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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 07-01-2022 , and ending 06-30-2023

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 COO/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 $ 880,260,209

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) (2) ◀ (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

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	**5**	2,729
6	Total number of volunteers (estimate if necessary)	**6**	28
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-224,213
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	375,908

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	631,422,645	694,260,151
9	Program service revenue (Part VIII, line 2g)	360,088,388	81,122,857
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,176,264	51,269,020
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,428,813	33,698,543
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,051,116,110	860,350,571
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	57,475,500	88,560,430
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)	268,962,723	310,972,640
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,362,645		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	499,907,761	330,950,828
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	826,345,984	730,483,898
19	Revenue less expenses. Subtract line 18 from line 12	224,770,126	129,866,673

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,728,165,745	2,674,332,180
21	Total liabilities (Part X, line 26)	768,740,280	636,686,371
22	Net assets or fund balances. Subtract line 21 from line 20	1,959,425,465	2,037,645,809

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: 2024-05-13

DAN SHORE COO/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
		2024-04-30		P01494192

Firm's name ▶ PwC US Tax 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 $ 579,202,462 including grants of $ 88,560,430) (Revenue $ 80,653,922)

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** ▶ 579,202,462

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		No
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		
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		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		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		
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	452		
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)*

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**	2,729		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			**15**	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, or any disqualified or other person 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**	16		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	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, NY, NC, PA

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 COOTREASURER 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, box 6 of 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)						(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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) TODD GOLUB INSTITUTE DIRECTOR	60.0 1.0	X		X				817,744	0	56,888
(2) STACEY GABRIEL CHIEF GENOMICS OFFICER	60.0 0.0				X			677,438	0	47,886
(3) JESSE SOUWEINE CHIEF OPERATING OFFICER	60.0 0.0				X			606,831	0	61,734
(4) MORGAN SHENG CORE INSTITUTE MEMBER	60.0 0.0					X		589,146	0	59,981
(5) DAN SHORE CFO/TREASURER	60.0 0.0			X				440,845	0	58,454
(6) HEATHER JANKINS SEE SCHEDULE O	60.0 0.0					X		440,373	0	58,125
(7) MICHAEL CHRISTIANO CHIEF BUSINESS OFFICER	60.0 0.0					X		437,068	0	57,516
(8) NIALL LENNON SR DIR TRANSLATIONAL GENOMICS	60.0 0.0					X		434,037	0	57,467
(9) SHEILA DODGE SR. DIRECTOR GP OPERATIONS	60.0 0.0					X		435,071	0	51,298
(10) WANDA CORDOVA SEE SCHEDULE O	60.0 0.0			X				285,403	0	31,653
(11) CORRINA L HALE SR. COUNSEL/CLERK (BEG 10/22)	60.0 0.0			X				233,042	0	43,062
(12) LAURIE PESSAH BOD ADMIN/ASSISTANT CLERK	60.0 0.0			X				162,681	0	45,839
(13) JUSTINE LEVIN-ALLERHAND SEE SCHEDULE O	60.0 0.0						X	150,000	0	0
(14) ERIC E SCHMIDT DIRECTOR	1.0 0.0	X						0	0	0
(15) DAVID BALTIMORE DIRECTOR	1.0 0.0	X						0	0	0
(16) GEORGE Q DALEY DIRECTOR	1.0 0.0	X						0	0	0
(17) WILLIAM HELMAN 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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) SETH KLARMAN DIRECTOR	1.00	X						0	0	0
(19) ARTHUR LEVINSON DIRECTOR	1.00	X						0	0	0
(20) MARK NUNNELLY DIRECTOR	1.00	X						0	0	0
(21) L RAFAEL REIF DIRECTOR (UNT 12/22)	1.00	X						0	0	0
(22) PHILLIP SHARP DIRECTOR	1.00	X						0	0	0
(23) SHIRLEY TILGHMAN DIRECTOR	1.00	X						0	0	0
(24) GERUN RILEY DIRECTOR	1.00	X						0	0	0
(25) LAWRENCE BACOW DIRECTOR (UNT 6/23)	1.00	X						0	0	0
(26) JAMES MANYIKA DIRECTOR	1.00	X						0	0	0
(27) MARGARET HAMBURG DIRECTOR	1.00	X						0	0	0
(28) RMARTIN CHAVEZ DIRECTOR	1.00	X						0	0	0
(29) RAVI THADHANI DIRECTOR (UNT 10/22)	1.00	X						0	0	0
(30) LAURIE GLIMCHER DIRECTOR (BEG 5/23)	1.00	X						0	0	0
(31) SALLY KORNBLUTH DIRECTOR (BEG 1/23)	1.00	X						0	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								5,709,679	0	629,903

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 ▶ 838

			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
HURON CONSULTING GROUP LLC, 100 HIGH STREET BOSTON, MA 02110	BUSINESS CONSULTING	8,141,038
EMC CORPORATION, 55 CONSTITUTION BLVD FRANKLIN, MA 02038	IT SUPPORT SERVICES	7,722,250
JOHNSON MARCOU ISAACS LLC, PO BOX 691 HOSCHTON, GA 02139	LEGAL	5,478,794
STRUCTURE TONE LLC, 330 WEST 34TH STREET NEW YORK, NY 10001	CONSTRUCTION	6,089,353
HARBA SOLUTIONS INC, 12 MUNICIPAL DRIVE STE 325 FISHERS, IN 46038	TEMP AGENCY	5,256,740

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 ▶ 107

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	59,877,532			
e Government grants (contributions) 1e	206,015,361			
f All other contributions, gifts, grants, and similar amounts not included above 1f	428,367,258			
g Noncash contributions included in lines 1a - 1f:$ 1g	61,398,966			
h **Total.** Add lines 1a-1f . . . . . ▶	694,260,151			
Program Service Revenue	Business Code			
2a RESEARCH	541700	77,088,729	77,088,729	
b USE OF FACILITIES	541700	1,030,860	561,925	468,935
c ADMIN FEES	541700	1,084,550	1,084,550	
d REBATES	541700	493,556	493,556	
e SYMPOSIUM SPONSORSHIP	541700	137,610	137,610	
f All other program service revenue.		1,287,552	1,287,552	
g **Total.** Add lines 2a–2f. . . . . ▶	81,122,857			
3 Investment income (including dividends, interest, and other similar amounts)		26,742,059		26,742,059
4 Income from investment of tax-exempt bond proceeds ▶		0		
5 Royalties . . . . . ▶		33,549,192		33,549,192
	(i) Real	(ii) Personal		
6a Gross rents 6a	223,667	0		
b Less: rental expenses 6b	74,316	0		
c Rental income or (loss) 6c	149,351	0		
d Net rental income or (loss)		149,351		149,351
	(i) Securities	(ii) Other ▶		
7a Gross amount from sales of assets other than inventory 7a	41,536,897	2,825,386		
b Less: cost or other basis and sales expenses 7b	17,281,500	2,553,822		
c Gain or (loss) 7c	24,255,397	271,564		
d Net gain or (loss) . . . . . ▶		24,526,961	-693,148	25,220,109
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		
Other Revenue	Business Code			
11a				
b				
OtherRevenueMiscAmt c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		0		
12 **Total revenue.** See instructions . . . . ▶		860,350,571	80,653,922	-224,213	85,660,711

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	73,718,759	73,718,759		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,604,702	3,604,702		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	11,236,969	11,236,969		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,015,308	815,297	2,136,258	63,753
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	150,000			150,000
7 Other salaries and wages	238,362,044	180,806,890	55,982,129	1,573,025
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,428,163	14,353,858	5,924,984	149,321
9 Other employee benefits	32,203,083	22,627,511	9,340,182	235,390
10 Payroll taxes	16,814,042	11,814,394	4,876,745	122,903
11 Fees for services (non-employees):				
a Management	0			
b Legal	10,087,724	105,690	9,923,885	58,149
c Accounting	397,939		397,939	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	9,111,612		9,111,612	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	36,497,262	18,783,023	17,331,295	382,944
12 Advertising and promotion	955,349	238,505	659,302	57,542
13 Office expenses	1,328,843	308,149	1,019,827	867
14 Information technology	56,701,832	43,783,470	12,879,374	38,988
15 Royalties	0			
16 Occupancy	43,356,374	37,109,785	6,079,419	167,170
17 Travel	3,514,880	2,886,394	609,871	18,615
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,810,507	3,846,623	4,804,743	159,141
20 Interest	15,242,683	12,866,453	2,278,339	97,891
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	49,921,781	47,065,627	2,770,027	86,127
23 Insurance	2,393,727	302,137	2,091,590	
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	92,215,023	91,832,452	381,752	819
b MINOR EQUIPMENT & RENTALS	246,322	236,995	9,327	0
c MAINTENANCE & REPAIRS	947,157	684,836	262,321	0
d ADJUSTMENT TO AR RESERVE	-778,187	173,943	-952,130	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	730,483,898	579,202,462	147,918,791	3,362,645
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		52,984,596	1	24,530,912
	2	Savings and temporary cash investments		829,996,404	2	427,701,997
	3	Pledges and grants receivable, net		160,435,188	3	178,720,921
	4	Accounts receivable, net		112,303,434	4	97,779,586
	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		768,419	7	1,037,932
	8	Inventories for sale or use		46,332,364	8	18,206,655
	9	Prepaid expenses and deferred charges		22,675,715	9	29,388,134
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 813,433,056			
	b	Less: accumulated depreciation	10b 349,310,251	436,866,550	10c	464,122,805
	11	Investments—publicly traded securities		384,884	11	366,113,374
	12	Investments—other securities. See Part IV, line 11		961,737,522	12	1,016,544,639
	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		103,680,669	15	50,185,225
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		2,728,165,745	16	2,674,332,180
Liabilities	17	Accounts payable and accrued expenses		195,050,199	17	143,038,328
	18	Grants payable		0	18	0
	19	Deferred revenue		116,340,044	19	113,038,112
	20	Tax-exempt bond liabilities		251,452,556	20	236,354,379
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		10,467,173	21	10,462,998
	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		195,430,308	25	133,792,554
	26	**Total liabilities.** Add lines 17 through 25		768,740,280	26	636,686,371
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		704,706,407	27	718,446,984
	28	Net assets with donor restrictions		1,254,719,058	28	1,319,198,825
		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		1,959,425,465	32	2,037,645,809
	33	Total liabilities and net assets/fund balances		2,728,165,745	33	2,674,332,180

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	860,350,571
2	Total expenses (must equal Part IX, column (A), line 25)	2	730,483,898
3	Revenue less expenses. Subtract line 2 from line 1	3	129,866,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,959,425,465
5	Net unrealized gains (losses) on investments	5	7,940,257
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	-59,586,586
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	2,037,645,809

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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

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Form 990, Special Condition Description:

Special Condition Description

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Organization type (check one):

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

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

Name of organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

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

Name of organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

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

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

Additional Data

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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

2022

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	960,254,642	965,398,855	688,837,965	644,800,017	644,424,145
b Contributions . . .	80,000,014	61,441,617	55,182,361	58,099,417	12,819,299
c Net investment earnings, gains, and losses	25,975,596	-33,774,157	252,348,799	15,763,759	16,395,139
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .	38,691,826	32,811,673	30,970,270	29,825,228	28,838,566
f Administrative expenses					
g End of year balance	1,027,538,426	960,254,642	965,398,855	688,837,965	644,800,017

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 ▶ 87.760 %
- **c** Term endowment ▶ 12.240 %

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		336,716,017	117,574,221	219,141,796
c Leasehold improvements		88,734,558	49,464,443	39,270,115
d Equipment		227,280,048	167,183,157	60,096,891
e Other		135,702,433	15,088,430	120,614,003
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				464,122,805

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	1,016,544,639	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	1,016,544,639	

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.)* ▶	133,792,554

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	800,516,960
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,940,256		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-59,586,586		
e	Add lines **2a** through **2d**			2e	-51,646,330
3	Subtract line **2e** from line **1**			3	852,163,290
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	9,111,611		
b	Other (Describe in Part XIII.)	4b	-924,330		
c	Add lines **4a** and **4b**			4c	8,187,281
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	860,350,571

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	722,296,617
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	924,330		
e	Add lines **2a** through **2d**			2e	924,330
3	Subtract line **2e** from line **1**			3	721,372,287
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	9,111,611		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	9,111,611
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	730,483,898

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 $59,586,586 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS. SCHEDULE D, PART XI, 4B AND PART XII, 2D LOSSES ON ASSET SALES OF $850,015 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

2022

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) East Asia and the Pacific	0	0	Grantmaking	RESEARCH	3,574,204
(2) Europe (Including Iceland and Greenland)	0	0	Grantmaking	RESEARCH	3,353,587
(3) Sub-Saharan Africa	0	0	Grantmaking	RESEARCH	2,216,376
(4) South Asia	0	0	Grantmaking	RESEARCH	1,166,890
(5) North America	0	0	Grantmaking	RESEARCH	812,703
(6) South America	0	0	Grantmaking	RESEARCH	73,209
(7) Central America and the Caribbean	0	0	Grantmaking	RESEARCH	40,000
(8) Sub-Saharan Africa	0	0	Program Services	RESEARCH	121,631
(9) Europe (Including Iceland and Greenland)	0	0	Program Services	RESEARCH	73,065
(10) East Asia and the Pacific	0	0	Program Services	RESEARCH	24,230
(11) Middle East and North Africa	0	0	Program Services	RESEARCH	4,451
(12) Russia and the Newly Independent States	0	0	Program Services	RESEARCH	576
(13) Europe (Including Iceland and Greenland)	0	0	Program Services	SEND AGENT TO SEMINAR	670,903
(14) North America	0	0	Program Services	SEND AGENT TO SEMINAR	157,785
(15) East Asia and the Pacific	0	0	Program Services	SEND AGENT TO SEMINAR	103,278
(16) Middle East and North Africa	0	0	Program Services	SEND AGENT TO SEMINAR	88,951
(17) Sub-Saharan Africa	0	0	Program Services	SEND AGENT TO SEMINAR	83,648
(18) South America	0	0	Program Services	SEND AGENT TO SEMINAR	4,484
(19) Central America and the Caribbean	0	0	Program Services	SEND AGENT TO SEMINAR	1,317
(20) Europe (Including Iceland and Greenland)	0	0	Fundraising	FUNDRAISING	22,324
(21) North America	0	0	Fundraising	FUNDRAISING	911
3a Sub-total	0	0			12,565,487
b Total from continuation sheets to Part I . . .	0	0			29,036
c Totals (add lines 3a and 3b)	0	0			12,594,523

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)			Europe (Including Iceland and Greenland)	SUBAWARD	29,453	WIRE		N/A	
(2)			Sub-Saharan Africa	SUBAWARD	485,899	WIRE		N/A	
(3)			Sub-Saharan Africa	SUBAWARD	202,211	WIRE		N/A	
(4)			East Asia and the Pacific	SUBAWARD	61,250	WIRE		N/A	
(5)			Europe (Including Iceland and Greenland)	SUBAWARD	221,119	WIRE		N/A	
(6)			Europe (Including Iceland and Greenland)	GIFTS	75,000	WIRE		N/A	
(7)			Sub-Saharan Africa	SUBAWARD	8,970	WIRE		N/A	
(8)			East Asia and the Pacific	SUBAWARD	1,392,045	WIRE		N/A	
(9)			Europe (Including Iceland and Greenland)	GIFTS	284,864	ACH- BANK TR		N/A	
(10)			Europe (Including Iceland and Greenland)	SUBAWARD	275,766	ACH- BANK TR		N/A	
(11)			North America	SUBAWARD	16,141	WIRE		N/A	
(12)			East Asia and the Pacific	SUBAWARD	60,450	WIRE		N/A	
(13)			Europe (Including Iceland and Greenland)	SUBAWARD	132,216	WIRE		N/A	
(14)			East Asia and the Pacific	SUBAWARD	287,547	WIRE		N/A	
(15)			Europe (Including Iceland and Greenland)	GIFTS	110,771	WIRE		N/A	
(16)			North America	SUBAWARD	357,000	WIRE		N/A	
(17)			South Asia	SUBAWARD	186,357	WIRE		N/A	
(18)			Europe (Including Iceland and Greenland)	SUBAWARD	177,598	WIRE		N/A	
(19)			Europe (Including Iceland and Greenland)	SUBAWARD	280,848	WIRE		N/A	
(20)			East Asia and the Pacific	SUBAWARD	275,176	WIRE		N/A	
(21)			Europe (Including Iceland and Greenland)	SUBAWARD	159,622	WIRE		N/A	
(22)			Sub-Saharan Africa	SUBAWARD	329,037	WIRE		N/A	
(23)			North America	SUBAWARD	55,000	WIRE		N/A	
(24)			Sub-Saharan Africa	SUBAWARD	158,469	WIRE		N/A	
(25)			East Asia and the Pacific	SUBAWARD	514,433	WIRE		N/A	
(26)			East Asia and the Pacific	GIFTS	10,000	WIRE		N/A	
(27)			East Asia and the Pacific	SUBAWARD	30,892	WIRE		N/A	
(28)			Europe (Including Iceland and Greenland)	SUBAWARD	105,000	WIRE		N/A	
(29)			East Asia and the Pacific	SUBAWARD	86,205	WIRE		N/A	
(30)			Europe (Including Iceland and Greenland)	SUBAWARD	57,234	WIRE		N/A	
(31)			East Asia and the Pacific	SUBAWARD	29,248	WIRE		N/A	
(32)			East Asia and the Pacific	SUBAWARD	600,000	WIRE		N/A	
(33)			East Asia and the Pacific	SUBAWARD	21,600	WIRE		N/A	
(34)			East Asia and the Pacific	SUBAWARD	54,000	WIRE		N/A	
(35)			Europe (Including Iceland and Greenland)	SUBAWARD	59,315	WIRE		N/A	
(36)			East Asia and the Pacific	SUBAWARD	54,000	WIRE		N/A	
(37)			South Asia	SUBAWARD	980,532	WIRE		N/A	
(38)			Europe (Including Iceland and Greenland)	SUBAWARD	69,957	WIRE		N/A	
(39)			North America	SUBAWARD	304,680	WIRE		N/A	
(40)			East Asia and the Pacific	SUBAWARD	38,000	WIRE		N/A	
(41)			Sub-Saharan Africa	SUBAWARD	10,571	WIRE		N/A	
(42)			South America	SUBAWARD	73,209	WIRE		N/A	
(43)			Central America and the Caribbean	GIFTS	40,000	WIRE		N/A	
(44)			Europe (Including Iceland and Greenland)	SUBAWARD	244,357	ACH- BANK TR		N/A	
(45)			Sub-Saharan Africa	SUBAWARD	1,021,219	WIRE		N/A	
(46)			Europe (Including Iceland and Greenland)	SUBAWARD	96,703	WIRE		N/A	
(47)			Europe (Including Iceland and Greenland)	SUBAWARD	124,692	WIRE		N/A	
(48)			Europe (Including Iceland and Greenland)	SUBAWARD	96,506	WIRE		N/A	
(49)			Europe (Including Iceland and Greenland)	SUBAWARD	268,755	WIRE		N/A	
(50)			Europe (Including Iceland and Greenland)	SUBAWARD	244,148	WIRE		N/A	
(51)			North America	SUBAWARD	79,882	CHECK		N/A	
(52)			Europe (Including Iceland and Greenland)	SUBAWARD	92,820	WIRE		N/A	
(53)			Europe (Including Iceland and Greenland)	SUBAWARD	146,843	WIRE		N/A	
(54)			East Asia and the Pacific	SUBAWARD	59,357	WIRE		N/A	

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 . . . . . ▶ 47

3 Enter total number of other organizations or entities . . . . . ▶ 7

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

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*	☐ Yes	☑ No

Part V **Supplemental Information**

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

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

Additional Data

Software ID:

Software Version:

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
2022
Open to Public Inspection

Name of the organization
THE BROAD INSTITUTE INC

Employer identification number
26-3428781

Part I General Information on Grants and Assistance

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 3 POINT BIO LLC 4 DANA RD BOXFORD,MA 01921	36-4806076	N/A	814,244			N/A	PROGRAM SUPPORT
(2) AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS,TX 752314596	13-5613797	501(c)(3)	168,730			N/A	PROGRAM SUPPORT
(3) ASYMMETRIK LTD 308 SENTINEL DR ANNAPOLIS,MD 20701	45-2899572	N/A	201,350			N/A	PROGRAM SUPPORT
(4) BENAROYA RESEARCH AT VIRGINIA MASON 1201 9TH AVENUE SEATTLE,WA 98101	91-0653422	501(c)(3)	300,000			N/A	PROGRAM SUPPORT
(5) BETH ISRAEL DEACONESS MEDICAL CTR 330 BROOKLINE AVE BOSTON,MA 02215	04-2103881	501(c)(3)	1,560,152			N/A	PROGRAM SUPPORT
(6) BOSTON COLLEGE 140 COMMONWEALTH CHESTNUT HILL,MA 02467	04-2103545	501(c)(3)	25,000			N/A	PROGRAM SUPPORT
(7) BOSTON UNIVERSITY 85 EAST NEWTON STREET BOSTON,MA 02118	04-2103547	501(c)(3)	425,326			N/A	PROGRAM SUPPORT
(8) BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(c)(3)	3,412,241			N/A	PROGRAM SUPPORT
(9) CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES,CA 90048	95-1644600	501(c)(3)	6,732			N/A	PROGRAM SUPPORT
(10) CHILDREN'S HOSPITAL OF BOSTON 300 LONGWOOD AVE BOSTON,MA 02115	04-2774441	501(c)(3)	1,857,020			N/A	PROGRAM SUPPORT
(11) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA,PA 19104	23-1352166	501(c)(3)	17,909			N/A	PROGRAM SUPPORT
(12) COLD SPRING HARBOR LABORATORY 1 BUNGTOWN RD COLD SPRING HARBOR,NY 11724	11-2013303	501(c)(3)	25,000			N/A	PROGRAM SUPPORT
(13) COLOR GENOMICS INC 863 MITTEN ROAD BURLINGAME,CA 94010	46-3353585	N/A	5,288,811			N/A	PROGRAM SUPPORT
(14) COLORADO STATE UNIVERSITY 6003 CAMPUS DELIVERY FORT COLLINS,CO 80523	84-6000545	Gov't	22,365			N/A	PROGRAM SUPPORT
(15) COLUMBIA UNIVERSITY 615 WEST 131ST ST NEW YORK,NY 10025	13-5598093	501(c)(3)	299,902			N/A	PROGRAM SUPPORT
(16) COUNT ME IN INC 415 MAIN ST CAMBRIDGE,MA 02142	83-0561457	501(c)(3)	140,638			N/A	PROGRAM SUPPORT
(17) DANA FARBER CANCER INSTITUTE BP451 450 BROOKLINE AVE BOSTON,MA 02215	04-2263040	501(c)(3)	3,914,462			N/A	PROGRAM SUPPORT
(18) DELOITTE CONSULTING LLP 4022 SELLS DRIVE HERMITAGE,TN 37076	06-1454513	N/A	1,135,243			N/A	PROGRAM SUPPORT
(19) DIMAGI INC 585 MASSACHUSETTS AVE CAMBRIDGE,MA 02139	83-0343298	N/A	276,548			N/A	PROGRAM SUPPORT
(20) DUKE UNIVERSITY PO BOX 602651 CHARLOTTE,NC 282602651	56-0532129	501(c)(3)	626,408			N/A	PROGRAM SUPPORT
(21) EMORY UNIVERSITY 1599 CLIFTON ROAD ATLANTA,GA 30322	58-0566256	503(c)(3)	68,534			N/A	PROGRAM SUPPORT
(22) EMUGEN THERAPEUTICS LLC 242 HOMER ST NEWTON,MA 02459	86-3092756	N/A	1,000,000			N/A	PROGRAM SUPPORT
(23) EUROFINS DISCOVERX PRODUCTS LLC 42501 ALBRAE STREET FREMONT,CA 94538	84-3528205	N/A	968,154			N/A	PROGRAM SUPPORT
(24) FATHOM INFORMATION DESIGN (BEN FRY LLC) 300 CAMBRIDGE ST BOSTON,MA 02114	27-1573165	N/A	2,068,516			N/A	PROGRAM SUPPORT
(25) FRED HUTCHINSON CANCER CENTER 1100 FAIRVIEW AVE SEATTLE,WA 98109	91-1935159	501(c)(3)	39,156			N/A	PROGRAM SUPPORT
(26) GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE,PA 17822	23-6291113	501(c)(3)	134,313			N/A	PROGRAM SUPPORT
(27) GENERAL DYNAMICS INFORMATION TECHNOLOGYINC 3150 FAIRVIEW PARK FALLS CHURCH,VA 22042	54-1194322	N/A	573,563			N/A	PROGRAM SUPPORT
(28) GLADSTONE INSTITUTE 1650 OWENS ST SAN FRANCISCO,CA 94158	23-7203666	501(c)(3)	26,645			N/A	PROGRAM SUPPORT
(29) HARVARD PILGRIM HEALTH CARE INC 1 WELLNESS WAY CANTON,MA 02021	04-2663394	501(c)(4)	60,368			N/A	PROGRAM SUPPORT
(30) HARVARD UNIVERSITY 1350 MASS AVE CAMBRIDGE,MA 021383800	04-2103580	501(c)(3)	15,530,321			N/A	PROGRAM SUPPORT
(31) HEALTH RESEARCH INC 150 BROADWAY NO 560 MENANDS,NY 12204	14-1402155	501(c)(3)	9,259			N/A	PROGRAM SUPPORT
(32) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE LLEVY PLACE NEW YORK,NY 10029	13-6171197	501(c)(3)	374,229			N/A	PROGRAM SUPPORT
(33) INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON,IN 474013654	35-6001673	501(c)(3)	133,621			N/A	PROGRAM SUPPORT
(34) INVITAE 1400 16TH STREET SAN FRANCISCO,CA 94103	27-1701898	N/A	66,000			N/A	PROGRAM SUPPORT
(35) JOHNS HOPKINS UNIVERSITY 3400 N CHARLES ST BALTIMORE,MD 212182686	52-0595110	501(c)(3)	85,080			N/A	PROGRAM SUPPORT
(36) JOSLIN DIABETES CTR ONE JOSLIN PL BOSTON,MA 02215	04-2203836	501(c)(3)	663,665			N/A	PROGRAM SUPPORT
(37) LUNDQUIST INSTITUTE 1124 W CARSON ST TORRANCE,CA 90502	95-2138184	501(c)(3)	23,744			N/A	PROGRAM SUPPORT
(38) MACGILLIVRAY FREEMAN FILMS EDUCATIONAL FDN PO BOX 205 LAGUNA BEACH,CA 92652	45-0495514	501(c)(3)	12,500			N/A	PROGRAM SUPPORT
(39) MASCON MEDICAL 5 COMMONWEALTH AVE WOBURN,MA 01801	04-2739441	N/A	5,936			N/A	PROGRAM SUPPORT
(40) MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES ST BOSTON,MA 02114	04-2103591	501(c)(3)	78,748			N/A	PROGRAM SUPPORT
(41) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON,MA 021142517	04-1564655	501(c)(3)	13,099,014			N/A	PROGRAM SUPPORT
(42) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASS AVE CAMBRIDGE,MA 02139	04-2103594	501(c)(3)	2,846,307			N/A	PROGRAM SUPPORT
(43) MAYO CLINIC 200 FIRST STREET SW ROCHESTER,MN 55905	41-6011702	501(c)(3)	88,015			N/A	PROGRAM SUPPORT
(44) MCLAUGHLIN RESEARCH INSTITUTE 1520 23RD ST SOUTH GREAT FALLS,MT 59405	81-0459235	501(c)(3)	88,720			N/A	PROGRAM SUPPORT
(45) MCLEAN HOSPITAL 115 MILL ST BELMONT,MA 02478	04-2697981	501(c)(3)	256,270			N/A	PROGRAM SUPPORT
(46) NATIONAL ALLIANCE ON MENTAL ILLNESS 4301 WILSON BLVD ARLINGTON,VA 22203	43-1201653	501(c)(3)	60,000			N/A	PROGRAM SUPPORT
(47) NEW YORK GENOME CENTER INC 101 AVE OF THE AMERICAS NEW YORK,NY 10013	80-0631734	501(c)(3)	110,228			N/A	PROGRAM SUPPORT
(48) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON,MA 02115	04-1679980	501(c)(3)	104,737			N/A	PROGRAM SUPPORT
(49) NORTHWESTERN UNIVERSITY 633 CLARK ST EVANSTON,IL 60208	36-2167817	501(c)(3)	203,169			N/A	PROGRAM SUPPORT
(50) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH ST OKLAHOMA CITY,OK 73104	73-0580274	501(c)(3)	80,808			N/A	PROGRAM SUPPORT
(51) PRINCETON UNIVERSITY 701 CARNEGIE CENTER PRINCETON,NJ 08540	21-0634501	501(c)(3)	656,095			N/A	PROGRAM SUPPORT
(52) SEVEN BRIDGES GENOMICS INC 529 MAIN STE 6610 CHARLESTOWN,MA 02129	45-3415885	N/A	1,157,842			N/A	PROGRAM SUPPORT
(53) ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 262 DANNY THOMAS PL MEMPHIS,TN 381053678	62-0646012	501(c)(3)	110,191			N/A	PROGRAM SUPPORT
(54) STANFORD UNIVERSITY 485 BROADWAY REDWOOD CITY,CA 94063	94-1156365	501(c)(3)	540,164			N/A	PROGRAM SUPPORT
(55) THE INSPIRE PROJECT INC 329 PINE TREE RD VENICE,FL 34293	82-3692406	501(c)(3)	387,080			N/A	PROGRAM SUPPORT
(56) THE JACKSON LABORATORY 600 MAIN ST BAR HARBOR,ME 04609	01-0211513	501(c)(3)	438,991			N/A	PROGRAM SUPPORT
(57) THE OHIO STATE UNIVERSITY 1645 NEIL AVENUE COLUMBUS,OH 43210	31-6025986	501(c)(3)	95,355			N/A	PROGRAM SUPPORT
(58) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR,MI 48109	38-6006309	Gov't	1,200,906			N/A	PROGRAM SUPPORT
(59) THE ROCKEFELLER UNIVERSITY 1230 YORK AVENUE NEW YORK,NY 10065	13-1624158	501(c)(3)	122,538			N/A	PROGRAM SUPPORT
(60) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA,CA 92037	33-0435954	501(c)(3)	79,674			N/A	PROGRAM SUPPORT
(61) THE UNIV OF MASSACHUSETTS MEDICAL SCHOOL 55 N LAKE AVENUE WORCESTER,MA 01655	04-3167352	Gov't	484,053			N/A	PROGRAM SUPPORT
(62) THE UNIVERSITY OF CHICAGO 6054 S DREXEL AVE CHICAGO,IL 60637	36-2177139	501(c)(3)	627,142			N/A	PROGRAM SUPPORT
(63) THE UNIVERSITY OF MISSISSIPPI MEDICAL CTR 2500 N STATE ST JACKSON,MS 392164505	64-6008520	Gov't	82,077			N/A	PROGRAM SUPPORT
(64) THREE MOUNTAIN CONSULTING LLC 15450 HEMLOCK POINT CHAGRIN FALLS,OH 44022	46-3465387	N/A	355,500			N/A	PROGRAM SUPPORT
(65) TRUSTEES OF TUFTS COLLEGE 169 HOLLAND ST SOMERVILLE,MA 02144	04-2103634	501(c)(3)	762,063			N/A	PROGRAM SUPPORT
(66) TUFTS MEDICAL CENTER INC 800 WASHINGTON STREET BOSTON,MA 02111	04-3400617	501(c)(3)	50,146			N/A	PROGRAM SUPPORT
(67) UNIVERSITY OF CALIFORNIA BERKELEY 2195 HEARST AVE BERKELEY,CA 94720	94-6002123	501(c)(3)	97,325			N/A	PROGRAM SUPPORT
(68) UNIVERSITY OF CALIFORNIA LOS ANGELES 405 HILGARD AVENUE LOS ANGELES,CA 90095	95-6006143	Gov't	91,251			N/A	PROGRAM SUPPORT
(69) UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DR LA JOLLA,CA 92093	95-6006144	Gov't	1,099,611			N/A	PROGRAM SUPPORT
(70) UNIVERSITY OF CALIFORNIA SANTA CRUZ 1156 HIGH STREET SANTA CRUZ,CA 95064	94-1539563	Gov't	1,170,758			N/A	PROGRAM SUPPORT
(71) UNIVERSITY OF CALIFORNIASAN FRANCISCO PO BOX 748872 LOS ANGELES,CA 900744872	94-6036493	Gov't	429,207			N/A	PROGRAM SUPPORT
(72) UNIVERSITY OF MARYLAND BALTIMORE 620 WEST LEXINGTON ST BALTIMORE,MD 21201	52-6002033	170(c)(1)	406,584			N/A	PROGRAM SUPPORT
(73) UNIVERSITY OF MINNESOTA PO BOX 1450 MINNEAPOLIS,MN 554855960	41-6007513	Gov't	143,928			N/A	PROGRAM SUPPORT
(74) UNIVERSITY OF MISSOURI 601 TURNER AVENUE COLUMBIA,MO 652110001	43-6003859	Gov't	8,580			N/A	PROGRAM SUPPORT
(75) UNIVERSITY OF NORTH CAROLINA PO BOX 402420 ATLANTA,GA 303842420	56-6001393	501(c)(3)	93,300			N/A	PROGRAM SUPPORT
(76) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA,PA 19104	23-1352685	501(c)(3)	450,336			N/A	PROGRAM SUPPORT
(77) UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PL PITTSBURGH,PA 15213	25-0965591	501(c)(3)	115,199			N/A	PROGRAM SUPPORT
(78) UNIVERSITY OF SOUTHERN CALIFORNIA 1540 ALCAZAR ST LOS ANGELES,CA 90033	95-1642394	501(c)(3)	5,667			N/A	PROGRAM SUPPORT
(79) UNIVERSITY OF VIRGINIA PO BOX 400202 CHARLOTTESVILLE,VA 22904	54-6001796	501(c)(3)	34,359			N/A	PROGRAM SUPPORT
(80) UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK ST MADISON,WI 537151218	39-6006492	501(c)(3)	721,477			N/A	PROGRAM SUPPORT
(81) UTAH STATE UNIVERSITY 1415 OLD MAIN HILL LOGAN,UT 84322	87-6000528	501(c)(3)	63,410			N/A	PROGRAM SUPPORT
(82) VANDERBILT UNIVERSITY MEDICAL CENTER 1161 21ST AVE NASHVILLE,TN 372325545	35-2528741	501(c)(3)	681,366			N/A	PROGRAM SUPPORT
(83) VARILLY SCIENCES US INC 16192 COASTAL HIGHWAY LEWES,DE 19958	88-1768639	N/A	165,000			N/A	PROGRAM SUPPORT
(84) VIRGINIA COMMONWEALTH UNIVERSITY 800 EAST LEIGH ST RICHMOND,VA 232980568	54-6001758	Gov't	18,208			N/A	PROGRAM SUPPORT
(85) WAKE FOREST UNIVERSITY HEALTH SCIENCES 1834 WAKE FOREST RD WINSTONSALEM,NC 27109	22-3849199	501(c)(3)	248,329			N/A	PROGRAM SUPPORT
(86) WASHINGTON UNIVERSITY IN ST LOUIS 660 S EUCLID AVE ST LOUIS,MO 63110	43-0653611	501(c)(3)	116,540			N/A	PROGRAM SUPPORT
(87) WEILL CORNELL MEDICAL COLLEGE 445 E 69TH ST NEW YORK,NY 10021	13-1623978	501(c)(3)	206,367			N/A	PROGRAM SUPPORT
(88) WHITEHEAD INSTITUTE 455 MAIN ST CAMBRIDGE,MA 02142	06-1043412	501(c)(3)	11,259			N/A	PROGRAM SUPPORT
(89) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065208239	06-0646973	501(c)(3)	596,592			N/A	PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . ▶ 61

3 Enter total number of other organizations listed in the line 1 table . . . . . . ▶ 28

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	115	2,365,233			
(2) TUITION	68	1,239,469			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

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	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
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	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
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**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
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**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
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**		
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**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2, 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 DAN SHORE CFO/TREASURER	(i)	438,346	0	2,499	27,450	31,004	499,299	0
	(ii)	0	0	0	0	0	0	0
2 LAURIE PESSAH BOD ADMIN/ASSISTANT CLERK	(i)	154,174	7,500	1,007	14,692	31,147	208,520	0
	(ii)	0	0	0	0	0	0	0
3 TODD GOLUB INSTITUTE DIRECTOR	(i)	796,815	0	20,929	27,450	29,438	874,632	0
	(ii)	0	0	0	0	0	0	0
4 WANDA CORDOVA SEE SCHEDULE O	(i)	248,985	15,000	21,418	24,842	6,811	317,056	0
	(ii)	0	0	0	0	0	0	0
5 JESSE SOUWEINE CHIEF OPERATING OFFICER	(i)	534,552	50,000	22,279	27,450	34,284	668,565	0
	(ii)	0	0	0	0	0	0	0
6 STACEY GABRIEL CHIEF GENOMICS OFFICER	(i)	521,355	133,084	22,999	27,450	20,436	725,324	0
	(ii)	0	0	0	0	0	0	0
7 MORGAN SHENG CORE INSTITUTE MEMBER	(i)	330,343	9,381	249,422	27,450	32,531	649,127	0
	(ii)	0	0	0	0	0	0	0
8 NIALL LENNON SR DIR TRANSLATIONAL GENOMICS	(i)	312,090	100,000	21,947	27,450	30,017	491,504	0
	(ii)	0	0	0	0	0	0	0
9 SHEILA DODGE SR. DIRECTOR GP OPERATIONS	(i)	322,390	100,942	11,739	27,450	23,848	486,369	0
	(ii)	0	0	0	0	0	0	0
10 HEATHER JANKINS SEE SCHEDULE O	(i)	280,939	38,246	121,188	26,414	31,711	498,498	0
	(ii)	0	0	0	0	0	0	0
11 CORRINA L HALE SR. COUNSEL/CLERK (BEG 10/22)	(i)	231,923	0	1,119	21,501	21,561	276,104	0
	(ii)	0	0	0	0	0	0	0
12 MICHAEL CHRISTIANO CHIEF BUSINESS OFFICER	(i)	412,769	20,000	4,299	27,450	30,066	494,584	0
	(ii)	0	0	0	0	0	0	0
13 JUSTINE LEVIN-ALLERHAND SEE SCHEDULE O	(i)	0	150,000	0	0	0	150,000	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, 2022. 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 SENIOR COUNSEL/CLERK ENTERED INTO A CONTRACT DURING CALENDAR YEAR 2022 THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION.

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule 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

2022

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, 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		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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, 2023 WILL BE PERFORMED BY AUGUST 30, 2023.

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

2022

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	4	1,521,434	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	1	59,877,532	MARKET VALUE
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:

Software Version:

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

2022

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. WE ARE A RESEARCH ORGANIZATION DEDICATED TO BETTER UNDERSTANDING THE ROOTS OF DISEASE AND NARROWING THE GAP BETWEEN NEW BIOLOGICAL INSIGHTS AND IMPACT FOR PATIENTS.
VOLUNTEERS	FORM 990, PART I, LINE 6 THE BROAD INSTITUTE DOES NOT FORMALLY TRACK VOLUNTEERS BUT HAS INCLUDED THE NUMBER OF BOARD MEMBERS AND COMMITTEE MEMBERS THAT ARE UNCOMPENSATED.
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A THE BROAD INSTITUTE OPERATES FOR EDUCATIONAL AND SCIENTIFIC PURPOSES TO IMPROVE HUMAN HEALTH BY USING GENOMICS TO ADVANCE 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 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 FY23, 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. WHILE THE INSTITUTE'S COVID-19 TESTING OPERATIONS HAVE, BY LESSENING THE BURDENS OF GOVERNMENT, FURTHURED THE INSTITUTE'S MISSION, THE INSTITUTE DETERMINED DURING FY23 TO FOCUS ON OTHER ASPECTS OF ITS MISSION AND WOUND DOWN LARGE-SCALE COVID TESTING ACTIVITIES IN JUNE 2023. 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 2022, THE RETREAT WAS ATTENDED BY APPROXIMATELY 2,500 PARTICIPANTS FROM THE COMMUNITY, BOTH VIRTUALLY AND IN PERSON. 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 2022, 26 HIGH SCHOOL STUDENTS PARTICIPATED IN A SUMMER SCHOLARS PROGRAM DURING THE ACADEMIC YEAR. IN 2022, AS PART OF THE SEVENTH 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 466 STUDENTS THROUGHOUT THIS INITIATIVE. BROAD VOLUNTEERS MENTORED 34 STUDENTS IN THE BIO-CODING CLUB DESIGNED TO ENGAGE 6-8 GRADERS IN THE FIELD OF BIOLOGY. ALSO IN 2022, 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 2022, 26 HIGH SCHOOL STUDENTS, 19 UNDERGRADUATE STUDENTS AND 8 FACULTY MEMBERS PARTICIPATED IN THESE PROGRAMS. CAREERS. IN 2022, 26 HIGH SCHOOL STUDENTS, 19 UNDERGRADUATE STUDENTS AND 8 FACULTY MEMBERS PARTICIPATED IN THESE PROGRAMS.
RELATIONSHIPS AMONG	FORM 990 PART VI, LINE 2 PHILLIP SHARP IS AN EMPLOYEE OF MIT, SALLY KORNBLUTH IS THE PRESIDENT OF MIT AND L. RAFAEL REIF WAS THE FORMER PRESIDENT OF MIT; THEREFORE THEY HAVE A BUSINESS RELATIONSHIP. ALL ARE/WERE DIRECTORS AT THE BROAD INSTITUTE. GEORGE Q. DALEY IS AN EMPLOYEE OF HARVARD, LAWRENCE BACOW WAS THE PRESIDENT OF HARVARD (UNT 6/23), AND SHIRLEY TILGHMAN IS A FELLOW OF HARVARD;

Return Reference	Explanation
	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.
CHANGES TO ORGANIZATIONAL DOCUMENTS	FORM 990, PART VI, LINE 4 IN AUGUST 2022, CHANGES TO THE INSTITUTE'S ORGANIZATIONAL DOCUMENTS INCLUDE AN AMENDMENT TO THE ARTICLES OF ORGANIZATION TO CLARIFY THE BROAD'S CHARITABLE PURPOSE INCLUDES LESSENING THE BURDENS OF GOVERNMENT.
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 OF THE BOARD 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 MOST RECENTLY ENGAGED A CONSULTING FIRM TO CONDUCT AN INDEPENDENT STUDY FOR THE COMPENSATION OF THE INSTITUTE DIRECTOR IN 2021, AS WELL AS OTHER TOP LEADERSHIP POSITIONS IN 2020 and 2022. THE STUDY FINDINGS WERE PRESENTED TO THE LEADERSHIP, PERSONNEL POLICY AND BOARD GOVERNANCE COMMITTEE FOR REVIEW. THE BOARD OF DIRECTORS' 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 WANDA CORDOVA IS AN OFFICER OF THE BROAD INSTITUTE. HER TITLE IS SENIOR ADVISOR TO THE CFO / ASSISTANT TREASURER. HEATHER JANKINS IS A HIGHLY COMPENSATED EMPLOYEE AT THE BROAD INSTITUTE. HER TITLE IS SENIOR DIRECTOR, OPERATIONS AND FINANCES, DSP. JUSTINE LEVIN-ALLERHAND WAS A FORMER OFFICER AT THE BROAD INSTITUTE. HER TITLE WAS CHIEF DEVELOPMENT OFFICER /CLERK (UNTIL 11/21). 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 UNTIL CORRINA HALE WAS APPOINTED CLERK IN SEPTEMBER 2022.
RECONCILIATION OF NET ASSETS	FORM 990, PART XI, LINE 9 THE INSTITUTE RECOGNIZED CHANGES IN THE INSTITUTE'S BENEFICIAL INTEREST IN TRUST OF $59,586,586 IN NONOPERATING ACTIVITIES IN ITS FINANCIAL STATEMENTS.

Additional Data

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Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

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) BROAD CLINICAL LABS LLC 415 MAIN STREET CAMBRIDGE, MA 02142 35-2469571	DX TEST SVC	MA	-206,774,620	183,641,499	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	(g) 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.

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
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
(1) THE STANLEY FUND FOR THE BROAD INSTITUTE	C	59,877,532	BOOK VALUE

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: