Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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.**

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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) | Room/suite
415 MAIN STREET

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 $ 1,084,746,606

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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	2,632
6	Total number of volunteers (estimate if necessary)	6	24
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,700,984
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	1,355,680

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	652,449,294	631,422,645
	9	Program service revenue (Part VIII, line 2g)	612,437,580	360,088,388
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,112,304	43,176,264
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,740,383	16,428,813
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,335,739,561	1,051,116,110
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	64,393,707	57,475,500
	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)	247,115,751	268,962,723
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,332,536		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	550,459,667	499,907,761
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	861,969,125	826,345,984
	19	Revenue less expenses. Subtract line 18 from line 12	473,770,436	224,770,126

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,626,387,661	2,728,165,745
	21	Total liabilities (Part X, line 26)	810,759,129	768,740,280
	22	Net assets or fund balances. Subtract line 21 from line 20	1,815,628,532	1,959,425,465

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: 2023-05-12

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
		2023-05-09		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 $ 700,825,469 including grants of $ 57,475,500) (Revenue $ 359,404,138)

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** ▶ 700,825,469

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 Rev. Proc. 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		No
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	Yes	
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		No
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 the 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 line 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		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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 on 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	415			
b	Enter the number of Forms W-2G included on 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)*

				Yes	No
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** 2,632			
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 the instructions and file Form 4720, Schedule N.		**15**		No
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
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.		**17**		

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** 17			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 16			
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**	Yes	
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 on 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 on 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 on 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☑ Other (explain 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JUSTINE LEVIN-ALLERHAND SEE SCHEDULE O	60.0 0.0			X				826,650	0	61,154
(2) TODD GOLUB INSTITUTE DIRECTOR	60.0 1.0	X		X				747,807	0	54,223
(3) JESSE SOUWEINE CHIEF OPERATING OFFICER	60.0 0.0				X			602,118	0	59,592
(4) STACEY GABRIEL CHIEF GENOMICS OFFICER	60.0 0.0				X			606,757	0	49,863
(5) MORGAN SHENG CORE INSTITUTE MEMBER	60.0 0.0					X		570,614	0	57,368
(6) NIALL LENNON SR DIR TRANSLATIONAL GENOMICS	60.0 0.0					X		443,934	0	56,671
(7) DAN SHORE CFO/TREASURER	60.0 0.0			X				433,844	0	58,024
(8) SHEILA DODGE SR. DIRECTOR GP OPERATIONS	60.0 0.0					X		429,193	0	44,264
(9) TIM DESMET SR DIR CLINICAL RESEARCH OPS	60.0 0.0					X		393,959	0	49,631
(10) FRANCES TAPLETT CHIEF PEOPLE OFCR (UNT 12/21)	60.0 0.0					X		374,724	0	56,753
(11) JOHN TRAVIA SEE SCHEDULE O	60.0 0.0			X				295,364	0	56,182
(12) LAURIE PESSAH BOD ADMIN/ASSISTANT CLERK	60.0 0.0			X				143,958	0	46,392
(13) ERIC LANDER FMR DIR, PRES/CEO(SEE SCHED O)	0.0 0.0						X	124,633	0	20,781
(14) DAVID BALTIMORE DIRECTOR	1.0 0.0	X						0	0	0
(15) GEORGE Q DALEY DIRECTOR	1.0 0.0	X						0	0	0
(16) WILLIAM HELMAN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) ARTHUR LEVINSON DIRECTOR	1.0 0.0	X						0	0	0
(19) MARK NUNNELLY DIRECTOR	1.0 0.0	X						0	0	0
(20) L RAFAEL REIF DIRECTOR	1.0 0.0	X						0	0	0
(21) ERIC E SCHMIDT DIRECTOR	1.0 0.0	X						0	0	0
(22) PHILLIP SHARP DIRECTOR	1.0 0.0	X						0	0	0
(23) SHIRLEY TILGHMAN DIRECTOR	1.0 0.0	X						0	0	0
(24) GERUN RILEY DIRECTOR	1.0 0.0	X						0	0	0
(25) LAWRENCE BACOW DIRECTOR	1.0 0.0	X						0	0	0
(26) JAMES MANYIKA DIRECTOR	1.0 0.0	X						0	0	0
(27) MARGARET HAMBURG DIRECTOR	1.0 0.0	X						0	0	0
(28) R MARTIN CHAVEZ DIRECTOR (BEG 10/21)	1.0 0.0	X						0	0	0
(29) RAVI THADHANI DIRECTOR (BEG 7/21)	1.0 0.0	X						0	0	0
(30) WANDA CORDOVA SEE SCHEDULE O	60.0 0.0			X				0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,993,555	0	670,898

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 ▶ 750

			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	Yes	
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	7,398,923
JOHNSON MARCOU ISSACS LLC, PO BOX 691 HOSCHTON, GA 30548	LEGAL	6,070,220
SIENA CONSTRUCTION CORP, 38 SIDNEY STREET CAMBRIDGE, MA 02139	CONSTRUCTION	5,891,159
STRUCTURE TONE LLC, 330 WEST 34TH STREET NEW YORK, NY 10001	CONSTRUCTION	6,700,296
BEACON HILL STAFFING GROUP LLC, 152 BOWDOIN STREET BOSTON, MA 02108	TEMP AGENCY	5,304,085

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 ▶ 105

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts					
1a Federated campaigns . . .	1a				
b Membership dues . . .	1b				
c Fundraising events . . .	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	220,133,627			
f All other contributions, gifts, grants, and similar amounts not included above	1f	411,289,018			
g Noncash contributions included in lines 1a - 1f:$	1g	2,108,552			
h **Total.** Add lines 1a-1f . . . . ▶		631,422,645			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a RESEARCH	541700	356,113,808	356,113,808		
b USE OF FACILITIES	541700	2,067,306	1,333,240	734,066	
c ADMIN FEES	541700	1,055,850	1,055,850		
d REBATES	541700	774,430	774,430		
e SYMPOSIUM SPONSORSHIP	541700	5,000	5,000		
f All other program service revenue.		71,994	71,994		
g **Total.** Add lines 2a–2f. . . . . ▶		360,088,388			

Other Revenue

	(i)	(ii)	(A)	(B)	(C)	(D)
3 Investment income (including dividends, interest, and other similar amounts) . . . ▶			2,072,677		800,109	1,272,568
4 Income from investment of tax-exempt bond proceeds ▶			0			
5 Royalties . . . . ▶			16,357,995			16,357,995
	(i) Real	(ii) Personal				
6a Gross rents (6a)	145,134	0				
b Less: rental expenses (6b)	74,316	0				
c Rental income or (loss) (6c)	70,818	0				
d Net rental income or (loss) . . . . ▶			70,818			70,818
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory (7a)	73,781,535	878,232				
b Less: cost or other basis and sales expenses (7b)	32,685,155	871,025				
c Gain or (loss) (7c)	41,096,380	7,207				
d Net gain or (loss) . . . . ▶			41,103,587		3,166,809	37,936,778
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			
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	(A)	(B)	(C)	(D)
11a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . ▶		0			
12 **Total revenue.** See instructions . . . . ▶		1,051,116,110	359,354,322	4,700,984	55,638,159

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	47,366,205	47,366,205		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,525,092	3,525,092		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	6,584,203	6,584,203		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,370,875	912,135	1,921,163	537,577
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	208,845,406	166,539,501	40,240,555	2,065,350
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,674,440	13,814,972	2,633,838	225,630
9 Other employee benefits	26,115,604	21,637,088	4,125,133	353,383
10 Payroll taxes	13,956,398	11,563,041	2,204,506	188,851
11 Fees for services (non-employees):				
a Management	0			
b Legal	10,051,175	310,569	9,682,090	58,516
c Accounting	465,474		465,474	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,640,198		9,640,198	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	66,957,307	48,689,356	18,020,686	247,265
12 Advertising and promotion	1,511,427	236,000	1,103,109	172,318
13 Office expenses	1,593,999	548,696	1,043,329	1,974
14 Information technology	63,352,247	50,820,526	12,491,033	40,688
15 Royalties	0			
16 Occupancy	41,700,924	35,785,671	5,765,436	149,817
17 Travel	997,526	787,312	204,904	5,310
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,344,840	1,644,850	3,603,480	96,510
20 Interest	15,824,984	13,342,490	2,379,426	103,068
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	41,737,834	39,336,158	2,316,231	85,445
23 Insurance	1,706,016	360,000	1,346,016	
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	235,336,724	235,200,960	135,171	593
b MINOR EQUIPMENT & RENTALS	910,143	794,229	115,673	241
c MAINTENANCE & REPAIRS	1,939,936	1,085,931	854,005	0
d OTHER	837,007	-59,516	896,523	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	826,345,984	700,825,469	121,187,979	4,332,536
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		54,094,108	1	52,984,596
	2	Savings and temporary cash investments		707,287,993	2	829,996,404
	3	Pledges and grants receivable, net		124,761,387	3	160,435,188
	4	Accounts receivable, net		133,610,393	4	112,303,434
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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		623,333	7	768,419
	8	Inventories for sale or use		64,402,294	8	46,332,364
	9	Prepaid expenses and deferred charges		18,098,039	9	22,675,715
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 751,779,727			
	b	Less: accumulated depreciation	10b 314,913,177	429,357,691	10c	436,866,550
	11	Investments—publicly traded securities		50,712,034	11	384,884
	12	Investments—other securities. See Part IV, line 11		932,786,288	12	961,737,522
	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		110,654,101	15	103,680,669
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,626,387,661	16	2,728,165,745
Liabilities	17	Accounts payable and accrued expenses		233,376,221	17	195,050,199
	18	Grants payable		0	18	0
	19	Deferred revenue		93,291,330	19	116,340,044
	20	Tax-exempt bond liabilities		266,680,261	20	251,452,556
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		9,316,113	21	10,467,173
	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		0	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		208,095,204	25	195,430,308
	26	**Total liabilities.** Add lines 17 through 25		810,759,129	26	768,740,280
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		569,220,283	27	704,706,407
	28	Net assets with donor restrictions		1,246,408,249	28	1,254,719,058
		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		1,815,628,532	32	1,959,425,465
	33	Total liabilities and net assets/fund balances		2,626,387,661	33	2,728,165,745

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	1,051,116,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	826,345,984
3	Revenue less expenses. Subtract line 2 from line 1	3	224,770,126
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,815,628,532
5	Net unrealized gains (losses) on investments	5	-78,587,966
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	-2,385,227
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,959,425,465

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 on 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)

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
2021
Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
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).)

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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

f Enter the number of supported organizations . . . .

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 10 above (see instructions))	**(iv)** Is the organization listed in your governing document?		**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
			Yes	**No**		
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	390,453,832	463,786,973	496,219,162	652,449,294	631,442,645	2,634,351,906
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	390,453,832	463,786,973	496,219,162	652,449,294	631,442,645	2,634,351,906
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) . .						373,416,470
6 **Public support.** Subtract line 5 from line 4.						2,260,935,436

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	390,453,832	463,786,973	496,219,162	652,449,294	631,442,645	2,634,351,906
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	5,575,342	21,544,369	24,916,924	28,213,226	18,575,806	98,825,667
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	1,440,261	1,290,451	688,306	596,341	1,355,680	5,371,039
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0					0
11 **Total support.** Add lines 7 through 10						2,738,548,612

12 Gross receipts from related activities, etc. (see instructions) **12** 1,111,030,912

13 **First 5 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 2021 (line 6, column (f) divided by line 11, column (f)) . . . . **14** 82.560 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . **15** 80.363 %

16a **33 1/3% support test—2021.** 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—2020.** 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—2021.** 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—2020.** 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI,** including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **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 lines 2a and 2b 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 on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **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 lines 3a and 3b below.**			
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?*If "Yes" or "No", 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 0.015 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 0.035	**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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i)** **Excess Distributions**	**(ii)** **Underdistributions Pre-2021**	**(iii)** **Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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 C
(Form 990)

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

2021

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)** 2018	**(b)** 2019	**(c)** 2020	**(d)** 2021	**(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
2021
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 FASB 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 FASB 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 FASB 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other ....
c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	965,398,855	688,837,965	644,800,017	644,424,145	609,290,574
b Contributions	61,441,617	55,182,361	58,099,417	12,819,299	33,061,765
c Net investment earnings, gains, and losses	-33,774,157	252,348,799	15,763,759	16,395,139	30,417,343
d Grants or scholarships					
e Other expenditures for facilities and programs	32,811,673	30,970,270	29,825,228	28,838,566	28,345,537
f Administrative expenses					
g End of year balance	960,254,642	965,398,855	688,837,965	644,800,017	644,424,145

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

a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 85.600 %

c Term endowment ▶ 14.400 %

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

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

			Yes	No
	(i) Unrelated organizations	3a(i)	Yes	
	(ii) Related organizations	3a(ii)		No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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		321,876,435	102,761,472	219,114,963
c Leasehold improvements		68,220,003	41,241,223	26,978,780
d Equipment		220,312,744	157,856,447	62,456,297
e Other		116,370,545	13,054,035	103,316,510
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				436,866,550

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	961,737,522	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	961,737,522	

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	195,430,308

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	960,707,934
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-78,587,966		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-2,385,227		
e	Add lines **2a** through **2d**			2e	-80,973,193
3	Subtract line **2e** from line **1**			3	1,041,681,127
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	9,640,198		
b	Other (Describe in Part XIII.)	4b	-205,215		
c	Add lines **4a** and **4b**			4c	9,434,983
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	1,051,116,110

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	816,911,001
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	205,215		
e	Add lines **2a** through **2d**			2e	205,215
3	Subtract line **2e** from line **1**			3	816,705,786
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	9,640,198		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	9,640,198
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	826,345,984

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 $2,385,227 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS. SCHEDULE D, PART XI, 4B AND PART XII, 2D LOSSES ON ASSET SALES OF $130,899 AND RENTAL EXPENSES OF $74,316 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

2021

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)	0	0	Grantmaking	RESEARCH	2,772,985
(2)	East Asia and the Pacific	0	0	Grantmaking	RESEARCH	1,673,872
(3)	Sub-Saharan Africa	0	0	Grantmaking	RESEARCH	1,681,864
(4)	North America	0	0	Grantmaking	RESEARCH	316,186
(5)	South Asia	0	0	Grantmaking	RESEARCH	57,085
(6)	Central America and the Caribbean	0	0	Grantmaking	RESEARCH	40,000
(7)	Sub-Saharan Africa	0	0	Program Services	RESEARCH	15,253
(8)	Europe (Including Iceland and Greenland)	0	0	Program Services	RESEARCH	14,856
(9)	North America	0	0	Program Services	RESEARCH	10,921
(10)	Middle East and North Africa	0	0	Program Services	RESEARCH	678
(11)	Europe (Including Iceland and Greenland)	0	0	Program Services	Send agents to seminar	118,832
(12)	Sub-Saharan Africa	0	0	Program Services	Send agents to seminar	37,418
(13)	East Asia and the Pacific	0	0	Program Services	Send agents to seminar	33,857
(14)	North America	0	0	Program Services	Send agents to seminar	27,453
(15)	Middle East and North Africa	0	0	Program Services	Send agents to seminar	786
(16)	North America	0	0	Fundraising	Fundraising	4,698
(17)						
3a	Sub-total	0	0			6,806,744
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	0	0			6,806,744

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)		East Asia and the Pacific	subaward	10,800	wire			
(2)		East Asia and the Pacific	subaward	25,000	wire			
(3)		East Asia and the Pacific	subaward	28,059	wire			
(4)		East Asia and the Pacific	subaward	40,000	wire			
(5)		East Asia and the Pacific	subaward	46,787	wire			
(6)		East Asia and the Pacific	subaward	51,572	wire			
(7)		East Asia and the Pacific	subaward	57,054	wire			
(8)		South Asia	subaward	57,085	wire			
(9)		East Asia and the Pacific	subaward	480,000	wire			
(10)		East Asia and the Pacific	subaward	924,144	wire			
(11)		Europe (Including Iceland and Greenland)	subaward	6,571	wire			
(12)		Europe (Including Iceland and Greenland)	subaward	10,074	WIRE			
(13)		Europe (Including Iceland and Greenland)	subaward	15,085	wire			
(14)		Europe (Including Iceland and Greenland)	subaward	38,538	wire			
(15)		Europe (Including Iceland and Greenland)	subaward	40,141	wire			
(16)		Europe (Including Iceland and Greenland)	subaward	42,000	wire			
(17)		Europe (Including Iceland and Greenland)	subaward	52,994	wire			
(18)		Europe (Including Iceland and Greenland)	subaward	65,064	wire			
(19)		Europe (Including Iceland and Greenland)	subaward	72,571	wire			
(20)		Europe (Including Iceland and Greenland)	subaward	81,801	wire			
(21)		Europe (Including Iceland and Greenland)	subaward	121,813	wire			
(22)		Europe (Including Iceland and Greenland)	subaward	141,923	wire			
(23)		Europe (Including Iceland and Greenland)	subaward	150,000	wire			
(24)		Europe (Including Iceland and Greenland)	subaward	181,792	wire			
(25)		Europe (Including Iceland and Greenland)	subaward	236,978	wire			
(26)		Europe (Including Iceland and Greenland)	SUBAWARD	301,665	WIRE			
(27)		Europe (Including Iceland and Greenland)	subaward	438,761	wire			
(28)		Europe (Including Iceland and Greenland)	subaward	775,214	wire			
(29)		North America	subaward	21,844	check			
(30)		Central America and the Caribbean	SUBAWARD	40,000	wire			
(31)		North America	subaward	145,127	wire			
(32)		North America	subaward	149,215	wire			
(33)		East Asia and the Pacific	subaward	10,455	wire			
(34)		Sub-Saharan Africa	subaward	254,448	wire			
(35)		Sub-Saharan Africa	subaward	308,713	wire			
(36)		Sub-Saharan Africa	subaward	328,164	wire			
(37)		Sub-Saharan Africa	subaward	790,538	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 . . . . ▶ 32

3 Enter total number of other organizations or entities . . . . ▶ 5

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)	Tuition	Europe (Including Iceland and Greenland)	1	42,211				
(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:	

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

2021

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,M A 01921	36-4806076	N/A	494,074				Program Support
(2) American Heart Association 7272 Greenville Ave Dallas,TX 752314596	13-5613797	501(c)(3)	47,260				Program Support
(3) Beth Israel Deaconess Medical Ctr 330 Brookline Ave Boston,M A 02215	04-2103881	501(c)(3)	1,733,639				Program Support
(4) Brigham & Women's Hospital 75 Francis Street Boston,M A 02115	04-2312909	501(c)(3)	1,136,114				Program Support
(5) Children's Hospital of Boston 300 Longwood Ave Boston,M A 02115	04-2774441	501(c)(3)	1,317,315				Program Support
(6) Color Genomics Inc 863 Mitten Road Suite 100F Burlingame,C A 94010	46-3353585	N/A	695,453				Program Support
(7) Colorado State University 6003 Campus Delivery Fort Collins,C O 80523	84-6000545	Gov't	8,708				Program Support
(8) Columbia University 535 W 116th St New York,N Y 10027	13-5598093	501(c)(3)	103,049				Program Support
(9) Complexly LLC PO Box 8147 Missoula,M T 59807	26-1432110	N/A	400,000				Program Support
(10) Dana Farber Cancer Institute BP451 450 Brookline Ave Boston,M A 02215	04-2263040	501(c)(3)	2,588,807				Program Support
(11) Dimagi Inc 585 Massachusetts Ave Cambridge,M A 02139	83-0343298	N/A	419,588				Program Support
(12) Duke University PO Box 602651 Charlotte,N C 282602651	56-0532129	501(c)(3)	716,407				Program Support
(13) Fathom Information Design (Ben Fry LLC) 300 Cambridge St Boston,M A 02114	27-1573165	N/A	1,828,135				Program Support
(14) Fred Hutchinson Cancer Research Center 1100 Fairview Ave N PO Box 19024 Seattle,W A 98109	91-1935159	501(c)(3)	311,829				Program Support
(15) General Dynamics Information 3150 Fairview Pk Dr Falls Church,V A 22042	54-1194322	N/A	570,080				Program Support
(16) Harvard University 1350 Mass Ave Cambridge,M A 021383800	04-2103580	501(c)(3)	7,798,522				Program Support
(17) Icahn School of Medicine at Mount Sinai 1 Gustave lLevy Place New York,N Y 10029	13-6171197	501(c)(3)	237,275				Program Support
(18) International Neuroethics Society 4938 Hampden Lane 553 Bethesda,M D 20814	20-5230980	501(c)(3)	20,000				Program Support
(19) Johns Hopkins University 3400 N Charles St Baltimore,M D 212182686	52-0595110	501(c)(3)	91,637				Program Support
(20) Joslin Diabetes Ctr One Joslin Pl Boston,M A 02215	04-2203836	501(c)(3)	517,806				Program Support
(21) Mascon Medical 5 Commonwealth Ave Woburn,M A 01801	04-2739441	N/A	103,416				Program Support
(22) Massachusetts Eye & Ear Infirmary 243 Charles St Boston,M A 02114	04-2103591	501(c)(3)	16,810				Program Support
(23) Massachusetts General Hospital 55 Fruit Street Boston,M A 021142517	04-1564655	501(c)(3)	7,079,599				Program Support
(24) Massachusetts Institute of Technology 77 Mass Ave Cambridge,M A 02139	04-2103594	501(c)(3)	4,316,212				Program Support
(25) Mayo Clinic 200 First Street SW Rochester,M N 55905	41-6011702	501(c)(3)	154,421				Program Support
(26) McLean Hospital 115 Mill St Belmont Belmont,M A 02478	04-2697981	501(c)(3)	198,213				Program Support
(27) National Alliance on Mental Illness 4301 Wilson Blvd Suite 300 Arlington,V A 22203	43-1201653	501(c)(3)	60,000				Program Support
(28) National Disease Research Interchange 8 Penn Center Philadelphia,P A 19103	23-2213205	501(c)(3)	99,211				Program Support
(29) Northwestern University 633 Clark St Evanston,IL 60208	36-2167817	501(c)(3)	451,874				Program Support
(30) Princeton University 701 Carnegie Center Princeton,NJ 08540	21-0634501	501(c)(3)	367,261				Program Support
(31) Salk Institute for Biological Studies 10010 N Torrey Pines Rd La Jolla,C A 92037	95-2160097	501(c)(3)	275,697				Program Support
(32) Seven Bridges Genomics Inc 529 Main St Ste 6610 Charlestown,M A 02129	45-3415885	N/A	625,968				Program Support
(33) St Jude Children's Research Hospital Inc 262 Danny Thomas Pl Memphis,T N 381053678	62-0646012	501(c)(3)	201,919				Program Support
(34) The Inspire Project Inc 329 Pine Tree Road Venice,FL 34293	82-3692406	501(c)(3)	149,081				Program Support
(35) The Jackson Laboratory 600 Main St Bar Harbor,M E 04609	01-0211513	501(c)(3)	570,907				Program Support
(36) The Ohio State University 1645 Neil Ave 129 Hamilton Hall Columbus,O H 43210	31-6025986	501(c)(3)	7,581				Program Support
(37) The Regents of the University of Michigan 3003 South State St Ann Arbor,M I 48109	38-6006309	Gov't	776,731				Program Support
(38) The Rockefeller University 1230 York Avenue New York,N Y 10065	13-1624158	501(c)(3)	110,335				Program Support
(39) The Scripps Research Institute 10550 N Torrey Pines Rd La Jolla,C A 92037	33-0435954	501(c)(3)	73,785				Program Support
(40) The Univ of Massachusetts Medical School 55 N Lake Avenue Worcester,M A 01655	04-3167352	Gov't	560,694				Program Support
(41) Trustees of Boston University 44 Cummington St Boston,M A 02215	04-2103547	501(c)(3)	274,423				Program Support
(42) Trustees of Indiana University 400 E 7th Street Poplars 501 Bloomington,I N 47405	35-6001673	501(c)(3)	14,259				Program Support
(43) Tufts Medical Center Inc 800 Washington Street Boston,M A 02111	04-3400617	501(c)(3)	119,771				Program Support
(44) UChicago Argonne LLC 5801 S Ellis Ave Chicago,IL 60637	68-0628477	501(c)(3)	161,918				Program Support
(45) University of California San Diego 9500 Gilman Dr La Jolla,C A 92093	95-6006144	Gov't	912,809				Program Support
(46) University of California Santa Cruz 1156 High Street Santa Cruz,C A 95064	94-1539563	Gov't	945,034				Program Support
(47) University of CaliforniaSan Francisco PO Box 748872 Los Angeles,C A 900744872	94-6036493	Gov't	214,318				Program Support
(48) University of Chicago 6054 S Drexel Ave Chicago,IL 60637	36-2177139	501(c)(3)	864,491				Program Support
(49) University of Minnesota NW5960PO Box 1450 Minneapolis,M N 554855960	41-6007513	Gov't	68,405				Program Support
(50) University of Mississippi Medical Center 2500 N State St Jackson,M S 392164505	64-6008520	Gov't	175,564				Program Support
(51) University of Pennsylvania 3451 Walnut St Philadelphia,P A 19104	23-1352685	501(c)(3)	202,495				Program Support
(52) University of Utah 201 Presidents Cr Salt Lake City,U T 841129020	87-6000525	501(c)(3)	140,292				Program Support
(53) University of Washington 4333 Brooklyn Ave Seattle,W A 98195	91-6001537	Gov't	218,244				Program Support
(54) University of Wisconsin-Madison 21 N Park Street Madison,WI 537151218	39-6006492	501(c)(3)	238,958				Program Support
(55) Vanderbilt University Medical Center 1161 21st Ave S D-3300 Medical Center North Nashville,T N 372325545	35-2528741	501(c)(3)	348,603				Program Support
(56) Virginia Commonwealth University 800 East Leigh St Richmond,V A 232980568	54-6001758	Gov't	62,104				Program Support
(57) Wake Forest University Health Sciences 1834 Wake Forest Rd WinstonSalem,N C 27109	22-3849199	501(c)(3)	18,934				Program Support
(58) Washington University in St Louis 660 S Euclid Ave St Louis,M O 63110	43-0653611	501(c)(3)	129,831				Program Support
(59) Weill Cornell Medical College 445 E 69th St New York,N Y 10021	13-1623978	501(c)(3)	305,499				Program Support
(60) Yale University PO Box 1873 New Haven,C T 065208239	06-0646973	501(c)(3)	776,081				Program Support
(61) Cedars-Sinai Medical Center 8700 Beverly Blvd 2900A LOS ANGELES,C A 90048	95-1644600	501(c)(3)	7,086				Program Support
(62) Children's Hospital of Philadelphia 3401 Civic Center Blvd Philadelphia,P A 19104	23-1352166	501(c)(3)	7,981				Program Support
(63) Emugen Therapeutics LLC 242 Homer St Newton,M A 02459	86-3092756	N/A	1,500,000				Program Support
(64) Eurofins DiscoverX Products LLC 42501 Albrae Street Fremont,C A 94538	84-3528205	N/A	896,087				Program Support
(65) Geisinger Clinic 100 N Academy Ave Danville,P A 17822	23-6291113	501(c)(3)	1,340,707				Program Support
(66) Gladstone Institute 1650 Owens Street San Francisco,C A 94158	23-7203666	501(c)(3)	69,753				
(67) Health Research Inc 150 Broadway NO 560 Menands,N Y 12204	14-1402155	501(c)(3)	33,275				Program Support
(68) Indiana University 509 E 3rd Street Bloomington,I N 474013654	35-6001673	501(c)(3)	23,123				Program Support
(69) Lundquist Institute 1124 W Carson St Torrance,C A 90502	95-2138184	501(c)(3)	24,939				Program Support
(70) McLaughlin Research Inst for Biomedical Sciences 1520 23rd St South Great Falls,M T 59405	81-0459235	501(c)(3)	22,275				Program Support
(71) Oklahoma Medical Research Foundation 825 NE 13th Street Oklahoma City,O K 73104	73-0580274	501(c)(3)	64,105				Program Support
(72) U of Texas HealthScience Center at Houston 7000 Fannin Street Houston,T X 77030	74-1761309	Gov't	8,349				Program Support
(73) Trustees of Tufts College 169 Holland Street Somerville,M A 02144	04-2103634	501(c)(3)	408,503				Program Support
(74) University of Missouri 601 Turner Ave Turner Ave Garage Rm 201 Columbia,M O 652110001	43-6003859	Gov't	6,000				Program Support
(75) University of Virginia PO Box 400202 Charlottesville,V A 22904	54-6001796	501(c)(3)	17,343				Program Support
(76) Utah State University 1415 Old Main Hill Logan,U T 84322	87-6000528	501(c)(3)	23,755				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 66

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 10

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) FELLOWSHIPS	79	2,613,598			
(2) TUITION	56	911,494			
(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

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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

2021

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**		No
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**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**	Yes	

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, 1099-MISC compensation, and/or 1099-NEC			**(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 JUSTINE LEVIN-ALLERHAND SEE SCHEDULE O	**(i)**	655,469	150,000	21,181	26,100	35,054	887,804	0
	(ii)	0	0	0	0	0	0	0
2 JOHN TRAVIA SEE SCHEDULE O	**(i)**	273,974	0	21,390	26,100	30,082	351,546	0
	(ii)	0	0	0	0	0	0	0
3 DAN SHORE CFO/TREASURER	**(i)**	431,290	0	2,554	26,100	31,924	491,868	0
	(ii)	0	0	0	0	0	0	0
4 LAURIE PESSAH BOD ADMIN/ASSISTANT CLERK	**(i)**	142,745	0	1,213	13,754	32,638	190,350	0
	(ii)	0	0	0	0	0	0	0
5 TODD GOLUB INSTITUTE DIRECTOR	**(i)**	727,327	0	20,480	26,100	28,123	802,030	0
	(ii)	0	0	0	0	0	0	0
6 JESSE SOUWEINE CHIEF OPERATING OFFICER	**(i)**	526,934	50,000	25,184	26,100	33,492	661,710	0
	(ii)	0	0	0	0	0	0	0
7 STACEY GABRIEL CHIEF GENOMICS OFFICER	**(i)**	424,123	138,084	44,550	26,100	23,763	656,620	0
	(ii)	0	0	0	0	0	0	0
8 FRANCES TAPLETT CHIEF PEOPLE OFCR (UNT 12/21)	**(i)**	352,518	20,000	2,206	26,100	30,653	431,477	0
	(ii)	0	0	0	0	0	0	0
9 MORGAN SHENG CORE INSTITUTE MEMBER	**(i)**	322,558	0	248,056	26,100	31,268	627,982	0
	(ii)	0	0	0	0	0	0	0
10 NIALL LENNON SR DIR TRANSLATIONAL GENOMICS	**(i)**	295,477	125,000	23,457	26,100	30,571	500,605	0
	(ii)	0	0	0	0	0	0	0
11 SHEILA DODGE SR. DIRECTOR GP OPERATIONS	**(i)**	316,624	105,942	6,627	26,100	18,164	473,457	0
	(ii)	0	0	0	0	0	0	0
12 TIM DESMET SR DIR CLINICAL RESEARCH OPS	**(i)**	298,754	94,233	972	26,100	23,531	443,590	0
	(ii)	0	0	0	0	0	0	0
13 ERIC LANDER FMR DIR, PRES/CEO(SEE SCHED O)	**(i)**	88,110	0	36,523	7,793	12,988	145,414	0
	(ii)	0	0	0	0	0	0	0

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
PROVISION OF BENEFITS	FORM 990, SCHEDULE J, LINE 1A AS AN ELEMENT OF HIS COMPENSATION ARRANGEMENT, A CORE INSTITUTE MEMBER RECEIVED A HOUSING ALLOWANCE DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2021. THE CORE INSTITUTE MEMBER RECEIVED GROSS-UP PAYMENTS ON CERTAIN AMOUNTS FOR TAX PURPOSES. HOUSING AND TAX GROSS UP PAYMENTS ARE REFLECTED IN THE "OTHER REPORTABLE COMPENSATION" AMOUNT ON SCHEDULE J, PART II, COLUMN B (III) AND ARE CONSIDERED TAXABLE COMPENSATION TO THE INDIVIDUAL. THESE BENEFITS WERE REVIEWED AND APPROVED BY APPOINTED LEADERSHIP WITHIN THE INSTITUTE. FORM 990, SCHEDULE J, LINE 8 AND 9 THE INSTITUTE DIRECTOR ENTERED INTO A CONTRACT DURING CALENDAR YEAR 2021 THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION.

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
2021
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 2020, 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 2020, 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							
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						

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?								
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

2021

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	3	2,108,552	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 ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

		Yes	No
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		
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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Software ID:

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SCHEDULE O
(Form 990)

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

2021

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	THE BROAD INSTITUTE OPERATES FOR EDUCATIONAL AND SCIENTIFIC PURPOSES TO IMPROVE HUMAN HEALTH BY USING GENOMICS TO ADVANCE THE 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, 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 DISORDERS 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. IN RESPONSE TO THE OUTBREAK OF COVID-19, THE BROAD INSTITUTE WORKED WITH THE COMMONWEALTH OF MASSACHUSETTS TO LAUNCH AN EFFORT TO ENGAGE IN LARGE-SCALE COVID-19 DIAGNOSTIC TESTING SERVICES FOR A WIDE VARIETY OF CONSTITUENCIES INCLUDING HOSPITALS, CLINICS, NURSING HOMES, EDUCATIONAL INSTITUTIONS, AND HIGH-IMPACT COMMUNITIES. THE INSTITUTE WAS UNIQUELY POSITIONED TO RESPOND TO THE PUBLIC HEALTH EMERGENCY DUE TO ITS ABILITY TO PROCESS LARGE NUMBERS OF TESTS RAPIDLY, A KEY ELEMENT IN SEEKING TO REDUCE COMMUNITY SPREAD OF COVID-19. THESE LARGE-SCALE DIAGNOSTIC TESTING SERVICES HAVE LESSENED THE BURDEN OF GOVERNMENT BY REDUCING THE BURDEN OF IMPORTANT PUBLIC HEALTH CONCERNS THAT WOULD HAVE OTHERWISE FALLEN ON THE GOVERNMENT. TO ACHIEVE THIS GOAL, THE INSTITUTE CONVERTED A CLIA-CERTIFIED LAB INTO A LARGE-SCALE COVID-19 TESTING FACILITY AND CREATED A NOVEL AUTOMATION SYSTEM FOR TEST PROCESSING THAT WAS SCALABLE, MODULAR, AND HIGH-THROUGHPUT. THE INSTITUTE COLLABORATED WITH THE COMMONWEALTH OF MASSACHUSETTS, THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, AND LOCAL MEDICAL FACILITIES TO PROCESS PATIENT SAMPLES IN ORDER TO MEET PRESSING PUBLIC HEALTH NEEDS. DURING FY22, THE INSTITUTE'S LARGE-SCALE TESTING WAS AN IMPORTANT COMPONENT OF THE COMMONWEALTH OF MASSACHUSETTS' OVERALL EFFORTS TO MANAGE COVID-19, THEREBY PROMOTING THE HEALTH AND WELL BEING OF ALL RESIDENTS. AS THE COVID-19 OUTBREAK CONTINUED TO PRESENT PUBLIC HEALTH CHALLENGES DURING FY22, SCIENTISTS AT THE INSTITUTE RESPONDED WITH OPENNESS AND UNPRECEDENTED SPEED, STUDYING THE VIRUS AND WORKING TO DEVELOP NEW DIAGNOSTIC TECHNOLOGIES, TREATMENTS AND TOOLS FOR RESEARCHERS. FOR EXAMPLE, IN FY22 BROAD PARTNERED WITH THE CDC AND STATE PUBLIC HEALTH DEPARTMENTS TO USE GENETIC SEQUENCING TO DETECT KNOWN AND EMERGING VARIANTS OF THE VIRUS. BROAD SEQUENCED NUMEROUS SAMPLES AS PART OF THIS EFFORT, SHARED DE-IDENTIFIED DATA AND FINDINGS FREELY FOR RESEARCH AND PUBLIC HEALTH PURPOSES, AND HELPED DETECT THE RAPID SPREAD OF THE OMICRON VARIANT IN REAL-TIME. THE BROAD INSTITUTE HOLDS AN ANNUAL SCIENTIFIC RETREAT, A MULTI-DAY MEETING FEATURING PRESENTATIONS AND POSTERS ON A VARIETY OF RESEARCH PROJECTS ACROSS THE INSTITUTE. IN 2021, THE RETREAT WAS HELD VIRTUALLY AND ATTENDED BY APPROXIMATELY 2,400 PARTICIPANTS FROM THE COMMUNITY. 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 2021, 18 HIGH SCHOOL STUDENTS PARTICIPATED IN A SUMMER SCHOLARS PROGRAM DURING THE ACADEMIC YEAR. IN 2021, AS PART OF THE SIXTH ANNUAL BROAD SCIENTISTS IN THE CLASSROOM PROGRAM WITH CAMBRIDGE PUBLIC SCHOOLS, BROAD SCIENTISTS VISITED GRADE LEVEL CLASSROOMS AND WORKED WITH STUDENTS THROUGHOUT SCIENCE UNITS. BROAD SERVED APPROXIMATELY 417 STUDENTS THROUGHOUT THIS INITIATIVE. BROAD VOLUNTEERS MENTORED 33 STUDENTS IN THE BIO-CODING CLUB DESIGNED TO ENGAGE 6-8 GRADERS IN THE FIELD OF BIOLOGY. ALSO IN 2021, BROAD PARTICPATED IN SEVERAL EDUCATIONAL EVENTS THROUGHOUT THE LOCAL COMMUNITY. BROAD SCIENTISTS PARTICIPATED IN TALKS AND PRESENTATIONS TO VARIOUS GROUPS ACROSS THE COMMUNITY SUCH AS CAMBRIDGE CITY COUNCIL CANDIDATES, HIGH SCHOOL EDUCATORS AND HIGH SCHOOL AND UNDERGRADUATE 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 INDIVIDUALS FROM HISTORICALLY UNDERREPRESENTED GROUPS AT DIFFERENT STAGES OF THEIR EDUCATION AND CAREERS. IN 2021, 18 HIGH SCHOOL STUDENTS, 20 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, LAWRENCE BACOW IS THE PRESIDENT OF HARVARD, AND SHIRLEY

Return Reference	Explanation
	TILGHMAN IS A FELLOW OF HARVARD; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. ALL ARE DIRECTORS AT THE BROAD INSTITUTE. SHIRLEY TILGHMAN IS THE CHAIR OF CALICO'S SCIENTIFIC BOARD AND ARTHUR LEVINSON IS THE CEO OF CALICO; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. BOTH ARE DIRECTORS AT THE BROAD INSTITUTE. R. MARTIN CHAVEZ SERVES ON THE BOARD OF ALPHABET INC., PARENT COMPANY OF GOOGLE AND CALICO. JAMES MANYIKA IS AN EMPLOYEE OF GOOGLE AND ARTHUR LEVINSON IS THE CEO OF CALICO; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. ALL ARE DIRECTORS AT THE BROAD INSTITUTE.
CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PAR VI, LINE 4 IN OCTOBER 2021, CHANGES TO THE INSTITUTE'S ORGANIZATIONAL DOCUMENTS INCLUDE AN AMENDMENT TO THE BY-LAWS ALLOWING UP TO 17 DIRECTORS.
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.
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. IF A DIRECTOR OR OFFICER DISCLOSES A CONFLICT OF INTEREST TO A PROPOSED OR EXISTING ARRANGEMENT, THE INSTITUTE'S POLICY PLACES CERTAIN RESTRICTIONS ON THEIR ABILITY TO PARTICIPATE IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS AROUND THE ARRANGEMENT. IF AN EMPLOYEE WITH THE AUTHORITY TO INFLUENCE BUSINESS DECISIONS DISCLOSES A CONFLICT OF INTEREST RELATED TO A PROPOSED BUSINESS DECISION, THE INSTITUTE'S POLICY PLACES CERTAIN RESTRICTIONS ON THEIR ABILITY TO PARTICIPATE IN THE DECISION-MAKING PROCESS.
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 2018 AND 2020, RESPECTIVELY. THE INSTITUTE ALSO CONDUCTED A STUDY FOR THE INSTITUTE DIRECTOR'S COMPENSATION IN 2021. 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.
OFFICER TITLES	FORM 990, PART VII, LINE 1A JUSTINE LEVIN-ALLERHAND WAS AN OFFICER AT THE BROAD INSTITUTE. HER TITLE WAS CHIEF DEVELOPMENT OFFICER /CLERK (UNTIL 11/21). JOHN TRAVIA WAS AN OFFICER AT THE BROAD INSTITUTE. HIS TITLE WAS SENIOR ADVISOR TO THE CFO / ASSISTANT TREASURER (UNTIL 1/22). WANDA CORDOVA IS AN OFFICER OF THE BROAD INSTITUTE. HER TITLE IS SENIOR ADVISOR TO THE CFO / ASSISTANT TREASURER (BEGINNING 2/22). LAURIE PESSAH IS AN OFFICER AT THE BROAD INSTITUTE. HER TITLE IS BOARD OF DIRECTORS ADMINISTRATOR AND ASSISTANT CLERK. SHE ALSO PERFORMED THE DUTIES OF CLERK IN THE INTERIM PERIOD FROM DECEMBER 2021 UNTIL SEPTEMBER 2022 WHEN A NEW CLERK WAS APPOINTED. ERIC LANDER WAS A FORMER DIRECTOR AND OFFICER AT THE BROAD INSTITUTE. HIS TITLE WAS PRESIDENT/CEO. ERIC WAS EMPLOYED AT THE INSTITUTE THROUGH JANUARY 2021.
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 THE INSTITUTE RECOGNIZED CHANGES IN THE INSTITUTE'S BENEFICIAL INTEREST IN TRUST OF $2,385,227 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS.

Additional Data

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Software ID:

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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

2021

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	DX TEST SVC	MA	164,269,928	427,953,160	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?		(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	

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

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

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

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				
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		No
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	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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

Schedule R (Form 990) 2021

Additional Data

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Software ID:
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