPORATE CONTRACTS AND DONATIONS FROM THE PUBLIC
















4c (Code) (Expenses \$ 1,696,442 including grants of \$) (Revenue \$ 11,425)
 HEART DISEASE TPIMS RESEARCH ON TREATMENTS FOR HEART DISEASE INCLUDES DETAILED STUDIES OF COMPOUNDS CALLED ENZYMES AND FREE-FATTY ACIDS THE ADMINISTRATION OF ONE OF THESE ENZYMES (T-PA) IS CURRENTLY THE STANDARD TREATMENT OF ACUTE MYOCARDIAL INFARCTION, A MAJOR KILLER OF BOTH AMERICAN MEN AND WOMEN TPIMS IS LOOKING FOR NEW COMPOUNDS WHICH AFFECT THESE ENZYMES, WITH THE HOPE OF EVENTUALLY DISCOVERING NEW THERAPEUTIC TREATMENTS FOR HEART DISEASE TPIMS IS ALSO STUYDING THESE ENZYMES AS A THERAPEUTIC TOOL FOR THE PREVENTION OF RESTENOSIS (THE RENARROWING OF A PREVIOUSLY TREATED ARTERY), A CONDITION THAT OCCURES AFTER A VASCULAR PROCEDURE SUCH AS ANGIOPLASTY, AND WE ARE INVOLVED IN THE STUDY OF "COMPLIMENT PROTEINS", WHICH DEFENDS THE BODY AGAINST INFECTION THE GOAL OF OUR RESEARCH IS TO OBTAIN MOLECULAR PICTURES OF THE SERIES OF INTERACTIONS THAT OCCUR AMONG COMPLIMENT PROTEINS DURING RECOGNITION AND KILLING OF FOREIGN CELLS UNCONTROLLED COMPLIMENT ACTIVATION CONTRIBUTES TO MANY CHRONIC INFLAMMATORY CONDITIONS, SUCH AS HEART ATTACK, HEART DISEASE AND REJECTION OF NON-HUMAN TRANSPLANTED TISSUES TPIMS IS WORKING ON A DIAGNOSTIC PROCEDURE FOR USE IN EMERGENCY ROOMS, FOR THE IMMEDIATE DETERMINATION OF STROKE VS MYOCARDIAL INFARCTION AND PLASMINOGEN ACTIVATORS, AND HOW THEY AFFECT CLOTTING, WHICH CAN LEAD TO BLOT CLOTS THE STUDIES WERE FUNDED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, ALZHEIMER'S AND AGING RESEARCH CENTER, AND THE AMERICAN HEART ASSOCIATION

(Code) (Expenses \$ 5,789,599 including grants of \$ 65,034) (Revenue \$ 265,527)

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

4e Total program service expenses \$ 13,596,174 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	No
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	8	No
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? <i>If "Yes," complete Schedule D, Part IV</i> 	9	No
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10	No
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	11 Yes	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12 Yes	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a Did the organization maintain an office, employees, or agents outside of the U S ?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
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 United States? <i>If "Yes," complete Schedule F, Part II</i>	15	No
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 United States? <i>If "Yes," complete Schedule F, Part III</i>	16	No
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	No
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21 Yes	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22	No
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	23 Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i> 	25a	No
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> 	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 16		
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?	Yes	
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 154		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	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)?		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and 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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
6a	Did the organization solicit any contributions that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>		
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	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<i>Section 501(c)(12) organizations.</i> Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	11a		
	11b		
12a	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?		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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	Yes	
11	Is there any officer, director or 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	Yes	

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? Describe the process in Schedule O	Yes	
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?	Yes	
16b	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?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AZ , CA , CT , FL , IL , ME , MD , MA , MI , MO , NJ , NC , OH , PA , RI , UT , VT , VA , WA , WI
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. <input type="checkbox"/> own website <input checked="" type="checkbox"/> another's website <input checked="" type="checkbox"/> 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 MICHAEL AUGUSTINE 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL 349872352 (772) 345-4800	

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 936,699					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d 855,380					
	e	Government grants (contributions) 1e 12,869,185					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 508,469					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total (Add lines 1a-1f) 15,169,733					
Program Service Revenue	2a	RESEARCH CONTRACTS Business Code 621,500	1,393,081	1,393,081			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f \$ 1,393,081					
Other Revenue	3	Investment income (including dividends, interest other similar amounts) 138,935				138,935	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties 142,500				142,500	
	6a	Gross Rents	(i) Real				
			(ii) Personal				
			Less rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			Less cost or other basis and sales expenses				
			Gain or (loss)				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a					
Less direct expenses b							
Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a						
		Less direct expenses b					
		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances a						
		Less cost of goods sold b					
		Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code					
11a	VIVARIUM RESEARCH FACI 621,500		127,284		127,284		
		OTHER INCOME 621,500	83,664	83,664			
		All other revenue _____					
e	Total. Add lines 11a-11d \$ 210,948						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 17,055,197		1,476,745	127,284	281,435		

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	261,582	261,582		
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	1,122,225	631,450	465,414	25,361
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,678,876	5,221,532		11,426
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	394,042	350,571	40,416	3,055
9	Other employee benefits	834,849	725,387	102,282	7,180
10	Payroll taxes	483,657	410,431	68,373	4,853
11	Fees for services (non-employees)				
a	Management				
b	Legal	214,979	64,250	150,729	
c	Accounting	35,086		35,086	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	379,602	296,624	78,569	4,409
12	Advertising and promotion				
13	Office expenses	2,189,564	2,042,279	131,222	16,063
14	Information technology	99,769	73,094	26,313	362
15	Royalties				
16	Occupancy	2,205,458	2,045,223	160,235	
17	Travel	272,576	162,805	102,551	7,220
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	13,453	11,023	2,430	
20	Interest	7,178	7,178		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	743,676	738,866	4,810	
23	Insurance	287,142	255,447	31,695	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	REPAIR AND MAINTENANCE	292,250	291,282	968	
b	MISCELLANEOUS	17,748	7,150	591	10,007
c					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	15,533,712	13,596,174	1,847,602	89,936
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2. 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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,396	1	10,810
	2 Savings and temporary cash investments	9,049,342	2	6,796,134
	3 Pledges and grants receivable, net	1,967,299	3	1,686,474
	4 Accounts receivable, net		4	190,496
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	105,000	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7 Notes and loans receivable, net		7	20,660
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	108,804	9	159,973
	10a Land, buildings, and equipment cost basis	10a 6,173,583		
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b 3,245,071	1,436,334	10c 2,928,512
	11 Investments—publicly traded securities		11	3,700,649
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
	14 Intangible assets	677,227	14	717,323
	15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	613,257	15	217,519
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,961,659	16	16,428,550	
Liabilities	17 Accounts payable and accrued expenses	1,108,971	17	1,102,860
	18 Grants payable		18	
	19 Deferred revenue	9,098,481	19	9,683,991
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000	23	250,000
	24 Unsecured notes and loans payable		24	
	25 Other liabilities <i>Complete Part X of Schedule D</i>	238,966	25	504,973
	26 Total liabilities. Add lines 17 through 25	10,596,418	26	11,541,824
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	2,445,722	27	3,901,466
	28 Temporarily restricted net assets	919,519	28	985,260
	29 Permanently restricted net assets	0	29	0
	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	3,365,241	33	4,886,726	
34 Total liabilities and net assets/fund balances	13,961,659	34	16,428,550	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes" to lines 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?	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits?	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization

TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Employer identification number

33-0319501

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An 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)**. (See instructions)
- 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?

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

- (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 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 organizations the organization supports

(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 IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,241,582	6,700,061	8,018,027	12,336,501	14,464,020	47,760,191
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					1,070,000	1,070,000
4 Total. Add line 1-3	6,241,582	6,700,061	8,018,027	12,336,501	15,534,020	48,830,191
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						5,977,026
6 Public Support subtract line 5 from line 4						42,853,165

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6,241,582	54,297	8,018,027	12,336,501	15,534,020	48,830,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	71,114	54,297	186,302	404,795	138,935	855,443
9 Net income from unrelated business activities, whether or not the business is regularly carried on	117,078	97,930	178,271	125,463	127,284	646,026
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	52,517	69,593	19,830	99,863	226,168	467,971
11 Total Support (Add lines 7 through 10)						50,799,631
12 Gross receipts from related activities, etc (See instructions)					12	6,158,240
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						<input checked="" type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	84.360 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	91.640 %

- 16a 33 1/3% Test - 2008.** 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% Test - 2007.** 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 - 2008.** 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 - 2007.** 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Employer identification number 33-0319501

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, and value, and questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose of easements, number of easements, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures.

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
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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 Trust, 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 why 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

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

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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,586,717	747,906	838,811
d Equipment		4,580,132	2,496,828	2,083,304
e Other		6,734	337	6,397
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,928,512

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	17,055,197
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,533,712
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,521,485
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	1,521,485

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	18,067,995
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	8,539
b	Donated services and use of facilities	2b	1,070,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	1,765,668
e	Add lines 2a through 2d	2e	2,844,207
3	Subtract line 2e from line 1	3	15,223,788
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	1,831,409
c	Add lines 4a and 4b	4c	1,831,409
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	17,055,197

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

1	Total expenses and losses per audited financial statements	1	16,612,251
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,070,000
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	8,539
e	Add lines 2a through 2d	2e	1,078,539
3	Subtract line 2e from line 1	3	15,533,712
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	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	15,533,712

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 XIV, 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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	The FASB issued Interpretation No 48 (FIN 48), Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 FIN 48 recognizes that the ultimate deductibility of positions taken or expected to be taken on tax returns is often uncertain It provides guidance on when tax positions claimed by an entity can be recognized and guidance on the dollar amount at which those positions are recorded In order to recognize the benefits associated with a tax position taken, the entity must conclude that the ultimate realization of the deduction is more likely than not If the ultimate realization of the tax position is more likely than not, the benefit associated with the position is recognized at the largest dollar amount that has more than a 50% likelihood of being realized upon ultimate settlement The Interpretation was originally effective for nonpublic entities for fiscal years beginning after December 15, 2006 FASB Staff Position No FIN 48-3 permits nonpublic entities, including not-for-profit organizations, to defer the effective date of FIN 48 until fiscal years beginning after December 15, 2008 The Institute has elected to defer the application of FIN 48 and does not expect the provisions of FIN 48 to have a material impact on its future financial statements
Part XII, Line 2d - Other Adjustments		NET ASSETS RELEASED FROM RESTRICTION 1765668
Part XII, Line 4b - Other Adjustments		TEMPORARY RESTRICTED CONTRIBUTIONS 1831409
Part XIII, Line 2d - Other Adjustments		UNREALIZED GAIN ON INVESTMENTS 8539

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 THE CONTROLLER AND CFO REVIEW SUBCONTRACT INVOICES TO ENSURE EXPENDITURES ARE IN ACCORDANCE WITH THE PROJECT BUDGET AND ACCOUNTS PAYABLE POLICIES IN ADDITION, AUDIT REQUIREMENTS OF OMB CIRCULAR A-133 ARE INCLUDED AS AN ATTACHMENT TO ALL SUBCONTRACTS SUB-RECIPIENTS MUST PROVIDE A COMPLETE COPY OF THEIR MOST RECENT INDEPENDENT AUDIT USED TO MEET THEIR A-133 REQUIREMENT PRIOR TO ISSUANCE OF A SUB-AWARD, AND ANNUALLY THEREAFTER THE OFFICE OF GRANTS AND CONTRACTS REVIEWS THE REPORT TO VERIFY THAT THERE ARE NO FINDINGS THAT MAY IMPACT TPIMS' PRIME AWARD

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) 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 compensation				
RICHARD HOUGHTEN	(i)	340,650			23,000	13,666	377,316	188,652
	(ii)							
MICHAEL AUGUSTINE	(i)	142,423		54,188		13,549	210,160	93,153
	(ii)							
KAREN DOUTHITT	(i)	190,000			19,000	10,348	219,348	109,678
	(ii)							
MARY TOTZKE	(i)	166,250		45,054	20,977	11,487	243,768	121,128
	(ii)							
VIPIN KUMAR - CHATURVEDI	(i)	145,000			14,500	14,376	173,876	86,935
	(ii)							
FAHUMIYA SAMAD	(i)	145,000			14,500	14,183	173,683	86,841
	(ii)							
ELI E SERCARZ	(i)	145,000			14,000	5,665	164,665	85,170
	(ii)							
MARCELLO GIULIANOTTI	(i)	137,500			13,000	19,069	169,569	89,407
	(ii)							
JOANNA DAVIES	(i)	130,000			13,000	11,789	154,789	77,396
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 33-0319501
Name: TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
RICHARD HOUGHTEN	(i) (ii)	340,650			23,000	13,666	377,316	188,652
MICHAEL AUGUSTINE	(i) (ii)	142,423		54,188		13,549	210,160	93,153
KAREN DOUTHITT	(i) (ii)	190,000			19,000	10,348	219,348	109,678
MARY TOTZKE	(i) (ii)	166,250		45,054	20,977	11,487	243,768	121,128
VIPIN KUMAR - CHATURVEDI	(i) (ii)	145,000			14,500	14,376	173,876	86,935
FAHUMIYA SAMAD	(i) (ii)	145,000			14,500	14,183	173,683	86,841
ELI E SERCARZ	(i) (ii)	145,000			14,000	5,665	164,665	85,170
MARCELLO GIULIANOTTI	(i) (ii)	137,500			13,000	19,069	169,569	89,407
JOANNA DAVIES	(i) (ii)	130,000			13,000	11,789	154,789	77,396

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

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Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Employer identification number 33-0319501

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (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?

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (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?

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Employer identification number

33-0319501

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	<p>OTHER PROGRAM SERVICES INCLUDE THE FOLLOWING MULTIPLE SCLEROSIS THE MULTIPLE SCLEROSIS NATIONAL RESEARCH INSTITUTE IS A DIVISION OF TPIMS DEVOTED TO STUDYING THE CAUSES, DIAGNOSIS, AND POSSIBLE TREATMENTS FOR MS, WITH THE ULTIMATE GOAL OF FINDING A CURE TPIMS WORLD-RENOWNED SCIENTISTS CONDUCT THE RESEARCH NEEDED TO UNDERSTAND AND TREAT THIS DISEASE, SO THAT ALL MS PATIENTS MAY RETURN TO LIVING HEALTHY AND DISEASE-FREE LIVES ONGOING RESEARCH INCLUDED STUDIES TO UNDERSTAND THE CAUSES OF MS, THE DEVELOPMENT OF TREATMENTS FOR MS, AND THE DESIGN OF NOVEL STRATEGIES FOR THE DEVELOPMENT OF VACCINES AGAINST MS CURING MS VACCINES MAY HOLD THE PROMISE OF A CURE FOR MS SCIENTISTS AT THE MS INSTITUTE ARE TESTING A VARIETY OF STRATEGIES FOR DESIGNING A VACCINE AGAINST MS CANCER AND AGING INSTEAD OF THE STANDARD TREATMENTS FOR CANCERS (SURGERY, CHEMOTHERAPY AND RADIATION), SCIENTISTS AT TPIMS BELIEVE THAT WITH THE IDENTIFICATION OF NEW COMPOUNDS, WE CAN USE THE POWER OF THE BODY'S IMMUNE SYSTEM TO COMBAT CANCER ONE SCIENTIST WORKS ON INDUCING IMMUNITY IN T CELL LYMPHOMAS, ANOTHER INDUCES THE IMMUNE SYSTEM TO DESTROY CERTAIN CARCINOMAS WHICH CONTAIN A SPECIFIC TYPE OF CARBOHYDRATE ANOTHER SCIENTIST, WORKING SPECIFICALLY WITH PROSTATE CANCER, IS STUDYING HOW TO CONVERT A CERTAIN "MICROENVIRONMENT" INTO A "KILLING ENVIRONMENT" AGAINST PROSTATE TUMOR CELLS TPIMS SCIENTISTS WORK WITH VARIOUS FORMS OF CANCER CELLS, INCLUDING BREAST CANCER, PROSTATE CANCER AND MELANOMA OTHER AREAS OF AGING-RELATED RESEARCH INCLUDE CACHEXIA, ALZHEIMER'S DISEASE, AND INFLUENZA IN THE AGING POPULATION TPIMS RESEARCHERS ARE WELL-KNOWN, AND HAVE ESTABLISHED COOPERATIVE RESEARCH PARTNERSHIPS WITH SCIENTISTS AT OTHER INSTITUTIONS FROM AROUND THE WORLD TPIMS IS FUNDED BY GRANTS RECEIVED FROM THE NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF DEFENSE, AND ALZHEIMER'S AND AGING RESEARCH CENTER, AS WELL AS BY CONTRACTS WITH BIOTECHNOLOGY COMPANIES AND DONATIONS FROM THE PUBLIC DIABETES ACCORDING TO THE NATIONAL INSTITUTES OF HEALTH, DIABETES AFFECTS MORE THAN 16,000,000 AMERICANS EVERY YEAR TPIMS CONDUCTS RESEARCH TO UNDERSTAND THE CAUSES, DIAGNOSIS, TREATMENT AND PREVENTION OF TYPES 1 AND 2 DIABETES TPIMS CONDUCTS RESEARCH FOCUSED ON THE MANY HEALTH COMPLICATIONS THAT ARISE FROM DIABETES "FREE FATTY ACIDS" ARE MOLECULES IN OUR BODIES THAT INTERACT WITH PROTEINS, MEMBRANES AND CELLS OF THE IMMUNE SYSTEM TPIMS STUDIES WAYS THAT THESE MOLECULES BEHAVE, INCLUDING METHODS OF MEASURING THEM IN HUMAN BLOOD BESIDES DIABETES, A NUMBER OF DISEASES SUCH AS CANCER, SEPSIS AND ISCHEMIA, CAN RESULT IN CHANGES IN THE LEVELS OF FREE FATTY ACID MOLECULES IN THE BLOOD IT IS POSSIBLE THAT EARLY DETECTION OF FREE FATTY ACID MOLECULE LEVELS IN THE BLOOD CAN RESULT IN EARLIER DETECTION OF DIABETES AND OTHER DISEASES TPIMS SCIENTISTS ALSO STUDY VARIOUS TYPES OF T CELLS TO DETERMINE HOW CERTAIN TYPES FIGHT AGAINST TYPE 1 DIABETES, HOW TYPE 1 DIABETES CAN CAUSE CACHEXIA, HOW TO PREVENT REJECTION OF TRANSPLANTED ISLET CELLS, AND HOW TO HELP WITH THE NEUROPATHIC PAIN SUFFERED BY MANY TYPE 1 PATIENTS THIS RESEARCH IS SUPPORTED BY GRANTS FROM THE NATIONAL INSTITUTES OF HEALTH, DIABETES NATIONAL RESEARCH GROUP, JUVENILE DIABETES RESEARCH FOUNDATION AND DONATIONS MADE BY INDIVIDUALS AND CORPORATIONS TRANSPLANTATION, TRAUMA-INDUCED SHOCK, AND GENETICS THESE RESEARCHERS STUDY AREAS OF APPLICATION RANGING FROM RADIATION TRAUMA AND TRAUMA-INDUCED SHOCK, TO BONE MARROW TRANSPLANT THERAPY, TO THE GENETIC ANALYSIS OF THE IMMUNE SYSTEM ONE GROUP IS STUDYING HOW DNA REPAIRS ITSELF FOLLOWING TRAUMA SUCH AS RADIATION EXPOSURE BY UNDERSTANDING GENES THAT CONTROL THE NUMBERS OF SPECIALIZED CELLS IN BONE MARROW, OUR SCIENTISTS BELIEVE THAT THEY CAN IMPROVE THE METHODS OF TODAY'S BONE MARROW TRANSPLANT THERAPY ANOTHER GROUP STUDIES DETAILS OF THE IMMUNE SYSTEM IN ORDER TO PREVENT TRANSPLANTATION REJECTION TPIMS IS ALSO COLLABORATING WITH SCIENTISTS FROM OTHER INSTITUTIONS IN THE STUDY TO DETERMINE THE GENES IN ANTIBODIES THIS RESEARCH IS SUPPORTED BY THE NATIONAL INSTITUTES OF HEALTH CHRONIC PAIN THE GOAL TPIMS HAS OF THIS RESEARCH IS TO BETTER UNDERSTAND THE CAUSES OF CHRONIC PAIN, ESPECIALLY AS IT RELATES TO THE CONDITIONS OF ARTHRITIS AND OF CANCER, AS WELL AS TO FIND ALTERNATIVES TO CURRENT MEDICATIONS USED FOR THE MANAGEMENT OF PAIN, SUCH AS MORPHINE A COMMON TREATMENT IN THE USE OF PAIN, MORPHINE HAS MANY DELETERIOUS SIDE EFFECTS ASSOCIATED WITH ITS USE TPIMS HAS FOUND SEVERAL COMPOUNDS THAT ARE BEING INVESTIGATED BY A PHARMACEUTICAL PARTNER, WITH THE HOPE OF MAKING CHEMICAL COMPOUNDS INTO DRUGS THAT ARE EFFECTIVE PAIN RELIEVERS THE RESEARCH IS SUPPORTED BY THE NATIONAL INSTITUTES ON DRUG ABUSE, ARTHRITIS AND CHRONIC PAIN RESEARCH INSTITUTE, STATE OF FLORIDA, CORPORATE CONTRACTS, AND DONATIONS WOMEN'S HEALTH OSTEOPOROSIS, BREAST CANCER, LUPUS A STUDY THAT IS CURRENTLY BEING DONE AT THE INSTITUTE WILL DETERMINE IF BREAST CANCER, BY ALTERING NORMAL LEVELS OF FREE FATTY ACIDS (FFA), PREVENTS THE BODY'S IMMUNE SYSTEM FROM DESTROYING THE TUMOR IF THE HYPOTHESIS IS SUPPORTED BY THE RESULTS OF THIS STUDY, A NEW APPROACH TO TREATING BREAST CANCER WOULD BE AVAILABLE BY TESTING THE LEVELS OF FFA NEEDED TO BLOCK THE BODY'S IMMUNE SYSTEM AND MEASURING FFA LEVELS FROM HUMAN BREAST CANCER TISSUE, RESEARCHERS WILL DETERMINE IF THIS FLUID IS ACTUALLY PREVENTING THE BODY OF KILLING CANCER CELLS IN OTHER STUDIES TPIMS IS COMBINING THE TECHNOLOGIES OF T-CELL IMMUNOBIOLOGY AND SYNTHETIC PEPTIDE CHEMISTRY TO IDENTIFY ANTIGENS THAT CAN BE USED FOR THERAPEUTIC VACCINES FOR METASTATIC BREAST AND OVARIAN CANCERS THIS RESEARCH IS FUNDED BY GRANTS FROM THE NATIONAL CANCER INSTITUTE, OSTEOPOROSIS AND BREAST CANCER RESEARCH CENTER, CALIFORNIA BREAST CANCER RESEARCH PROGRAM AND DONATIONS FROM INDIVIDUALS OUTREACH AND EDUCATION THE GOAL OF TPIMS' OUTREACH AND EDUCATION PROGRAM IS TO EDUCATE THE PUBLIC, TEACHERS AND STUDENTS REGARDING THE IMPORTANCE OF SCIENTIFIC RESEARCH AND ALL THAT IT HAS TO OFFER TPIMS ASPIRES TO INSPIRE FUTURE SCIENTISTS, TEACHERS, AND THE PUBLIC THROUGHOUT THE FLORIDA RESEARCH COAST AND IN SAN DIEGO, CALIFORNIA THE MAIN COMPONENTS OF THE PROGRAM ARE EXPLORATION DAY AT TORREY PINES INSTITUTE INTERNSHIPS FOR STUDENTS AND TEACHERS ENHANCING SCIENCE CURRICULUM IN THE AREA THROUGH TEACHER WORKSHOPS, CAREER DAY AND SCIENCE FAIRS IN ADDITION, TPIMS WORKS CLOSELY WITH THE COMMUNITY IN PORT ST LUCIE, FLORIDA AS PART OF ITS OUTREACH EFFORTS THIS INCLUDES COLLABORATIONS WITH MANY COLLEGES, UNIVERSITIES AND OTHER RESEARCH INSTITUTES THROUGHOUT THE AREA OTHER PROGRAM ACTIVITIES THE MISSION AT TPIMS IS NOT ONLY TO CONDUCT SCIENTIFIC RESEARCH, BUT ALSO TO ENSURE THAT OUR RESEARCH DISCOVERIES MAKE A DIFFERENCE TO HUMANS WE ACCOMPLISH THIS BY SUPPORTING OUR SCIENTISTS IN THEIR ENDEAVORS TO PUBLISH, TO TRAVEL WORLDWIDE IN ORDER TO GIVE LECTURES AND OTHER PRESENTATIONS, TO ESTABLISH AND MAINTAIN COLLABORATIONS WITH OTHER SCIENTISTS, AND TO ACT AS MENTORS TO STUDENTS AND YOUNG SCIENTISTS JUST BEGINNING THEIR CAREERS OVER THE PAST YEAR, TPIMS SCIENTISTS TRAVELED THROUGHOUT THE UNITED STATES AND WORLDWIDE TO SHARE RESEARCH RESULTS, TO LEARN OF OTHERS' RESEARCH, AND MAINTAIN IMPORTANT COLLABORATIVE EFFORTS TPIMS STARTED OPERATIONS IN TEMPORARY QUARTERS AT ITS NEW DIVISION IN PORT ST LUCIE, FLORIDA IN 2007 A PERMANENT, STATE OF THE ART RESEARCH CENTER WAS COMPLETED IN OCTOBER 2008 THE FUNDING FOR THIS NEW DIVISION WAS GRANTED TO TPIMS FROM THE STATE OF FLORIDA, THE CITY OF PORT ST LUCIE, AND ST LUCIE COUNTY THE FLORIDA DIVISION HAS GROWN TO APPROXIMATELY 51 STAFF, INCLUDING 8 PRINCIPAL INVESTIGATORS PLEASE SEE OUR FLORIDA PROFILE AT WWW TPIMS ORG TPIMS' WEBSITE CONTAINS INFORMATION OF INTEREST TO RESEARCHERS, MEDICAL PROFESSIONALS AND INDIVIDUALS INTERESTED IN LEARNING ABOUT THE VARIETY OF DISEASE AREAS BEING STUDIED AT TPIMS WE PURCHASED SHARED LABORATORY EQUIPMENT, REPAIRED AND MAINTAINED OLDER SHARED EQUIPMENT, AND MADE RENOVATIONS IN LABORATORIES DURING THE YEAR AT TPIMS WE STRIVE TO PROVIDE A COLLEGIAL AND SUPPORTIVE ENVIRONMENT FOR OUR SCIENTISTS TPIMS RECOGNIZES THE NECESSITY OF MAINTAINING FACILITIES WITH WELL-FUNCTIONING EQUIPMENT, AND, WHEN POSSIBLE, STATE-OF-THE-ART NEW EQUIPMENT THIS TYPE OF ENVIRONMENT ALLOWS THE RESEARCH INVESTIGATORS TO APPLY THEIR TIME AND CREATIVE ENERGY ON ASKING NEW QUESTIONS, TESTING IDEAS, AND ULTIMATELY, ON IMPROVING THE LIVES OF HUMANS THROUGHOUT THE WORLD Expenses \$ 5789599 including grants of \$ 65034 Revenue \$ 265527</p>

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		THE PRESIDENT & CEO, CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEW THE FORM 990 IN DETAIL AND A COPY IS PROVIDED TO THE BOARD OF TRUSTEES PRIOR TO BEING FILED WITH THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		MONITORING OF CONFLICT OF INTEREST POLICY EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE SHALL SIGN A STATEMENT ANNUALLY WHICH AFFIRMS SUCH PERSON A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, C) HAS AGREED TO COMPLY WITH THE POLICY, AND D) UNDERSTANDS THE CORPORATION IS CHARITABLE AND IN ORDER TO MAINTAIN IT'S FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE COMPENSATION AND BENEFITS OF OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REVIEWED AND APPROVED IN ADVANCE BY THE BOARD OF TRUSTEES (OR A COMMITTEE OF BOARD OF TRUSTEES), PROVIDED THAT PERSONS WITH CONFLICTS OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE ARE NOT INVOLVED IN THE REVIEW AND APPROVAL THE COMPENSATION IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS THERE IS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING WITH RESPECT TO THE DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT GENERALLY, THIS IS DONE THROUGH MINUTES OF THE MEETING OF THE REVIEWING BODY PREPARED WITHIN 60 DAYS OF ITS ACTION RICHARD HOUGHTEN, PRESIDENT & CEO - 2007 MICHAEL E AUGUSTINE, VP AND CFO - 2009 KAREN DOUTHITT, VP AND CORPORATE SECRETARY - 2007 MARY TOTZKE, VICE PRESIDENT - 2007

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION ON SELECTED WEBSITES AND UPON REQUEST

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES IT'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PULIC UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990 PART XI LINE 2C		DURING THE TAX YEAR, THE ORGANIZATION'S AUDIT COMMITTEE ADOPTED A CHARTER AND EXPANDED ITS MEMBERSHIP

Identifier	Return Reference	Explanation
FORM 990, PART VII	CONTACT INFORMATION FOR OFFICERS, DIRECTORS, ETC	MARY TOTZKE 7620 LITTLE RIVER TURNPIKE, STE 600 ANNANDALE, VA 22003

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

▶ **Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Employer identification number
33-0319501

Part I Identification of Disregarded Entities

(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

Part II Identification of Related Tax-Exempt Organizations

(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
ALZHEIMER'S AND AGING RESEARCH CENTER 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0950810	SUPPORT RESEARCH & DEVELOPMENT OF METHODS TO TREAT & CURE ALZHEIMER'S	CA	501(C)3	LINE 11, TYPE 1	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC
ARTHRITIS AND CHRONIC PAIN RESEARCH CENTER 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0950814	UNDERSTANDING PAIN, ITS CAUSES, AND TREATMENTS FOR THOSE WHO SUFFER FROM IT	CA	501(C)3	LINE 11, TYPE 1	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC
DIABETES NATIONAL RESEARCH GROUP 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0950812	SUPPORTS RESEARCH TO FIND TREATMENTS AND A POSSIBLE CURE FOR DIABETES	CA	501(C)3	LINE 11, TYPE 1	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC
AIDS & INFECTIOUS DISEASE SCIENCE CENTER 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0950809	SUPPORTS RESEARCH IN THE FIELD OF INFECTIOUS DISEASE	CA	501(C)3	LINE 11, TYPE 1	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC
OSTEOPOROSIS AND BREAST CANCER RESEARCH CENTER 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0950811	SUPPORTS RESEARCH ON BREAST CANCER, OSTEOPOROSIS, AND WOMEN'S DISEASES	CA	501(C)3	LINE 11, TYPE 1	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
TORREY PINES SYNTHETIC SERVICES INC 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0696911	SCIENTIFIC CONSULTING AND ANALYSIS	CA	TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC	C			100 000 %
MIXTURE SCIENCES INC 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0745851	SCIENTIFIC CONSULTING AND ANALYSIS	CA	N/A	C			
FFA SCIENCES LLC 11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL349872352 33-0825214	SCIENTIFIC CONSULTING AND ANALYSIS	CA	N/A	C			

Part V Transactions with Related Organizations

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

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(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)			
See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Software ID:**Software Version:****EIN:** 33-0319501**Name:** TORREY PINES INSTITUTE FOR MOLECULAR STUDIES INC**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	ALZHEIMERS AND AGING RESEARCH CENTER	C	265,979
(2)	ARTHRITIS & CHRONIC PAIN RESEARCH INSTITUTE	C	28,657
(3)	DIABETES NATIONAL RESEARCH GROUP	C	530,744
(4)	AIDS AND INFECTIOUS DISEASE SCIENCE CENTERS	C	30,000
(5)	ALZHEIMERS AND AGING RESEARCH CENTER	E	250,000
(6)	ARTHRITIS & CHRONIC PAIN RESEARCH INSTITUTE	E	250,000
(7)	DIABETES NATIONAL RESEARCH GROUP	E	250,000
(8)	AIDS AND INFECTIOUS DISEASE SCIENCE CENTERS	E	250,000
(9)	OSTEOPOROSIS AND BREAST CANCER RESEARCH CENTER	E	250,000
(10)	ALZHEIMERS AND AGING RESEARCH CENTER	K	23,758
(11)	ARTHRITIS & CHRONIC PAIN RESEARCH INSTITUTE	K	8,713
(12)	DIABETES NATIONAL RESEARCH GROUP	K	29,559
(13)	AIDS AND INFECTIOUS DISEASE SCIENCE CENTERS	K	6,992
(14)	OSTEOPOROSIS AND BREAST CANCER RESEARCH CENTER	K	6,290
(15)	ALZHEIMERS AND AGING RESEARCH CENTER	P	62,132
(16)	ARTHRITIS & CHRONIC PAIN RESEARCH INSTITUTE	P	44,619
(17)	DIABETES NATIONAL RESEARCH GROUP	P	38,961
(18)	AIDS AND INFECTIOUS DISEASE SCIENCE CENTERS	P	27,398
(19)	OSTEOPOROSIS AND BREAST CANCER RESEARCH CENTER	P	30,398
(20)	MIXTURE SCIENCES INC	R	97,381
(21)	FFA SCIENCES LLC	K	10,528
(22)	FFA SCIENCES LLC	I	138,549

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

TORREY PINES INSTITUTE FOR MOLECULAR STUDIES PURSUES INNOVATIVE RESEARCH THAT LEADS TO THE UNDERSTANDING AND TREATMENT OF MAJOR MEDICAL CONDITIONS, INCLUDING MULTIPLE SCLEROSIS, AIDS, ALZHEIMER'S DISEASE, PAIN, ARTHRITIS, HEART DISEASE, MANY TYPES OF CANCER, AND MORE. OUR PHILOSOPHY IS THAT DISCOVERY AND EXCELLENCE IN SCIENCE ARE FOSTERED BY PROVIDING A STIMULATING AND COLLABORATIVE RESEARCH ENVIRONMENT.

Additional Data

Software ID:

Software Version:

EIN: 33-0319501

Name: TORREY PINES INSTITUTE FOR MOLECULAR STUDIES
INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD HOUGHTEN , PRESIDENT & CEO	40 00	X		X				340,650	0	36,666
WILLIAM BEERS , trUSTEE	1 00	X						0	0	0
WEAVER GAINES , TRUSTEE	1 00	X						0	0	0
ROBERT HODGES , TRUSTEE	1 00	X						0	0	0
ROBIN OFFORD , TRUSTEE	1 00	X						0	0	0
N JEFF OMAN , TRUSTEE	1 00	X						0	0	0
ANDREA RESNICK , TRUSTEE	1 00	X						0	0	0
DANIEL RICHEY , TRUSTEE	1 00	X						0	0	0
PATRICIA WU , TRUSTEE	1 00	X						0	0	0
GARLAND MARSHALL , TRUSTEE	1 00	X						0	0	0
MICHAEL AUGUSTINE , VICE PRESIDENT & CFO	40 00			X				196,611	0	13,549
KAREN DOUTHITT , SECRETARY & VICE PRESIDE	40 00			X				190,000	0	29,348
MARY TOTZKE , VICE PRESIDENT	40 00			X				211,304	0	32,464
VIPIN KUMAR - CHATURVEDI , MEMBER	40 00					X		145,000	0	28,876
FAHUMIYA SAMAD , MEMBER	40 00					X		145,000	0	28,683
ELI E SERCARZ , MEMBER	40 00					X		145,000	0	19,665
MARCELLO GIULIANOTTI , EMPLOYEE/DIRECTOR OF CHE	40 00					X		137,500	0	32,069
JOANNA DAVIES , MEMBER	40 00					X		130,000	0	24,789