Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE BROAD INSTITUTE INC

% DAN SHORE CFO/TREASURER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 415 MAIN STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
CAMBRIDGE, MA 02142

D Employer identification number
26-3428781

E Telephone number
(617) 714-7563

G Gross receipts $ 587,485,015

F Name and address of principal officer:
TODD GOLUB INSTITUTE DIRECTOR
415 MAIN STREET
CAMBRIDGE,MA 02142

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BROADINSTITUTE.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2008

M State of legal domicile: MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O.

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,144
6	Total number of volunteers (estimate if necessary)	6	25
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	546,713
b	Net unrelated business taxable income from Form 990-T, line 39	7b	688,306

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	463,786,973	496,219,162
9	Program service revenue (Part VIII, line 2g)	44,626,045	51,175,873
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,789,881	19,202,605
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,643,710	20,263,336
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,846,609	586,860,976
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	51,101,575	59,872,511
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	198,908,805	223,181,138
16a	Professional fundraising fees (Part IX, column (A), line 11e)	139,937	221,008
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,391,507		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	257,706,749	238,217,830
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	507,857,066	521,492,487
19	Revenue less expenses. Subtract line 18 from line 12	28,989,543	65,368,489
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	1,573,269,113	1,666,576,375
21	Total liabilities (Part X, line 26)	586,889,778	605,505,861
22	Net assets or fund balances. Subtract line 21 from line 20	986,379,335	1,061,070,514

Part II Signature Block

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

Sign Here

Signature of officer | Date 2021-05-10

DAN SHORE CFO/TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN P01441612
Firm's name ▶ PricewaterhouseCoopers LLP			Firm's EIN ▶	
Firm's address ▶ 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210			Phone no. (617) 530-5000	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE MISSION OF THE BROAD INSTITUTE IS TO PROPEL PROGRESS IN BIOMEDICINE, THROUGH RESEARCH AIMED AT THE UNDERSTANDING AND TREATMENT OF DISEASE AND THE DISSEMINATION OF SCIENTIFIC KNOWLEDGE TO THE SCIENTIFIC COMMUNITY TO BENEFIT THE PUBLIC.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 414,183,122 including grants of $ 59,872,511) (Revenue $ 51,175,873)

SEE SCHEDULE O.

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** ▶ 414,183,122

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	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? *If "Yes," complete Schedule C, Part I*	3		No
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*	4	Yes	
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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part 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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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.	11a	Yes	
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*	11b	Yes	
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*	11c		No
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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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)	17	Yes	
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*	18		No
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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	336			
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	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,144			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		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 as charitable contributions?			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).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			16		No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	**1a** 16			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 15			
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**	Yes	
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	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
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.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ CA, MA

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

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

▶DAN SHORE CFOTREASURER 415 MAIN STREET CAMBRIDGE, MA 02142 (617) 714-7563

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) ERIC S LANDER DIRECTOR, PRESIDENT & CEO	60.0 1.0	X		X				1,927,352	0	51,431
(2) JUSTINE LEVIN-ALLERHAND CHIEF DEVELOP. OFFICER/CLERK	60.0 0.0			X				580,026	0	54,741
(3) JESSE SOUWEINE TREASURER (UNT 10/19)/COO	60.0 0.0			X				478,149	0	51,547
(4) MORGAN SHENG CORE INSTITUTE MEMBER	60.0 0.0					X		481,713	0	5,188
(5) STACEY GABRIEL SR. DIR. GENOMICS PLATFORM	60.0 0.0				X			405,105	0	42,763
(6) ISRAEL ROZEN CHIEF BUSINESS OFFICER	60.0 0.0					X		344,004	0	54,191
(7) MARTIN DRYSDALE DIR DEV THERAPEUTICS(UNT 3/20)	60.0 0.0					X		349,579	0	34,186
(8) ANDY PORTER CHIEF PEOPLE OFCR (UNT 11/19)	60.0 0.0					X		336,808	0	46,515
(9) BETH ZELNICK KAUFMAN CHIEF LEGAL OFFICER	60.0 0.0					X		339,811	0	31,983
(10) JOHN TRAVIA SR.ADVISOR CFO/ASST TREASURER	60.0 0.0			X				276,882	0	53,849
(11) DAN SHORE CFO/TREASURER (BEG 10/19)	60.0 0.0			X				200,869	0	24,200
(12) LAURIE PESSAH BOD ADMIN/AST CLRK (BEG 10/19)	60.0 0.0			X				143,382	0	38,830
(13) DAVID BALTIMORE DIRECTOR	1.0 0.0	X						0	0	0
(14) GEORGE Q DALEY DIRECTOR	1.0 0.0	X						0	0	0
(15) LAWRENCE BACOW DIRECTOR	1.0 0.0	X						0	0	0
(16) LOUIS V GERSTNER JR DIRECTOR	1.0 0.0	X						0	0	0
(17) SETH KLARMAN DIRECTOR	1.0 0.0	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 (list any hours for related organizations below dotted line)	(C) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) WILLIAM HELMAN DIRECTOR	1.0 0.0	X						0	0	0
(19) ARTHUR LEVINSON DIRECTOR	1.0 0.0	X						0	0	0
(20) ELIZABETH NABEL DIRECTOR	1.0 0.0	X						0	0	0
(21) MARK NUNNELLY DIRECTOR	1.0 0.0	X						0	0	0
(22) L RAFAEL REIF DIRECTOR	1.0 0.0	X						0	0	0
(23) ERIC E SCHMIDT DIRECTOR	1.0 0.0	X						0	0	0
(24) PHILLIP SHARP DIRECTOR	1.0 0.0	X						0	0	0
(25) SHIRLEY TILGHMAN DIRECTOR	1.0 0.0	X						0	0	0
(26) GERUN RILEY DIRECTOR	1.0 0.0	X						0	0	0
(27) JAMES MANYIKA DIRECTOR	1.0 0.0	X						0	0	0

	(D)	(E)	(F)
1b Sub-Total ▶			
c Total from continuation sheets to Part VII, Section A ▶			
d Total (add lines 1b and 1c) ▶	5,863,680	0	489,424

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 547

			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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EMC CORPORATION, 55 CONSTITUTION BLVD FRANKLIN, MA 02038	IT SUPPORT SERVICES	7,206,551
JOHNSON MARCOU ISSACS LLC, PO BOX 691 HOSCHTON, GA 30548	LEGAL	5,621,636
FOLEY LARDNER LLP, 3000 K STREET NW SUITE 600 WASHINGTON, DC 200075109	LEGAL	5,315,953
SIENA CONSTRUCTION CORP, 38 SIDNEY STREET CAMBRIDGE, MA 02139	CONSTRUCTION	3,578,480
QUINN EMANUEL URQUHART SULLIVAN, 865 SOUTH FIGUEROA STREET 10TH FL LOS ANGELES, CA 90017	LEGAL	3,108,958

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 74

Part VIII **Statement of Revenue**

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

Contributions, Gifts, Grants and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns . .	1a					
b Membership dues . .	1b					
c Fundraising events . .	1c					
d Related organizations	1d	52,500,000				
e Government grants (contributions)	1e	136,736,592				
f All other contributions, gifts, grants, and similar amounts not included above	1f	306,982,570				
g Noncash contributions included in lines 1a - 1f:$	1g	1,426,139				
h **Total.** Add lines 1a-1f . . . . ▶			496,219,162			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a RESEARCH	541700	48,301,617	48,301,617		
b USE OF FACILITIES	541700	1,708,687	748,108	960,579	
c REBATES	541700	363,781	363,781		
d SYMPOSIUM SPONSORSHIP	541700	589,356	589,356		
e CONFERENCE REGISTRATION FEES	541700	65,100	65,100		
f All other program service revenue.		147,332	147,332		
g **Total.** Add lines 2a–2f. . . . . ▶		51,175,873			

Other Revenue

		(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) ▶				4,476,398		-912,769	5,389,167
4 Income from investment of tax-exempt bond proceeds ▶				0			
5 Royalties . . . . ▶				20,181,082			20,181,082
		(i) Real	(ii) Personal				
6a Gross rents	6a	259,444					
b Less: rental expenses	6b	177,190					
c Rental income or (loss)	6c	82,254	0				
d Net rental income or (loss) . . . . ▶				82,254			82,254
		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	14,718,470	454,586				
b Less: cost or other basis and sales expenses	7b	0	446,849				
c Gain or (loss)	7c	14,718,470	7,737				
d Net gain or (loss) . . . . ▶				14,726,207		498,903	14,227,304
8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	8a		0				
b Less: direct expenses	8b		0				
c Net income or (loss) from fundraising events . . ▶				0			
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a		0				
b Less: direct expenses	9b		0				
c Net income or (loss) from gaming activities . . ▶				0			

				(A)	(B)	(C)	(D)
10a	Gross sales of inventory, less returns and allowances . .	10a	0				
b	Less: cost of goods sold . .	10b	0				
c	Net income or (loss) from sales of inventory . . ▶			0			
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	**Total.** Add lines 11a–11d . . . . . . ▶			0			
12	**Total revenue.** See instructions . . . . . ▶			586,860,976	50,215,294	546,713	39,879,807

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	44,806,180	44,806,180		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,923,764	2,923,764		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	12,142,567	12,142,567		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,794,177	903,449	2,185,793	704,935
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	173,926,159	133,073,952	39,097,585	1,754,622
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,222,607	11,114,399	1,906,189	202,019
9 Other employee benefits	20,655,964	17,362,584	2,977,792	315,588
10 Payroll taxes	11,582,231	9,735,564	1,669,710	176,957
11 Fees for services (non-employees):				
a Management	0			
b Legal	11,851,035	18,775	11,768,911	63,349
c Accounting	305,244		305,244	
d Lobbying	1,500		1,500	
e Professional fundraising services. See Part IV, line 17	221,008			221,008
f Investment management fees	4,399,868		4,399,868	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	26,501,551	15,392,146	10,982,936	126,469
12 Advertising and promotion	725,650	197,019	508,762	19,869
13 Office expenses	1,333,219	460,413	804,417	68,389
14 Information technology	39,876,914	30,545,339	9,311,283	20,292
15 Royalties . .	0			
16 Occupancy	35,167,520	30,524,722	4,541,131	101,667
17 Travel	3,859,979	2,875,695	919,137	65,147
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	5,530,156	1,523,663	3,663,057	343,436
20 Interest	16,992,994	14,296,881	2,582,617	113,496
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	32,095,291	29,621,370	2,380,594	93,327
23 Insurance . . .	648,948		648,948	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MATERIALS & SERVICES	56,276,783	56,014,463	262,109	211
b MINOR EQUIPMENT & RENTALS	382,216	290,392	91,737	87
c OTHER	2,268,962	359,785	1,908,538	639
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	521,492,487	414,183,122	102,917,858	4,391,507
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,478,559	1	29,939,970
	2	Savings and temporary cash investments		245,490,154	2	218,643,074
	3	Pledges and grants receivable, net		186,981,569	3	107,176,520
	4	Accounts receivable, net		84,532,175	4	93,843,535
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . .		0	6	0
	7	Notes and loans receivable, net		1,399,674	7	389,047
	8	Inventories for sale or use		18,010,753	8	16,578,549
	9	Prepaid expenses and deferred charges		25,369,835	9	35,484,718
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 669,531,646			
	b	Less: accumulated depreciation	10b 257,103,703	418,697,302	10c	412,427,943
	11	Investments—publicly traded securities .		0	11	24,226,720
	12	Investments—other securities. See Part IV, line 11		555,137,535	12	694,137,136
	13	Investments—program-related. See Part IV, line 11 . .		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		27,171,557	15	33,729,163
	16	**Total assets.** Add lines 1 through 15 (must equal line 34) . . .		1,573,269,113	16	1,666,576,375
Liabilities	17	Accounts payable and accrued expenses		101,849,076	17	101,318,624
	18	Grants payable . . .		0	18	0
	19	Deferred revenue		48,826,817	19	71,251,345
	20	Tax-exempt bond liabilities		284,732,474	20	282,049,565
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		6,428,517	21	7,738,993
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . .		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties . .		12,558,485	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		132,494,409	25	143,147,334
	26	**Total liabilities.** Add lines 17 through 25 . .		586,889,778	26	605,505,861
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		217,122,811	27	220,148,082
	28	Net assets with donor restrictions		769,256,524	28	840,922,432
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund . . .			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		986,379,335	32	1,061,070,514
	33	Total liabilities and net assets/fund balances		1,573,269,113	33	1,666,576,375

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	586,860,976
2	Total expenses (must equal Part IX, column (A), line 25)	2	521,492,487
3	Revenue less expenses. Subtract line 2 from line 1	3	65,368,489
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	986,379,335
5	Net unrealized gains (losses) on investments	5	6,546,949
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,775,741
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10	1,061,070,514

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other ____________ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization	**Employer identification number**
THE BROAD INSTITUTE INC	26-3428781

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	319,014,517	379,300,376	390,453,832	463,786,973	496,219,162	2,048,774,860
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						0
4 **Total.** Add lines 1 through 3	319,014,517	379,300,376	390,453,832	463,786,973	496,219,162	2,048,774,860
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). .						389,544,274
6 **Public support.** Subtract line 5 from line 4.						1,659,230,586

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	319,014,517	379,300,376	390,453,832	463,786,973	496,219,162	2,048,774,860
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	2,323,612	15,922,730	5,575,342	21,544,369	24,916,924	70,282,977
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	313,976	197,408	1,440,261	1,290,451	688,306	3,930,402
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	0			0
11 **Total support.** Add lines 7 through 10						2,122,988,239

12 Gross receipts from related activities, etc. (see instructions)	12	196,983,315

13 **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

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	78.155 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	78.148 %

16a **33 1/3% support test—2019.** 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—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

b **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . ▶ ☐

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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 VI.) . .						
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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 **Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in **Part VI**.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

			Yes	No
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i)** Excess Distributions	**(ii)** Underdistributions Pre-2019	**(iii)** Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI** . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization	Employer identification number
THE BROAD INSTITUTE INC	26-3428781

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33\frac{1}{3}$% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . ▶ $ ____________

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
THE BROAD INSTITUTE INC	26-3428781

Part I **Contributors** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
THE BROAD INSTITUTE INC	26-3428781

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

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

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

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

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

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

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

Name of organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

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

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
THE BROAD INSTITUTE INC	26-3428781

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (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:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

	(a)	(b)
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? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) 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?	Yes		1,500
j	Total. Add lines 1c through 1i			1,500
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	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

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

Return Reference	Explanation
Lobbying Activities	Schedule C, Part II-B The Broad Institute belongs to a membership organization which engages in lobbying activities. Dues of $1,500 have been specifically identified as pertaining to lobbying.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

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

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

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

Part II Conservation Easements.
Complete if the organization answered "Yes" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . .	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ____________

4 Number of states where property subject to conservation easement is located ▶ ____________

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ ____________

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ ____________

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . ▶ $ ____________

(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 (ASC 958) relating to these items:

a Revenue included on 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 acquisition, 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 XIII.

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

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

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

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

		Amount
c Beginning balance . . .	1c	
d Additions during the year . . .	1d	
e Distributions during the year . . .	1e	
f Ending balance . . .	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	644,800,017	644,424,145	609,290,574	586,782,214	616,048,732
b Contributions . . .	58,099,417	12,819,299	33,061,765	14,351,557	15,404
c Net investment earnings, gains, and losses	15,763,759	16,395,139	30,417,343	36,161,058	-2,300,829
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	29,825,228	28,838,566	28,345,537	28,004,255	26,981,093
f Administrative expenses					
g End of year balance	688,837,965	644,800,017	644,424,145	609,290,574	586,782,214

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

a Board designated or quasi-endowment ▶ ....

b Permanent endowment ▶ 99.000 %

c Temporarily restricted endowment ▶ 1.000 %

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

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

(i) unrelated organizations . . .

(ii) related organizations . . .

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . .

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

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

Part VI **Land, Buildings, and Equipment.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		25,000,000		25,000,000
b Buildings		304,636,892	75,849,723	228,787,169
c Leasehold improvements		58,445,382	32,597,129	25,848,253
d Equipment		176,443,733	139,671,606	36,772,127
e Other		105,005,639	8,985,245	96,020,394

Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶ 412,427,943

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FUND OF FUNDS	694,137,136	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	694,137,136	

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	143,147,334

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	592,125,552
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,546,949		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	2,775,741		
e	Add lines **2a** through **2d**			2e	9,322,690
3	Subtract line **2e** from line **1**			3	582,802,862
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	4,399,868		
b	Other (Describe in Part XIII.)	4b	-341,754		
c	Add lines **4a** and **4b**			4c	4,058,114
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	586,860,976

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	517,434,373
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 XIII.)	2d	341,754		
e	Add lines **2a** through **2d**			2e	341,754
3	Subtract line **2e** from line **1**			3	517,092,619
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	4,399,868		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	4,399,868
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	521,492,487

Part XIII Supplemental Information

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

Return Reference	Explanation
AGENCY FUNDS	SCHEDULE D, PART IV, LINE 2B THE BROAD INSTITUTE IS AN AGENT FOR FUNDS OF THE STARR CANCER CONSORTIUM (SCC) WHICH ARE INCLUDED ON FORM 990, PART X, LINE 2. AN OFFSETTING LIABILITY IS REPORTED FOR THE SAME AMOUNT ON FORM 990, PART X, LINE 21. THE SCC IS A COLLABORATIVE RESEARCH FRAMEWORK AMONG FIVE INSTITUTIONS INCLUDING THE BROAD INSTITUTE.
ENDOWMENT	SCHEDULE D, PART V, LINE 4 THE BROAD INSTITUTE'S ENDOWMENT FUNDS ARE USED TO SUPPORT THE INSTITUTE'S PRIMARY RESEARCH MISSION.
OTHER LIABILITIES	SCHEDULE D, PART X, LINE 2 THE BROAD INSTITUTE DOES NOT HAVE A FIN 48 (ASC 740) STATEMENT.
RECONCILIATION OF REVENUE/EXPENSES	SCHEDULE D, PART XI, 2D THE INSTITUTE RECOGNIZED CHANGES IN THE INSTITUTE'S BENEFICIAL INTEREST IN TRUST OF $2,775,741 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS. SCHEDULE D, PART XI, 4B AND PART XII, 2D LOSSES ON ASSET SALES OF $164,564 AND RENTAL EXPENSES OF $177,190 ARE REPORTED AS EXPENSES IN THE INSTITUTE'S FINANCIAL STATEMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in the region	**(d)** Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	Europe (Including Iceland and Greenland)			Grantmaking	Research	5,941,506
(2)	Middle East and North Africa			Grantmaking	RESEARCH	46,760
(3)	East Asia and the Pacific			Grantmaking	Research	4,089,062
(4)	North America			Grantmaking	Research	483,279
(5)	Sub-Saharan Africa			Grantmaking	RESEARCH	1,581,961
(6)	East Asia and the Pacific		2	Program Services	RESEARCH	196,619
(7)	Europe (Including Iceland and Greenland)		10	Program Services	RESEARCH	623,777
(8)	Middle East and North Africa		1	Program Services	RESEARCH	27,728
(9)	North America		1	Program Services	RESEARCH	47,554
(10)	South Asia		1	Program Services	RESEARCH	177,014
(11)	Sub-Saharan Africa		1	Program Services	RESEARCH	118,920
(12)	Central America and the Caribbean			Program Services	Send agents to seminar	5,221
(13)	East Asia and the Pacific			Program Services	Send agents to seminar	221,863
(14)	Europe (Including Iceland and Greenland)			Program Services	Send agents to seminar	608,408
(15)	Middle East and North Africa			Program Services	Send agents to seminar	254,314
(16)	North America			Program Services	send agents to seminar	135,656
(17)	Russia and the Newly Independent States			Program Services	Send agents to seminar	4,186
(18)	South America			Program Services	Send agents to seminar	3,574
(19)	South Asia			Program Services	Send agents to seminar	25,836
(20)	Sub-Saharan Africa			Program Services	Send agents to seminar	97,263
(21)	East Asia and the Pacific			Fundraising	Fundraising	4,037
(22)	Europe (Including Iceland and Greenland)			Fundraising	Fundraising	3,451
(23)	Middle East and North Africa			Fundraising	Fundraising	22,839
3a	Sub-total		16			14,563,828
b	Total from continuation sheets to Part I . . .					157,000
c	**Totals** (add lines 3a and 3b)		16			14,720,828

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		Sub-Saharan Africa	Subaward	283,999	WIRE			
(2)		Europe (Including Iceland and Greenland)	Subaward	195,000	WIRE			
(3)		Europe (Including Iceland and Greenland)	Subaward	181,000	WIRE			
(4)		East Asia and the Pacific	Subaward	3,252,563	WIRE			
(5)		East Asia and the Pacific	Subaward	38,928	WIRE			
(6)		East Asia and the Pacific	Subaward	371,840	WIRE			
(7)		East Asia and the Pacific	Subaward	36,725	WIRE			
(8)		Europe (Including Iceland and Greenland)	Subaward	100,456	WIRE			
(9)		Europe (Including Iceland and Greenland)	Subaward	95,631	WIRE			
(10)		North America	Subaward	221,893	WIRE			
(11)		Europe (Including Iceland and Greenland)	Subaward	471,703	WIRE			
(12)		Europe (Including Iceland and Greenland)	Subaward	78,479	WIRE			
(13)		Europe (Including Iceland and Greenland)	Subaward	26,020	WIRE			
(14)		Europe (Including Iceland and Greenland)	Subaward	95,000	WIRE			
(15)		Middle East and North Africa	Subaward	46,760	WIRE			
(16)		Sub-Saharan Africa	Subaward	309,784	WIRE			
(17)		Sub-Saharan Africa	Subaward	242,967	WIRE			
(18)		Europe (Including Iceland and Greenland)	Subaward	128,429	WIRE			
(19)		Europe (Including Iceland and Greenland)	Subaward	857,947	WIRE			
(20)		Sub-Saharan Africa	Subaward	745,211	WIRE			
(21)		Europe (Including Iceland and Greenland)	Subaward	1,111,989	WIRE			
(22)		Europe (Including Iceland and Greenland)	Subaward	106,998	WIRE			
(23)		North America	Subaward	10,695	CHECK			
(24)		North America	Subaward	210,893	CHECK			
(25)		North America	Subaward	39,797	WIRE			
(26)		Europe (Including Iceland and Greenland)	Subaward	2,030,446	WIRE			
(27)		Europe (Including Iceland and Greenland)	Subaward	207,735	WIRE			
(28)		Europe (Including Iceland and Greenland)	Subaward	22,497	WIRE			
(29)		Europe (Including Iceland and Greenland)	Subaward	41,400	WIRE			
(30)		East Asia and the Pacific	Subaward	171,990	WIRE			
(31)		East Asia and the Pacific	Subaward	18,600	WIRE			
(32)		Europe (Including Iceland and Greenland)	Subaward	95,474	WIRE			
(33)		Europe (Including Iceland and Greenland)	Subaward	28,370	WIRE			
(34)		East Asia and the Pacific	Subaward	110,578	WIRE			
(35)		Europe (Including Iceland and Greenland)	Subaward	66,932	WIRE			
(36)		East Asia and the Pacific	Subaward	87,838	WIRE			

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 . . . . ▶ 33

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

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

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

Part IV Foreign Forms

1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . ☑ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . ☐ Yes ☑ No

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

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☑ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . ☐ Yes ☑ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . ☑ Yes ☐ No

Part V Supplemental Information

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

ReturnReference	Explanation
SCHEDULE F, PART I, LINE 2	The Institute assigns responsibility for monitoring the use of grant funds outside of the United States to its Office of Sponsored Research. This office monitors all grant making activity including all applicable compliance regulations. Monitoring includes periodic reviews of budget to actual reports by both the Office of Sponsored Research and the Principal Investigator to ensure funds are used according to the agreement. Expenses are accounted for on an accrual basis.

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☑ Internet and email solicitations
c ☑ Phone solicitations
d ☑ In-person solicitations
e ☑ Solicitation of non-government grants
f ☑ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1 THE HELEN BROWN GROUP 48 SUMMER STREET SUITE 2 WATERTOWN, MA 02472	CONSULTING		No		76,800	
2 JULIANA SOHN 62 2ND AVENUE APT 6E NEW YORK, NY 10003	CONSULTING		No		12,545	
3 BLACKBAUD INC 2000 DANIEL ISLAND DRIVE CHARLESTOWN, SC 29492	CONSULTING		No		7,450	
4 MOTHANDRUST LTD 18 ASHWIN STREET LONDON, DALSTON UK	CONSULTING		No		27,308	
5 LINKEDU INC 44 SPRING STREET WATERTOWN, MA 02472	CONSULTING		No		32,185	
6 WALLBROOK ADVISORY LTD 1177 AVENUE OF THE AMERICAS NEW YORK, NY 10036	CONSULTING		No		5,000	
7 BRIDGESPAN GROUP INC 2 COPLEY PLACE 7TH FL SUITE 3700B BOSTON, MA 02116	CONSULTING		No		50,000	
8						
9						
10						
Total . . . . ▶					211,288	

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

MA

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

		(a) Event #1 (event type)	**(b)** Event #2 (event type)	**(c)** Other events (total number)	**(d)** Total events (add col. **(a)** through col. **(c)**)
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages . . .				
	8 Entertainment				
	9 Other direct expenses . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . ▶				

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

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

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

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

b If "No," explain: ____________________

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

b If "Yes," explain: ____________________

11 Does the organization conduct gaming activities with nonmembers? . . . . ☐ **Yes** ☐ **No**

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . ☐ **Yes** ☐ **No**

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility . . . . **13a** %

b An outside facility . . . . **13b** %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ **Yes** ☐ **No**

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 3 POINT BIO LLC 4 DANA RD BOXFORD,MA 01921	36-4806076	N/A	1,138,062				PROGRAM SUPPORT
(2) American Heart Association 7272 GREENVILLE AVE DALLAS,TX 752314596	13-5613797	501(c)(3)	49,171				PROGRAM SUPPORT
(3) Baylor College of Medicine One Baylor Plaza HOUSTON,TX 770303411	74-1613878	501(c)(3)	25,019				Program Support
(4) BETH ISRAEL DEACONESS MEDICAL CTR 330 Brookline Ave BOSTON,MA 02215	04-2103881	501(c)(3)	1,769,550				Program Support
(5) BRIGHAM & WOMENS HOSPITAL 75 FRANCIS ST BOSTON,MA 02115	04-2312909	501(c)(3)	1,250,795				Program Support
(6) CHILDRENS HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(c)(3)	839,123				Program Support
(7) Color Genomics Inc 863 MITTEN RD BURLINGAME,CA 94010	46-3353585	N/A	772,920				PROGRAM SUPPORT
(8) COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY FT COLLINS,CO 80523	84-6000545	GOV'T	34,962				PROGRAM SUPPORT
(9) COLUMBIA UNIVERSITY 535 W 116th St Ste 116 NEW YORK,NY 10027	13-5598093	501(c)(3)	554,309				Program Support
(10) DANA FARBER CANCER INSTITUTE BP451 450 BROOKLINE AVE BOSTON,MA 02215	04-2263040	501(c)(3)	2,580,044				Program Support
(11) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE,NC 282602651	56-0532129	501(c)(3)	489,669				Program Support
(12) HARVARD UNIVERSITY 1350 MASS AVE CAMBRIDGE,MA 021383800	04-2103580	501(c)(3)	11,029,124				Program Support
(13) JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE,MD 212182686	52-0595110	501(c)(3)	108,169				Program Support
(14) JOSLIN DIABETES CTR One Joslin Pl BOSTON,MA 02215	04-2203836	501(c)(3)	726,135				Program Support
(15) MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES ST BOSTON,MA 02114	04-2103591	501(c)(3)	23,368				PROGRAM SUPPORT
(16) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 021142517	04-1564655	501(c)(3)	7,159,601				Program Support
(17) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE,MA 02139	04-2103594	501(c)(3)	4,257,862				Program Support
(18) MCLEAN HOSPITAL 115 MILL ST BELMONT,MA 02478	04-2697981	501(c)(3)	223,589				PROGRAM SUPPORT
(19) NATIONAL DISEASE RESEARCH INTERCHANGE 8 PENN CENTER PHILADELPHIA,PA 19103	23-2213205	501(c)(3)	150,633				Program Support
(20) Northwestern University 633 CLARK ST EVANSTON,IL 60208	36-2167817	501(c)(3)	204,175				PROGRAM SUPPORT
(21) Rare Cancer Research Foundation 112 S DUKE ST SUITE 101 DURHAM,NC 27701	46-3405526	501(c)(3)	132,166				PROGRAM SUPPORT
(22) Rush University Medical Center 1700 WVan Buren No153 Chicago,IL 60612	36-2174823	501(c)(3)	8,410				Program Support
(23) SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE 10901 N TORREY PINES RD LA JOLLA,CA 92037	51-0197108	501(c)(3)	267,011				PROGRAM SUPPORT
(24) SOCIETY FOR NEUROSCIENCE 1121 14TH ST NW WASHINGTON,DC 20005	52-0895843	501(c)(3)	50,000				Program Support
(25) Stanford University PO BOX 44253 SAN FRANCISCO,CA 941444253	94-1156365	501(c)(3)	540,371				Program Support
(26) THE JACKSON LABORATORY 600 MAIN ST BAR HARBOR,ME 04609	01-0211513	501(c)(3)	1,018,757				PROGRAM SUPPORT
(27) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR,MI 48109	38-6006309	Gov't	589,246				PROGRAM SUPPORT
(28) THE UNIV OF MASSACHUSETTS MEDICAL SCHOOL 55 NORTH LAKE AVE WORCESTER,MA 01655	04-3167352	GOV'T	205,731				Program Support
(29) THE UNIVERSITY OF TEXAS HEALTH SCIENCE CTR PO BOX 301418 DALLAS,TX 75303	74-1761309	Gov't	6,055				PROGRAM SUPPORT
(30) TRUSTEES OF BOSTON UNIVERSITY 44 CUMMINGTON ST BOSTON,MA 02215	04-2103547	501(c)(3)	342,403				Program Support
(31) TRUSTEES OF TUFTS COLLEGE 169 HOLLAND ST SOMERVILLE,MA 02144	04-2103634	501(c)(3)	311,808				PROGRAM SUPPORT
(32) UCHICAGO ARGONNE LLC 5801 S ELLIS AVE CHICAGO,IL 60637	68-0628477	501(c)(3)	71,161				Program Support
(33) UNIVERSITY OF ALABAMA TUSCALOOSA 313 ROSE ADMIN BLDG TUSCALOOSA,AL 35487	63-6001138	501(c)(3)	38,724				PROGRAM SUPPORT
(34) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA,CA 92093	95-6006144	Gov't	184,416				PROGRAM SUPPORT
(35) University of California Santa Cruz 1156 HIGH ST Santa Cruz,CA 95064	94-1539563	Gov't	1,276,992				Program Support
(36) UNIVERSITY OF CHICAGO 6054 S DREXEL AVE CHICAGO,IL 60637	36-2177139	501(c)(3)	1,427,998				PROGRAM SUPPORT
(37) University of Maryland Baltimore 1420 N CHARLES ST BALTIMORE,MD 21201	52-6002033	Gov't	285,174				PROGRAM SUPPORT
(38) University of North Carolina PO Box 2688 Chapel Hill,NC 27515	56-6001393	501(c)(3)	116,620				PROGRAM SUPPORT
(39) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA,PA 19104	23-1352685	501(c)(3)	233,868				PROGRAM SUPPORT
(40) University of Southern California 3500 S Figeuroa St LOS ANGELES,CA 90089	95-1642394	501(c)(3)	31,701				PROGRAM SUPPORT
(41) UNIVERSITY OF UTAH 201 PRESIDENT CR SALT LAKE CITY,UT 84112	87-6000525	501(c)(3)	449,361				Program Support
(42) University of Washington 4333 Brooklyn Ave SEATTLE,WA 98195	91-6001537	Gov't	171,707				Program Support
(43) Vanderbilt University Medical Center 1161 21st AVE S NASHVILLE,TN 372325545	35-2528741	501(c)(3)	201,391				PROGRAM SUPPORT
(44) VIRGINIA COMMONWEALTH UNIVERSITY 800 E LEIGH ST RICHMOND,VA 232980568	54-6001758	Gov't	116,690				PROGRAM SUPPORT
(45) WAKE FOREST UNIVERSITY HEALTH SCIENCES 1834 WAKE FOREST RD WINSTONSALEM,NC 27109	22-3849199	501(c)(3)	24,025				PROGRAM SUPPORT
(46) Washington University in St Louis 660 S EUCLID AVE ST LOUIS,MO 63110	43-0653611	501(c)(3)	167,399				PROGRAM SUPPORT
(47) Weill Cornell Medical College 445 E 69th St New York,NY 10021	13-1623978	501(c)(3)	771,100				Program Support
(48) WHITEHEAD INSTITUTE 455 MAIN ST CAMBRIDGE,MA 02142	06-1043412	501(c)(3)	83,115				Program Support
(49) Yale University PO Box 1873 New Haven,CT 065208239	06-0646973	501(c)(3)	279,247				Program Support
(50) Fathom Information Design 300 Cambridge St Boston,MA 02114	27-1573165	N/A	666,667				Program Support
(51) California Institute of Technology 1200 E CA Blevrd Pasadena,CA 91125	95-1643307	501(c)(3)	57,300				Program Support
(52) Dimagi Inc 585 Mass Ave Ste 3 Cambridge,MA 02139	83-0343298	N/A	335,440				Program Support
(53) International Neuroethics Society 4938 Hampden Lane 553 Bethesda,MD 20814	20-5230980	501(c)(3)	10,000				Program Support
(54) Mayo Clinic 200 First Street SW Rochester,MN 55905	41-6011702	501(c)(3)	57,772				Program Support
(55) National Alliance on Mental Illness 4301 Wilson Blvd Ste300 Arlington,VA 22203	43-1201653	501(c)(3)	48,037				Program Support
(56) Oregon Health & Science University 0690 SW Bancroft Portland,OR 972394244	93-1176109	Gov't	19,605				Program Support
(57) Oregon State University A312 Kerr Admin Bldg Corvallis,OR 97331	93-6022772	501(c)(3)	20,756				Program Support
(58) Princeton University 701 Carnegie Center Princeton,NJ 08540	21-0634501	501(c)(3)	62,856				Program Support
(59) The Inspire Project Inc 329 Pine Tree Road Venice,FL 34293	82-3692406	501(c)(3)	97,936				Program Support
(60) Seven Bridges Genomics Inc 529 Main St Ste 6610 Charlestown,MA 02129	45-3415885	N/A	33,694				Program Support
(61) St Jude Children's Research Hospital Inc 262 Danny Thomas Place Memphis,TN 38105	62-0646012	501(c)(3)	96,826				Program Support
(62) The Rockefeller University 1230 York Avenue New York,NY 10065	13-1624158	501(c)(3)	219,522				Program Support
(63) Tufts Medical Center Inc 800 Washington Street Boston,MA 02111	04-3400617	501(c)(3)	32,461				Program Support
(64) University of CaliforniaSan Francisco PO Box 748872 Los Angeles,CA 90074	94-6036493	Gov't	151,593				Program Support
(65) University of Minnesota NW5960 PO Box 1450 Minneapolis,MN 55485	41-6007513	Gov't	97,723				Program Support
(66) University of Mississippi Medical Center 2500 N State St Jackson,MS 392164505	64-6008520	Gov't	71,606				Program Support
(67) University of Wisconsin-Madison 21 N Park St Ste 6401 Madison,WI 53715	39-6006492	501(c)(3)	108,249				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 62

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1) EXTERNAL FELLOWSHIPS	28	1,030,579			
(2) TUITION	67	1,893,185			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I PART I LINE 2	THE INSTITUTE ASSIGNS RESPONSIBILITY FOR MONITORING THE USE OF GRANT FUNDS INSIDE OF THE UNITED STATES TO ITS OFFICE OF SPONSORED RESEARCH. THIS OFFICE MONITORS ALL GRANT MAKING ACTIVITY INCLUDING ALL APPLICABLE COMPLIANCE REGULATIONS. MONITORING INCLUDES PERIODIC REVIEWS OF BUDGET TO ACTUAL REPORTS BY BOTH THE OFFICE OF SPONSORED RESEARCH AND THE PRINCIPAL INVESTIGATOR TO ENSURE FUNDS ARE USED ACCORDING TO THE AGREEMENT. EXPENSES ARE ACCOUNTED FOR ON AN ACCRUAL BASIS.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☑ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? . .	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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.	**4c**		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization? . . . . If "Yes," on line 5a or 5b, describe in Part III.	**5b**		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization? . . . . If "Yes," on line 6a or 6b, describe in Part III.	**6b**		No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		**(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 ERIC S LANDER DIRECTOR, PRESIDENT & CEO	(i)	1,348,223		579,129	25,050	26,381	1,978,783	482,739
	(ii)							
2 JUSTINE LEVIN-ALLERHAND CHIEF DEVELOP. OFFICER/CLERK	(i)	557,970		22,056	25,050	29,691	634,767	
	(ii)							
3 JESSE SOUWEINE TREASURER (UNT 10/19)/COO	(i)	458,074		20,075	25,333	26,214	529,696	
	(ii)							
4 JOHN TRAVIA SR.ADVISOR CFO/ASST TREASURER	(i)	256,074		20,808	24,958	28,891	330,731	
	(ii)							
5 STACEY GABRIEL SR. DIR. GENOMICS PLATFORM	(i)	384,726		20,379	25,050	17,713	447,868	
	(ii)							
6 MARTIN DRYSDALE DIR DEV THERAPEUTICS(UNT 3/20)	(i)	347,416		2,163	25,050	9,136	383,765	
	(ii)							
7 ISRAEL ROZEN CHIEF BUSINESS OFFICER	(i)	342,090		1,914	25,050	29,141	398,195	
	(ii)							
8 DAN SHORE CFO/TREASURER (BEG 10/19)	(i)	199,912		957	10,500	13,700	225,069	
	(ii)							
9 LAURIE PESSAH BOD ADMIN/AST CLRK (BEG 10/19)	(i)	140,595		2,787	9,113	29,717	182,212	
	(ii)							
10 MORGAN SHENG CORE INSTITUTE MEMBER	(i)	218,808	0	262,905	3,500	1,688	486,901	
	(ii)							
11 BETH ZELNICK KAUFMAN CHIEF LEGAL OFFICER	(i)	218,532		121,279	14,000	17,983	371,794	
	(ii)							
12 ANDY PORTER CHIEF PEOPLE OFCR (UNT 11/19)	(i)	317,389	0	19,419	25,050	21,465	383,323	
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	FORM 990, SCHEDULE J, PART I, LINE 4B AS AN ELEMENT OF HIS AMENDED AND RESTATED EMPLOYMENT CONTRACT EFFECTIVE JULY 1, 2014, THE PRESIDENT/CEO RECEIVED A LUMP SUM PAYMENT OF $536,377 ON JUNE 30, 2018 AND 2019, RESPECTIVELY, WHICH HE WAS ENTITLED TO RECEIVE UPON REMAINING IN THE POSITION OF CORE FACULTY MEMBER OF THE BROAD INSTITUTE.
PROVISION OF BENEFITS	FORM 990, SCHEDULE J, LINE 1A AS AN ELEMENT OF HIS COMPENSATION ARRANGEMENT, A CORE INSTITUTE MEMBER RECEIVED A HOUSING ALLOWANCE AND RELOCATION ALLOWANCE DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019. THE CORE INSTITUTE MEMBER RECEIVED GROSS-UP PAYMENTS ON CERTAIN AMOUNTS FOR TAX PURPOSES. AS AN ELEMENT OF HER COMPENSATION ARRANGEMENT, THE CHIEF LEGAL OFFICER RECEIVED A RELOCATION ALLOWANCE DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2019. HOUSING, RELOCATION BENEFITS, AND TAX GROSS UP PAYMENTS ARE REFLECTED IN THE "OTHER REPORTABLE COMPENSATION" AMOUNT ON SCHEDULE J, PART II, COLUMN B (III). THESE BENEFITS WERE REVIEWED AND APPROVED BY APPOINTED LEADERSHIP WITHIN THE INSTITUTE.

Additional Data

Return to Form

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Software Version:

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	MASS DEVELOPMENT FINANCE AGENCY - SERIES 2017	04-3431814	57584X3E9	11-16-2017	291,123,863	DEFEASANCE OF PRIOR BOND ISSUE		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	291,123,863			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	288,787,345			
7	Issuance costs from proceeds	2,336,518			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	0			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2017			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use (Continued)

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test? . . .		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.		X						

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider	0							
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider	0							
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
ARBITRAGE RABATE COMPUTATION	PART IV, LINE 2C THE MASS DEVELOPMENT FINANCE AGENCY REVENUE BONDS 2017 SERIES REBATE COMPUTATION FOR THE PERIOD ENDING JUNE 30, 2022 WILL BE PERFORMED BY AUGUST 30, 2022.

Additional Data

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Software ID:
Software Version:

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property . . .				
9 Securities—Publicly traded .	X	7	998,977	MARKET VALUE
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . . .				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other . . .				
18 Collectibles				
19 Food inventory . . .				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . .				
24 Archeological artifacts . . .				
25 Other ▶ (EQUIPMENT)	X	1	427,162	REPLACEMENT VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
		Yes	**No**
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, Column (b)	The number of contributions are used for reporting the list of noncash contributions.

Additional Data

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1 THE MISSION OF THE BROAD INSTITUTE IS TO PROPEL PROGRESS IN BIOMEDICINE, THROUGH RESEARCH AIMED AT THE UNDERSTANDING AND TREATMENT OF DISEASE, AND THE DISSEMINATION OF SCIENTIFIC KNOWLEDGE TO THE SCIENTIFIC COMMUNITY TO BENEFIT THE PUBLIC. VOLUNTEERS FORM 990, PART I, LINE 6 THE BROAD INSTITUTE DOES NOT FORMALLY TRACK VOLUNTEERS BUT HAS INCLUDED THE NUMBER OF BOARD MEMBERS AND COMMITTEE MEMBERS THAT ARE UNCOMPENSATED. STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A THE BROAD INSTITUTE OPERATES FOR EDUCATIONAL AND SCIENTIFIC PURPOSES TO IMPROVE HUMAN HEALTH BY USING GENOMICS TO ADVANCE ITS UNDERSTANDING OF THE BIOLOGY AND TREATMENT OF HUMAN DISEASE, AND TO HELP LAY THE GROUNDWORK FOR A NEW GENERATION OF THERAPIES. THE INSTITUTE DEFINES A NEW COLLABORATIVE MODEL FOR BIOMEDICAL RESEARCH, BRINGING TOGETHER EXTRAORDINARY SCIENTISTS ACROSS HARVARD, MIT AND HARVARD-AFFILIATED HOSPITALS AND USES NEW APPROACHES THAT COMBINE BIOLOGY, CHEMISTRY, MATHEMATICS, COMPUTATION AND ENGINEERING WITH MEDICAL SCIENCE AND CLINICAL RESEARCH. ITS SCIENTISTS ARE COMMITTED TO UNDERSTANDING THE FUNDAMENTAL BASIS OF GENOME AND CELL BIOLOGY, AND TO DEVELOPING TRANSFORMATIVE NEW APPROACHES TO BIOMEDICAL RESEARCH. SCIENTIFIC AREAS INCLUDE CHEMICAL BIOLOGY AND THERAPEUTICS SCIENCE, DRUG DISCOVERY, GENOME REGULATION, CELLULAR CIRCUITRY AND EPIGENOMICS, IMMUNOLOGY, MEDICAL AND POPULATION GENETICS, AND METABOLISM. BROAD'S RESEARCHERS BRING EXPERTISE IN DIFFERENT TECHNOLOGY AREAS, CALLED PLATFORMS, TO COLLABORATE ON CHALLENGING PROJECTS THAT COULD NOT BE DONE WITHIN A TYPICAL RESEARCH LABORATORY. TECHNOLOGY AREAS INCLUDE DATA SCIENCES AND DATA ENGINEERING, GENETIC PERTURBATION, GENOMICS, IMAGING, METABOLOMICS AND PROTEOMICS. THE INSTITUTE IS FOCUSED ON USING COLLABORATIVE APPROACHES TO MAKE FOUNDATIONAL ADVANCES IN A NUMBER OF DISEASE AREAS. THESE AREAS INCLUDE CANCER, CARDIOVASCULAR DISEASE, DIABETES, INFECTIOUS DISEASE AND MICROBIOME, KIDNEY DISEASE, OBESITY, PSYCHIATRIC DISEASE AND RARE DISEASE. THE BROAD INSTITUTE IS COMMITTED TO MAKING THE EXTENSIVE DATA, METHODS, AND TECHNOLOGIES IT GENERATES SECURELY, RAPIDLY AND READILY ACCESSIBLE TO THE SCIENTIFIC COMMUNITY TO DRIVE BIOMEDICAL PROGRESS AROUND THE WORLD. OVER 8,700 SCIENTIFIC PUBLICATIONS TO DATE HAVE RESULTED FROM BROAD RESEARCH. THE BROAD INSTITUTE HOLDS AN ANNUAL SCIENTIFIC RETREAT, A TWO-DAY MEETING FEATURING PRESENTATIONS AND POSTERS ON A VARIETY OF RESEARCH PROJECTS ACROSS THE INSTITUTE, ATTENDED BY APPROXIMATELY 2,000 PARTICIPANTS FROM THE COMMUNITY IN 2019. THE BROAD'S EDUCATIONAL OUTREACH PROGRAM ENGAGES BOSTON-CAMBRIDGE AREA HIGH SCHOOL STUDENTS IN SCIENTIFIC RESEARCH BY PROVIDING SUMMER INTERNSHIPS AND SEMESTER-LONG RESEARCH PROJECTS. IN 2019, 12 HIGH SCHOOL STUDENTS PARTICIPATED IN A SUMMER SCHOLARS PROGRAM DURING THE ACADEMIC YEAR. IN ADDITION, THE EDUCATIONAL PROGRAM SPONSORS CLASS VISITS TO THE BROAD. THERE WERE 20 EDUCATIONAL TOURS IN 2019 THAT INCLUDED APPROXIMATELY 305 HIGH SCHOOL STUDENTS. IN 2019, AS PART OF THE FOURTH ANNUAL BROAD SCIENTISTS IN THE CLASSROOM PROGRAM WITH CAMBRIDGE PUBLIC SCHOOLS, BROAD SCIENTISTS VISITED 8TH GRADE CLASSROOMS THROUGHOUT A SCIENCE UNIT. BROAD SERVED APPROXIMATELY 401 STUDENTS THROUGHOUT THIS INITIATIVE. BROAD VOLUNTEERS MENTORED 30 STUDENTS IN THE BIO-CODING CLUB DESIGNED TO ENGAGE 6-8 GRADERS IN THE FIELD OF BIOLOGY WITH HANDS ON ACTIVITIES. BROAD ALSO PARTICIPATED IN NETPALS IN 2019, WHICH MATCHED 19 MIDDLE SCHOOL STUDENTS WITH A SCIENTIST MENTOR. ALSO IN 2019, BROAD PARTICPATED IN SEVERAL EDUCATIONAL EVENTS THROUGHOUT THE LOCAL COMMUNITY. BROAD HOSTED AN ANNUAL ACTIVITY BOOTH AND SCIENCE TRIVIA CHALLENGE AT THE CAMBRIDGE SCIENCE FESTIVAL WHERE STUDENTS HAD THE OPPORTUNITY TO MEET AND INTERACT WITH BROAD SCIENTISTS, REACHING ABOUT 300 K-12 STUDENTS. BROAD ALSO PARTICIPATED IN THE CAMBRIDGE PUBLIC SCHOOLS COMPUTER SCIENCE PLAYGROUND EVENT, THE SOMERVILLE HIGH SCHOOL SCIENCE FAIR AND THE CAMBRIDGE "STEAM IT UP" EVENT, IMPACTING A TOTAL OF 105 STUDENTS. TO HELP INSPIRE YOUNG PEOPLE AND INCREASE THE NUMBER OF SCIENTISTS FROM DIVERSE BACKGROUNDS, THE BROAD'S DIVERSITY INITIATIVE IN SCIENTIFIC RESEARCH OFFERS PROGRAMS FOR MINORITIES AT DIFFERENT STAGES OF THEIR EDUCATION AND CAREERS. IN 2019, 15 HIGH SCHOOL STUDENTS, 14 UNDERGRADUATE STUDENTS AND 7 FACULTY MEMBERS PARTICIPATED IN THESE PROGRAMS.
RELATIONSHIPS AMONG	FORM 990 PART VI, LINE 2 PHILLIP SHARP IS AN EMPLOYEE OF MIT AND L. RAFAEL REIF IS THE PRESIDENT OF MIT; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. BOTH ARE DIRECTORS AT THE BROAD INSTITUTE. GEORGE Q. DALEY IS AN EMPLOYEE OF HARVARD AND LAWRENCE BACOW IS THE PRESIDENT OF HARVARD; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. BOTH ARE DIRECTORS AT THE BROAD INSTITUTE. SHIRLEY TILGHMAN IS THE CHAIR OF CALICO'S SCIENTIFIC BOARD AND ART LEVINSON IS THE CEO OF CALICO; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. BOTH ARE DIRECTORS AT THE BROAD INSTITUTE.
MEMBERS	FORM 990 PART VI, LINE 6 THE MEMBERS OF THE BROAD INSTITUTE CONSIST OF MIT, HARVARD, AND THE ELI AND EDYTHE BROAD FOUNDATION.
DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS	FORM 990 PART VI, LINE 7A AND 7B BROAD MEMBERS (HARVARD, MIT AND THE BROAD FOUNDATION) EXERCISE ALL POWERS CONSISTENT WITH THE ACTIVITIES AND AFFAIRS OF THE BROAD INSTITUTE. THE MEMBERS HAVE ALL POWERS AND RIGHTS AS ARE VESTED IN THEM BY LAW, THE ARTICLES OF ORGANIZATION AND THE BY-LAWS, WHICH INCLUDE AMENDMENTS TO THE BY-LAWS AND ARTICLES OF INCORPORATION, THE ELECTION OR REPLACEMENT OF DIRECTORS AND DISSOLUTION OF THE INSTITUTE. THE MEMBERS SHALL HOLD AN ANNUAL MEETING FOR ELECTION OF DIRECTORS AND FOR THE CONDUCT OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING.
REVIEW OF 990	FORM 990, PART VI, LINE 11B THE BROAD INSTITUTE'S FORM 990 WAS PREPARED WITH THE ASSISTANCE OF THE INSTITUTE'S AUDITORS, PRICEWATERHOUSECOOPERS LLP. THE DRAFT FORM 990 WAS PROVIDED TO THE INSTITUTE'S SENIOR MANAGEMENT AND AUDIT, RISK AND COMPLIANCE COMMITTEE FOR REVIEW AND COMMENT. THE FULL BOARD RECEIVED A COMPLETED COPY OF THE FORM 990 PRIOR TO THE FORM BEING FILED WITH THE IRS.

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C Each Director and Officer has a duty to place the interest of the Institute foremost in any dealing with the Institute and has a continuing responsibility to comply with the requirements of this Policy. Promptly following their election or appointment, and thereafter not later than the first day of December of each year, each Director and Officer shall acknowledge their familiarity with this Policy and shall disclose in writing to the Chairman of the Board any existing financial or other material interests subject to this Policy by completing a Conflict Of Interest Disclosure Statement. The Conflict Of Interest Disclosure Statements shall be reviewed by the Chairman of the Board. Any issues not previously disclosed shall be referred by them to the Board or appropriate Committee. The Conflict Of Interest Disclosure Statements shall be retained in the confidential files of the Chairman of the Board.
COMPENSATION	FORM 990, PART VI, LINES 15A AND 15B THE BROAD INSTITUTE ENGAGED A CONSULTING FIRM TO CONDUCT AN INDEPENDENT STUDY FOR THE PRESIDENT/CEO'S COMPENSATION AND FOR THE COMPENSATION OF OTHER TOP ADMINISTRATIVE POSITIONS, IN 2014 AND 2018, RESPECTIVELY. THE STUDY FINDINGS WERE PRESENTED TO THE LEADERSHIP, POLICY AND GOVERNANCE COMMITTEE WHO REVIEWED, AND THEIR DELIBERATIONS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.
PUBLIC DISCLOSURE OF DOCUMENTS	FORM 990, PART VI, LINE 18 THE FORM 990 IS MADE AVAILABLE UPON REQUEST AND ON GUIDESTAR.ORG. THE FORM 1023 IS MADE AVAILABLE UPON REQUEST.
AVAILABILITY OF DOCUMENTS	FORM 990, PART VI, LINE 19 THE INSTITUTE'S AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE ANNUALLY FILED MASSACHUSETTS FORM PC, WHICH IS AVAILABLE TO THE PUBLIC. THE INSTITUTE'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 THE INSTITUTE RECOGNIZED CHANGES IN THE INSTITUTE'S BENEFICIAL INTEREST IN TRUST OF $2,775,741 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CLINICAL RESEARCH SEQ PLATFORM LLC 415 MAIN STREET CAMBRIDGE, MA 02142 35-2469571	SEQUENCING	MA	23,347,475	11,063,919	BROAD INST
(2) GENOME BRIDGE LLC 415 MAIN STREET CAMBRIDGE, MA 02142 90-0984758	COMBINE DATA	MA	0	0	BROAD INST

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)THE STANLEY FUND FOR THE BROAD INSTITUTE 415 MAIN SREET CAMBRIDGE, MA 02142 46-5574304	SUPPORT. ORG.	MA	501(c)(3)	12a	BROAD INST	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s	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 related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1)THE STANLEY FUND FOR THE BROAD INSTITUTE	C	52,500,000	BOOK VALUE
(2)THE STANLEY FUND FOR THE BROAD INSTITUTE	S	10,000,000	BOOK VALUE

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version: