Return of Organization Exempt From Income Tax

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

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

Inspection

Form 990 (2022)

A For the 2022 calendar year, or tax year beginning and ending 07/01/2022 06/30/2023 D Employer identification number C Name of organization B Check if applicable: HUMAN CELL ATLAS, INC 85-0847756 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change 415 MAIN STREET (617)714-7093Initial return City or town, state or province, country, and ZIP or foreign postal code Amended 1,243,754 G Gross receipts \$ CAMBRIDGE, MA 02142 return Application pending F Name and address of principal officer: H(a) Is this a group return for SARAH TEICHMANN Yes Χ Nο subordinates' 415 MAIN STREET, CAMBRIDGE, MA 02142 Yes No H(b) Are all subordinates included? If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( WWW.HUMANCELLATLAS.ORG Website: H(c) Group exemption number Form of organization: X Corporation L Year of formation: 2020 M State of legal domicile: DE Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 8 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 8 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 NONE Total number of volunteers (estimate if necessary) 6 8 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE **b** Net unrelated business taxable income from Form 990-T, line 34 NONE Current Year Contributions and grants (Part VIII, line 1h) 1,191,755. 2,802,426 Revenue **COPY FOR** Program service revenue (Part VIII, line 2g) 38 27,077 PUBLIC INSPECTION Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 NONE 24,922. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) NONE NONE Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,802,464 1,243,754. 12 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,216 595,972. 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 396,732 NONE 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ \_\_\_\_\_\_6,280.\_\_\_\_\_ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 702,075 1,596,388. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,106,023 2,192,360. Revenue less expenses. Subtract line 18 from line 12 1,696,441 -948,606. s or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 3,625,449 2,425,097. Total liabilities (Part X, line 26) 21 1,507,345 1,255,599. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,118,104 1,169,498. 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. 05/14/2024 Sign Signature of officer Here RY DAVIS TREASURER Type or print name and title Print/Type preparer's name PTIN Preparer's signature Date Check Paid self-employed PAUL TANIS 05/13/2024 P01441612 Preparer Firm's name ► PWC US TAX LLP 92-0460586 Firm's FIN Use Only Firm's address ▶ 101 SEAPORT BLVD., SUITE 500 BOSTON, 617-530-5000 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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			s a response or note to any line in this	Рап III	
1	Briefly describe the	=	SION:		
	SEE SCHEDULE	0.			
2			ignificant program services during the		
	If "Yes," describe the	se new services	on Schedule O.		
3	services?		eting, or make significant changes		
4	If "Yes," describe the	•	chedule O. service accomplishments for each	of its three largest program ser	vices as measured by
	expenses. Section 5	501(c)(3) and 50	1(c)(4) organizations are required to y, for each program service reported.		
	(Code:	) (Expenses \$	1,704,334. including grants of \$	595.972. ) (Revenue \$	27.077.
-	SEE SCHEDULE		g g.a o.	, (ποτοπίου φ	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
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40	(Code	) (Expenses φ	including grants of \$	) (Revenue \$	)
4d	Other program service (Expenses \$		Schedule O.) g grants of \$ ) (Rev		

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Part IV Checklist of Required Schedules

Part	V 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		- 1
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		37
•		-		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
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		Х
С	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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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	Х	
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	Х	
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	Х	
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			- 22
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
13		10		v
20 ~	If "Yes," complete Schedule G, Part III	19		X
		20a		Х
	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	04		37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Chocklist of Poquired Schodules (continued)

Par	t IV Checklist of Required Schedules (continued)		V	Na
00	Did the consciention were there OF 000 of weeks on other posistence to be for demostic individuals and		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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
<b>24</b> a	\$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	2/12		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
<b>2</b> 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		- 21
~	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		Х
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? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		X
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
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		X
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		X
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	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
4	Enter the number reported in box 2 of Form 1006. Enter 0 if not emplicable		1 62	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
		10	77	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		X
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		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		X
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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand	44.		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		X
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.	. 0		21
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?	17		
	If "Yes " complete Form 6069			

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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		X
Sect	ion 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		

1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	3		
	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					
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent	1b	8	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or ur					
	supervision of officers, directors, trustees, or key employees to a management company or other p	erson	?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets	?	5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el					37
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval			7b		Х
	stockholders, or persons other than the governing body?			7.0		Α
8	Did the organization contemporaneously document the meetings held or written actions under the week by the following:	ertake	n auring			
_	the year by the following:			8a	X	
a b	The governing body?			8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
Ū	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	DC 10		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Coc	e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	ı	X
	If "Yes," did the organization have written policies and procedures governing the activities of		chapters,			
	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exempt policies.	such (	-	101	)	
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	such ( urpose	s?	10l		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990.	such ( urpose ling the	es? e form?	118	X	
b 11a	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion Has the organization provided a complete copy of this Form 990 to all members of its governing body before find Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ( urpose ling th	es? e form?		X	
b 11a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	such ourpose ling the	es? e form? ould give	118	X X	
b 11a b 12a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?	such ourpose ling the	es? e form? ould give	11a 12a 12i	X X	
b 11a b 12a	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests the rise to conflicts?	such curpose ling the hat coolicy?	es?e form?	11a 12a 12l	X X	
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b 11a b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the hat coolicy?	es?e form?	11a 12a 12b 12c 13 14	X X X X X	
b 11a b 12a b c c 13	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the coolicy?	es?e form?	11a 12a 12b 12c 13 14	X X X X	X
b 11a b 12a c c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the coolicy?	es?	12a 12a 12a 12a 13 14	X X X X X	X
b 11a b 12a c c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before fill Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the coolicy?	es?	11a 12a 12a 12a 12a 12a 13 14	X X X X X	
b 11a b 12a c c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before find Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colicy?	es?e form?	11a 12a 12a 12a 13 14	X X X X X	
b 11a b 12a c c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt portion of the organization provided a complete copy of this Form 990 to all members of its governing body before find Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colory?  Indicate and colory are arra	es?e form?	11a 12a 12a 12a 13 14	X X X X	
b 11a b 12a c c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt pour Has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the coolicy?  Ind applicand of and our arra	es?e form?	11a 12a 12a 12a 13 14	X X X X	Х
b 11a b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colory?  Ind application and colory and colory and colory and colory are are as a feet after a feet as a feet as a feet after a feet after a feet after a feet as a feet after a feet a feet after a	es?e form?	11a 12a 12l 12c 13 14 15a 15a	X X X X X X	Х
b 11a b 12a c c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colory?  Ind application and colory and colory and colory and colory are are as a feet after a feet as a feet as a feet after a feet after a feet after a feet as a feet after a feet a feet after a	es?e form?	11a 12a 12a 12a 13 14	X X X X X X	Х
b  11a b 12a c c 13 14 15 a b 16a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt put has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colory?  Ind application and colory and colory and colory and colory are are as a feet after a feet as a feet as a feet after a feet after a feet after a feet as a feet after a feet a feet after a	es?e form?	11a 12a 12l 12c 13 14 15a 15a	X X X X X X	Х
b 11a b 12a c c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization's exempt put Has the organization provided a complete copy of this Form 990 to all members of its governing body before fit Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	such ourpose ling the colory?  India application and colory and colors and co	es?e form?	11a 12a 12a 12a 13 14 15a 16a	X X X X	X

organization's exempt status with respect to such arrangements:	
Section C. Disclosure	

	','
3	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(content of the content of the cont
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X	Own website	Another's website	X	Upon request	X	Other <i>(explain on Schedule )</i>	

- 19 Describe on 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 MARY DAVIS 415 MAIN STREET CAMBRIDGE, MA 02142-1027

Form **990** (2022)

617-714-7093

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

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X 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	box,	unles er and	Pos heck ss pe d a d	sition k more than one person is both an director/trustee)			(D)  Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) AVIV REGEV	2.00									
DIRECTOR, CO-CHAIR	NONE	X		х				NONE	NONE	NONE
(2) SARAH TEICHMANN	2.00							110112	110112	110112
DIRECTOR, CO-CHAIR	NONE	X		Х				NONE	NONE	NONE
(3) GENEVIEVE ALMOUZNI	0.50							-	-	
DIRECTOR	NONE	Х						NONE	NONE	NONE
(4) PIERO CARNINCI	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(5) JOSE FLOREZ	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(6) MUSA MHLANGA	0.50									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(7) FABIAN THEIS	0.50									
DIRECTOR	NONE	X						NONE	NONE	NONE
(8) MA'N ZAWATI	0.50									
DIRECTOR	NONE	X						NONE	NONE	NONE
(9) JOHN RANDELL	50.00									
SECRETARY	NONE			Х				NONE	NONE	NONE
(10) MARY DAVIS	10.00									
TREASURER	NONE			Х				NONE	NONE	NONE
(11) WILFRED STEENBRUGGEN	2.00									
DATA PROTECTION OFFICER	NONE			Х				NONE	NONE	NONE
(12)										_
(13)										
(14)										

Form 990 (2022)

$\overline{}$	n 990 (2022)													age 8
Pa	rt VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and H	Hig	hest Compensat	ed Employee	es (co	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson lirect	e than or highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-MI	from s	Esti amo o comp fro orga and	(F) imated bunt of ther ensation m the nization related	on n
1b	Sub-total							<b>&gt;</b>	NONE		ONE			NONE
	Total from continuation sheets to Part VII, S	-						<b>&gt;</b>	NONE		ONE			NONE
	Total (add lines 1b and 1c)							o re	NONE	L	ONE			NONE
_	reportable compensation from the organization		11000			NO	•	0 .0	octived more than	φ100,000 01				
													Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		X
4	organization and related organizations gre	eater than	\$15	0,0	00?	' If	"Yes	s,"	complete Schedu	le J for suc	ch			
5	individual	accrue co	mpen	sati	on f	from	n any	un	related organization	on or individu	al	4		X
- 50	for services rendered to the organization? If "You be called the organization of the contractors of the cont	es," comple	te Scl	nedu	ıle J	l for	such	per	rson			5		X
	Complete this table for your five highest com compensation from the organization. Report c year.													
	(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
BROAD INSTITUTE, INC. 415 MAIN ST CAMBRIDGE, MA 02142	SEE SCHEDULE O.	544,498.

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

85-0847756

# Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part V	/		
					(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 Other Similar Amounts	1a	Federated campaigns						Sections 512-514
ga o	b	Membership dues						
Š, (	C	Fundraising events						
重쁤	d	Related organizations						
s, ( III.	e	Government grants (contribu	,					
อีก	f	All other contributions, gifts,	-	1 101 555				
be t		and similar amounts not include	<del></del>	1,191,755.				
Ēδ	g	<u> </u>		•				
and		lines 1a-1f			1 101 755			
	h	Total. Add lines 1a-1f		Business Code	1,191,755.			
Ð		COMPRESSION PROTORDAMION F	anno.		27 077	27 277		
.≧ ∠.	2a	CONFERENCE REGISTRATION F	EES	541700	27,077.	27,077.		
Ser	b							
Ē ₹	C							
gra Re	d							
Program Service Revenue	e	All d						
_	f	All other program service rev			27,077.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (inclu			2,,0,7.			
	3	other similar amounts)	-		24,922.			24,922.
	4	Income from investment of			NONE			,
	5	Royalties			NONE			
		,	(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	NONE	NONE				
	d	Net rental income or (loss).			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a						
<u>e</u>	b	Less: cost or other basis						
evenue		and sales expenses 7b						
ě	С	Gain or (loss) 7c						
<del>ار</del> ج	d	Net gain or (loss)	<u></u>		NONE			
Other	8a	Gross income from	fundraising					
0		events (not including \$						
		of contributions reported						
		1c). See Part IV, line 18		NONE				
	b	Less: direct expenses	8b	NONE				
	С	Net income or (loss) from fu	undraising e <u>vents</u>		NONE			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19	9 <u>9</u> a	NONE				
	b	Less: direct expenses	9b	NONE				
	С	Net income or (loss) from (	gaming activities.		NONE			
	10a	Gross sales of invent	* .					
		returns and allowances • •		NONE				
		Less: cost of goods sold		NONE				
	С	Net income or (loss) from sa	ales of inventory.		NONE			
Sno				Business Code				
nec	11a							
Miscellaneous Revenue	b							
Sce	C	All other recession						
Ξ	d	All other revenue			NONE			
	<u>е</u> 12	Total. Add lines 11a-11d  Total revenue. See instruction			1,243,754.	27,077.		24,922.
	14	. Juli 101511uc. OCC 111311UCIII	· · · · · · · · · · · · · · · · · · ·		1,413,134.	41,011.		44,344.

# 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 resp	onse or note to any line	in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,452.	1,452.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	594,520.	594,520.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	NONE			
_	trustees, and key employees	NONE			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	NONE			
_	persons described in section 4958(c)(3)(B)	NONE			
	Other salaries and wages	NONE			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	NONE			
9	Other employee benefits	NONE			
10	Payroll taxes	NONE			
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	89,685.	86,886.	2,799.	
	Accounting	54,248.		54,248.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	NONE			
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	914,421.	532,836.	375,305.	6,280
12	Advertising and promotion	NONE			
	Office expenses	1,076.		1,076.	
14	Information technology	336,212.	296,255.	39,957.	
	Royalties	NONE			
	Occupancy	NONE			
	Travel	92,412.	92,412.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	99,973.	99,973.		
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	NONE			
23	Insurance	-1,459.		-1,459.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	OTHER ADMIN EXPENSES	9,820.		9,820.	
b					
C					
d					
	All other expenses	0.100.353	1 704 334	401 546	
	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	2,192,360.	1,704,334.	481,746.	6,280
∠0	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)				
		i I			

Form 990 (2022) Page **11** 

### Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,524,388.	1	95,863.
1 2	Savings and temporary cash investments	Z, 324, 388. NONE		1,766,906.
3	Pledges and grants receivable, net	977,627.	3	400,000.
4	Accounts receivable, net	105,584.	4	76,248.
5	Loans and other receivables from any current or former officer, director,	105,504.		70,240.
"	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NONE
6	Loans and other receivables from other disqualified persons (as defined	1,01,1		110111
•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
7	Notes and loans receivable, net	NONE		NONE
7 8	Inventories for sale or use	NONE		NONE
9	Prepaid expenses and deferred charges	17,850.	9	86,080.
_	Land, buildings, and equipment: cost or other	,		,
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation	NONE	10c	
11	Investments - publicly traded securities	NONE	11	NONE
12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
14	Intangible assets	NONE	14	NONE
15	Other assets. See Part IV, line 11	NONE	15	NONE
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,625,449.	16	2,425,097.
17	Accounts payable and accrued expenses	234,555.	17	598,913.
18	Grants payable	NONE	18	NONE
19	Deferred revenue	1,100,000.	19	536,328.
20	Tax-exempt bond liabilities	NONE	20	NONE
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	NONE	22	NONE
23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
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	172,790.		120,358.
26	Total liabilities. Add lines 17 through 25	1,507,345.	26	1,255,599.
27 28 29 30 31 32	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	761,250.	27	420,546.
28	Net assets with donor restrictions.	1,356,854.	28	748,952.
-0	Organizations that do not follow FASB ASC 958, check here	1,330,031.	20	710,732.
	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	2,118,104.	32	1,169,498.
33	Total liabilities and net assets/fund balances	3,625,449.	33	2,425,097.

Form 990 (2022) Page **12** 

OIIII J	(2022)			1 4	gc • =
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,2	43,	<u>754</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 360</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	48,	<u>606</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,1	18,	<u> 104</u>
5	Net unrealized gains (losses) on investments	5			
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,1	69,	<u>498</u>
Part					
	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain on	i		
	Schedule O.	•			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:	tou on a	,		
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orciaht of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounts	_	I .	X	
	If the organization changed either its oversight process or selection process during the tax year, e		•		
	Schedule O.	λριαιτί ΟΠ			
2 -		ا4 ما مادس			
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set fo		۱ ـ		Х
<b>L</b>	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		•		- 21
b	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	l l		
	Todanioa adam of adamo, capidin with on concadic o and acochic any steps laken to anacide such a	<b>auito</b>			

#### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

HUN	HUMAN CELL ATLAS, INC. 85-0847756							
Pa	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 throuç	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	0).)		
3		A hospital or a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital des	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated f	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix) (	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ac	griculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma	lly receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross
		receipts from activities rela support from gross investm	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more than	n 331/3 % of its
		acquired by the organizatio	n after June 30, 1	975. See <b>section 509</b> (	(a)(2). (C	Complete	Part III.)	1 00311163363
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	f, to perf	form the	functions of, or to car	rry out the purposes of
		one or more publicly suppo	rted organizations	described in <b>section 5</b>	09(a)(1)	or sect	ion 509(a)(2). See se	ction 509(a)(3). Check
	_	the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ <b>Type I.</b> A supporting orga	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
		_ supporting organization. <b>\</b>	ou must complet	e Part IV, Sections A	and B.			
b		<b>Type II.</b> A supporting org	-				· · ·	
		control or management of		=	the sam	e persor	ns that control or mar	nage the supported
		organization(s). <b>You must</b>	•					
С		Type III functionally integ						lly integrated with,
		its supported organization						
d		Type III non-functionally					• • •	• ,
		that is not functionally inte	-		-		•	d an attentiveness
_		requirement (see instruct  Check this box if the orga	•	•				II. Typo III
е		functionally integrated, or					•••	п, туре ш
f	Fn	ter the number of supported	• •		porting c	n gariizat		
q		ovide the following information	_					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	ilistructions)	instructions)
(A)								
(^)								
(B)								
(C)								
(D)	D)							
(E)	_							
<del>-,</del>								
Tota	al							

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

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	NONE	776,700.	2,802,426.	1,191,755.	4,770,881.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE			
<b>4 5</b>	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount	NONE	NONE	776,700.	2,802,426.	1,191,755.	4,770,881.			
_	shown on line 11, column (f)						3,367,345.			
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						1,403,536.			
	tion B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(4) 0004	(-) 0000	(f) T-4-1			
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NONE	NONE	776,700.	2,802,426.	1,191,755.	4,770,881.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE			
11	Total support. Add lines 7 through 10						4,795,803.			
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	27,115.			
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>								
Sec	tion C. Computation of Public Sup		•							
14	Public support percentage for 2022 (lin		-			14	<u>%</u>			
15	Public support percentage from 2021	•	•			15	<u>%</u>			
16a	331/3% support test - 2022. If the org									
	box and <b>stop here.</b> The organization qu									
b	331/3% support test - 2021. If the org									
47-	this box and <b>stop here.</b> The organization	-		_						
17a	10%-facts-and-circumstances test - 2	_								
	10% or more, and if the organization Part VI how the organization meets					-	•			
	organization			•	•	•	• •			
h	<del>-</del>									
b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line										
	15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported									
	organization			_						
18	Private foundation. If the organization									
10										
	instructions						<u> </u>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(3, 2	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Yes No  Yes No				
1			Yes	No
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2	•	1		
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3a	or	_		
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		10b		
10b				

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	44.		
Section	on B. Type I Supporting Organizations	11c		
500111	on on the result of the second		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	162	INO
Section	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
2	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations	5			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organ	izations n	nust complete Sectio	ns A through E.		
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in <b>Part VI</b> ):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Se	ection C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
_5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting	g organization		
	(see instructions).	-		· -		

Schedule A (Form 990) 2022

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Part	V Type III Non-Functionally Integrated 509(a)(3)		iioiio (cominaca)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - µ	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
			(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2022	ns	Distributable Amount for 2022
Sect	ion E - Distribution Allocations (see instructions)  Distributable amount for 2022 from Section C, line 6		Underdistribution	ns	Distributable
			Underdistribution	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6		Underdistribution	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022		Underdistribution	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See		Underdistribution	ns	Distributable
1 2	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022		Underdistribution	ns	Distributable
1 2 3	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.  Excess distributions carryover, if any, to 2022 From 2017		Underdistribution	ns	Distributable
1 2 3 a	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022 From 2017		Underdistribution	ns	Distributable
1 2 3 a b	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.  Excess distributions carryover, if any, to 2022 From 2017		Underdistribution	ns	Distributable
1 2 3 a b c	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019		Underdistribution	ns	Distributable
1 2 3 a b c d	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.  Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020		Underdistribution	ns	Distributable

Schedule A (Form 990) 2022

5

6

Applied to 2022 distributable amount

Applied to underdistributions of prior years
Applied to 2022 distributable amount

Remainder. Subtract lines 4a and 4b from line 4.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI*. See instructions.

Remaining underdistributions for 2022. Subtract lines 3h

and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2023. Add lines 3j

Distributions for 2022 from

Part VI. See instructions.

Breakdown of line 7:

Excess from 2018 . . .

Excess from 2019 . . .

Excess from 2020 . . .

Excess from 2021 . . .

Excess from 2022 . . .

and 4c.

Section D, line 7:

Carryover from 2017 not applied (see instructions)
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Name of the organization			Employer identification number			
HUMAN CELL ATLAS, I			85-0847756			
Organization type (check on	ə):					
Filers of:	Section:					
Form 990 or 990-EZ						
	4947(a)(1) nonexempt charitable trust <b>not</b> treate	ed as a private fou	ndation			
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated a	s a private foundat	ion			
	501(c)(3) taxable private foundation					
Check if your organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .					
<b>Note:</b> Only a section 501(c)( instructions.	7), (8), or (10) organization can check boxes for both the Go	eneral Rule and a S	Special Rule. See			
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during or property) from any one contributor. Complete Parts I an contributions.	•	=			
Special Rules						
regulations under s 16b, and that rece	n described in section 501(c)(3) filing Form 990 or 990-EZ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Sche ived from any one contributor, during the year, total contribunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, li	edule A (Form 990) outions of the great	, Part II, line 13, 16a, or ter of <b>(1)</b> \$5,000; or			
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 99 the year, total contributions of more than \$1,000 exclusive anal purposes, or for the prevention of cruelty to children of instead of the contributor name and address), II, and III.	ely for religious, ch	aritable, scientific,			
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						
_	t isn't covered by the General Rule and/or the Special Rule /, line 2, of its Form 990; or check the box on line H of its F					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization HUMAN CELL ATLAS, INC.

Employer identification number 85-0847756

art 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
1_	N/A	\$610,350.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$143,646.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

HUMAN CELL ATLAS, INC.

Employer identification number
85-0847756

	Managali Dagasanti	. / ! + + ! '	\	allege of Death II if a delition of	and a section of a section of
art II	Noncash Property	(see instructions	). Use duplicate co	pies 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
		\$	
		1	1

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Schedule B (Form 990) (2022)	Page 4

Name of organization **Employer identification number** 85-0847756 HUMAN CELL ATLAS, INC. 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 (c) Use of gift (b) Purpose 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### 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 Open to Public Inspection

Name of the organization Employer identification number HUMAN CELL ATLAS, INC. 85-0847756 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25, 2006, and not on 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and

#### organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 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.
- 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:
  - (ii) Assets included in Form 990, Part X.....\$\_

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the

- 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:

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Pa	rt III Organizations Maintaini	ing Collections of	Art, Histor	rical Treasu	ıres, or	Other Similar A	Assets (c	continue	d)
3	Using the organization's acquisition	on, accession, and	other record	ds, check an	ny of the	following that n	nake sigr	nificant u	se of its
	collection items (check all that app	ly):		_					
а	Public exhibition		d	Loan or ex					
b	Scholarly research		е	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collection	s and expla	in how they	further	the organization'	s exempt	t purpose	in Part
	XIII.								
5	During the year, did the organization	on solicit or receive	donations of	art, historica	al treasur	res, or other simil	ar _		
	assets to be sold to raise funds rath		tained as pai	rt of the orga	anization'	s collection?		Yes	No
Pa	rt IV Escrow and Custodial A		–	000 B /	N / 11			. –	
	Complete if the organiza	ation answered "Y	es" on Forr	n 990, Part	IV, line	9, or reported a	n amour	nt on Foi	m
	990, Part X, line 21.	taa aasta Paasaa	. ()				-11		
1 a	Is the organization an agent, trus			-			ets not _	¬ ,,	<b></b>
	included on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	plete the foll	owing table:					
	B						Amount		
С.	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance						1 1111 0		
	Did the organization include an am							Yes	No No
	If "Yes," explain the arrangement i	n Part XIII. Check r	iere if the ex	planation has	s been pro	ovided on Part XII	·		
Pa	rt V Endowment Funds. Complete if the organization	ation answered "Y	es" on Forr	n 990 Part	IV line	10			
	Complete ii tilo erganiza	(a) Current year	(b) Prior		:) Two years		ears back	(e) Four y	ears back
4.	Designing of completes	(4) 5 411 5 111 7 5 411	(,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	(4, 1		(-)	
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance		·						
2	Provide the estimated percentage Board designated or quasi-endown			e (line 1g, colu	umn (a)) I	neid as:			
a b	Permanent endowment	%	70						
C	Term endowment %	<del></del> · · ·							
·	The percentages on lines 2a, 2b, a		100%						
3 a	Are there endowment funds not in	·		tion that are	held and	l administered for	the		
Ju	organization by:	the possession of t	inc organiza	tion that are	noid and	a daministered for	uic	Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
h	If "Yes" on line 3a(ii), are the relate							3b	
4	Describe in Part XIII the intended	•	•		IC IX: 1			0.5	
_	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize	ation answered "Y							
	Description of property		or other basis stment)	(b) Cost or oth (other)	ner basis	(c) Accumulated depreciation	(d	l) Book valu	ie
1 a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other								
Tota	Add lines 1a through 1e (Column	(d) must equal For	m 990 Part	X column (R)	) line 10	c)			

Schedule D (Form 990) 2022

85-0847756

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	Part IV line 11h 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	on:
(1) Financi	al derivatives		Cook of Grid of your marks	· varao
` '	held equity interests			
	Theid equity interests 111111111111			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
	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 marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (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) Des	scription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	rumn (h) must squal Form 000. Port V. sol. (P) li	ino 15 \		
Part X	umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities.	ne 15.)		
Part A	Complete if the organization answered line 25.	"Yes" on Form 990	), Part IV, line 11e or 11f. See Forn	n 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes	·· •		,,
	O BROAD INSTITUTE			120,358.
(3)				. ,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			120,358.
	or uncertain tax positions. In Part XIII, provide the			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

JSA
2E1270 1.000

Schedule D (Form 990) 2022

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,243,754.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,243,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,243,754.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,192,360.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
C	Other losses	-	
d	Other (Describe in Part XIII.)	ا م	
е	Add lines 2a through 2d	2e 3	2,192,360.
3	Subtract line 2e from line 1	3	2,192,300.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,192,360.
Part	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2022

#### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

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

Open to Public Inspection
Employer identification number

HUMAN CELL ATLAS, INC.

| 85-0847756 |
| Part | General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

	Form 990, Part IV, line 14l	ο.			<b>.</b>					
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?									
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistant outside the United States.									
3	Activities 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 the 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		2	PROGRAM SERVICES	PROGRAM/ADMIN SUPPORT	54,000.				
(2	<b>)</b> EUROPE		3	PROGRAM SERVICES	PROGRAM/ADMIN SUPPORT	198,565.				
(3	<b>)</b> EUROPE		1	PROGRAM SERVICES	DATA PROTECTION OFC	36,050.				
(4	EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	EDUCAT/SCIENTIF EVENTS	87,403.				
(5	SUB-SAHARAN AFRICA			PROGRAM SERVICES	EDUCAT/SCIENTIF EVENTS	36,494.				
(6	<b>)</b> EUROPE			GRANTMAKING	SCIENTIFIC ACTIVITIES	561,488.				
(7	EAST ASIA AND THE PACIFIC			GRANTMAKING	TRAVEL STIPENDS	500.				
(8	<b>)</b> EUROPE			GRANTMAKING	TRAVEL STIPENDS	4,207.				
(9	NORTH AMERICA			GRANTMAKING	TRAVEL STIPENDS	500.				
(10	RUSSIA/INDEPENDENT STATES			GRANTMAKING	TRAVEL STIPENDS	750.				
(11)	) SOUTH ASIA			GRANTMAKING	TRAVEL STIPENDS	8,000.				
(12	SUB-SAHARAN AFRICA			GRANTMAKING	TRAVEL STIPENDS	19,075.				
(13	EAST ASIA AND THE PACIFIC			SEND AGENTS TO SEMINAR		6,107.				
(14)	EUROPE			SEND AGENTS TO SEMINAR		38,752.				
(15)	NORTH AMERICA			SEND AGENTS TO SEMINAR		1,302.				
(16	SUB-SAHARAN AFRICA			SEND AGENTS TO SEMINAR		22,477.				
(17)										
3 a	a Subtotal b Total from continuation sheets to Part I		6.			1,075,670.				
	Totals (add lines 3a and 3b)		6.			1,075,670.				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

 Schedule F (Form 990) 2022
 HUMAN CELL ATLAS, INC.
 85-0847756
 Page 2

Part I	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 99 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/ICELAND/GREENLAND	SUBAWARD	265,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	SUBAWARD	221,093.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	SUBAWARD	75,395.	WIRE			
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
$\epsilon$	Enter total number of recipient orgexempt 501(c)(3) organization by the Enter total number of other organiz	ne IRS, or for which	the grantee or counsel has	provided a sec	tion 501(c)(3) equiv	alency letter	▶		3

Schedule F (Form 990) 2022 HUMAN CELL ATLAS, INC. 85-0847756 Page **3** 

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	<b>(d)</b> 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) TRAVEL STIPENDS	EAST ASIA/PACIFIC	1	500.	WIRE			
(2) TRAVEL STIPENDS	EUROPE/ICELAND/GREENLAND	5	4,207.	WIRE			
(3) TRAVEL STIPENDS	NORTH AMERICA	1	500.	WIRE			
(4) TRAVEL STIPENDS	RUSSIA/NEWLY IND. STATES	1	750.	CASH			
(5) TRAVEL STIPENDS	SOUTH ASIA	6	5,000.	WIRE			
(6) TRAVEL STIPENDS	SUB-SAHARAN AFRICA	19	17,913.	WIRE			
(7)							
(8)							
(9)							
<u>(10)</u>							
<u>(11)</u>							
<u>(12)</u>							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Sched	ule F (F	Form 990) 2022	HUMAN	CELL
Part	t IV	Foreign Fo	orms	
1	the	the organizat organization m poration (see In	ay be require	ed to file F

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	X	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	X	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	X	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	X	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	X	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	X	No

Schedule F (Form 990) 2022

#### 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).

SCHEDULE F, PART I, LINE 2

THE ORGANIZATION AWARDS TRAVEL STIPENDS TO MEETING ATTENDEES FROM LOW AND MIDDLE INCOME COUNTRIES. THE AMOUNT OF THESE STIPENDS ARE BASED ON EXPECTED TRAVEL COSTS. THE ORGANIZATION MONITORS THE USE OF THESE FUNDS BY TRACKING ATTENDANCE AT EVENTS FOR WHICH TRAVEL STIPENDS HAVE BEEN AWARDED. THE ORGANIZATION MONITORS THE USE OF SUBAWARD FUNDS BY PERIODICALLY REVIEWING BUDGET TO ACTUAL REPORTS TO ENSURE FUNDS ARE USED ACCORDING TO THE SUBAWARD AGREEMENT, AS WELL AS REVIEWING PROJECT PROGRESS AGAINST PROJECT GOALS. EXPENSES ARE ACCOUNTED FOR ON AN ACCRUAL BASIS.

1823RP R19X

#### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 85-0847756

HUMAN CELL ATLAS, INC

#### ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

TO SUPPORT THE DEVELOPMENT OF A GLOBAL COLLABORATION AMONG RESEARCHERS TO DEVELOP A COMPREHENSIVE REFERENCE MAP OF ALL HUMAN CELLS AS A BASIS FOR UNDERSTANDING HUMAN HEALTH AND DIAGNOSING, MONITORING AND TREATING DISEASE; RECOMMEND BEST PRACTICES CONCERNING THE STORAGE, PROCESSING, AND ACCESS OF DATA COLLECTED THROUGH SUCH EFFORTS; AND ADVANCE THE PURSUIT OF RESEARCH AND EDUCATION IN SINGLE CELL AND SPATIAL GENOMICS AND RELATED SUBJECTS, INCLUDING PROTEOMICS AND OTHER "OMICS" FIELDS.

#### STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

HUMAN CELL ATLAS, INC. OPERATES FOR EDUCATIONAL AND SCIENTIFIC PURPOSES

TO SUPPORT THE DEVELOPMENT OF THE HUMAN CELL ATLAS - A COMPREHENSIVE

REFERENCE MAP OF ALL HUMAN CELLS. THE HUMAN CELL ATLAS IS AN OPEN GLOBAL

CONSORTIUM THAT CONSISTS OF OVER 3,200 MEMBERS FROM OVER 1,700 INSTITUTES

AND 99 COUNTRIES. HUMAN CELL ATLAS, INC. PROVIDES SUSTAINABLE FINANCIAL

MANAGEMENT FOR THE CENTRAL ACTIVITIES OF THIS CONSORTIUM AND ENSURES

GLOBAL COMPLIANCE WITH REGIONAL AND NATIONAL DATA PROTECTION REGULATIONS.

IN FISCAL YEAR 2023, HUMAN CELL ATLAS, INC. HELD VIRTUAL AND IN-PERSON

MEETINGS, WORKSHOPS, AND SEMINARS, REACHING OVER 800 ATTENDEES IN OVER 55

COUNTRIES. OVER 190 SCIENTIFIC PUBLICATIONS TO DATE ARE PART OF THE HUMAN

CELL ATLAS.

THE ORGANIZATION IS COMMITTED TO CREATING AN OPEN, ETHICAL, EQUITABLE AND REPRESENTATIVE ATLAS FOR HUMANITY, WHICH WILL BENEFIT COMMUNITIES WORLDWIDE. HUMAN CELL ATLAS DATA IS BEING MADE AVAILABLE AT THE DATA

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HUMAN CELL ATLAS,

PLATFORM.

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Employer identification number

COORDINATION PLATFORM FOR RESEARCHERS AROUND THE GLOBE. THROUGH FISCAL YEAR 2023, DATA SPANNING 364 PROJECTS, COMPRISING AN ESTIMATED 44.5 MILLION CELLS, HAS BEEN MADE AVAILABLE TO RESEARCHERS THROUGH THE

#### DELEGATION OF CONTROL OVER MANAGEMENT DUTIES

INC

FORM 990 PART VI, LINE 3

HUMAN CELL ATLAS, INC. PAID \$470,171 TO BROAD INSTITUTE, INC., AN UNRELATED ORGANIZATION, IN CALENDAR YEAR 2022 FOR PROGRAM AND MANAGEMENT/GENERAL STAFFING. THESE PERSONNEL, ALONG WITH PERSONNEL FROM THE WELLCOME SANGER INSTITUTE, RIKEN, AND THE GENOME INSTITUTE OF SINGAPORE, PERFORMED THE DAILY OPERATIONS OF HUMAN CELL ATLAS, INC. UNDER THE MANAGEMENT OF THE ORGANIZATION'S BOARD CO-CHAIRS. INCLUDED IN THESE PAYMENTS WAS \$155,827 FOR SERVICES PERFORMED BY JOHN RANDELL, SECRETARY. THESE PAYMENTS TO BROAD INSTITUTE, INC. WERE UNRELATED TO HIS OFFICER ROLE.

ADDITIONALLY, HUMAN CELL ATLAS, INC. PAID \$74,327 TO BROAD INSTITUTE,

INC. IN CALENDAR YEAR 2022 FOR ADMINISTRATIVE SERVICES (FINANCE,

SPONSORED RESEARCH, IT, GENERAL ADMINISTRATION, ETC.). THESE FEES

INCLUDED THE HOURS THAT MARY DAVIS, TREASURER, SPENT DEVOTED TO HUMAN

CELL ATLAS, INC., BUT THE AMOUNTS BILLED WERE NOT ITEMIZED BY FUNCTION OR

INDIVIDUAL.

#### DOCUMENTATION OF COMMITTEE MEETINGS OR WRITTEN ACTIONS UNDERTAKEN

FORM 990 PART VI, LINE 8B

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES.

REVIEW OF 990

#### 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.

OMB No. 1545-0047

2022

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Department of the Treasury Internal Revenue Service Name of the organization

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Employer identification number

HUMAN CELL ATLAS, INC

85-0847756

FORM 990 PART VI, LINE 11B

HUMAN CELL ATLAS, INC'S FORM 990 WAS PREPARED WITH THE ASSISTANCE OF THE ORGANIZATION'S AUDITORS, PRICEWATERHOUSECOOPERS LLP. THE FULL BOARD OF DIRECTORS RECEIVED A COMPLETED COPY OF THE FORM 990 PRIOR TO THE FORM BEING FILED WITH THE IRS.

#### CONFLICT OF INTEREST

FORM 990, PART VI, LINE 12C

EACH DIRECTOR AND OFFICER HAS A DUTY TO PLACE THE INTEREST OF HUMAN CELL ATLAS, INC. FOREMOST IN ANY DEALING WITH THE ORGANIZATION AND HAS A CONTINUING RESPONSIBILITY TO COMPLY WITH THE REQUIREMENTS OF THIS POLICY AND TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST. ANNUALLY, EACH DIRECTOR AND OFFICER SHALL ACKNOWLEDGE THEIR FAMILIARITY WITH THIS POLICY AND SHALL DISCLOSE IN WRITING TO THE SECRETARY 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 SECRETARY. ANY ISSUES NOT PREVIOUSLY DISCLOSED SHALL BE REFERRED BY THE SECRETARY TO THE BOARD. THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS SHALL BE RETAINED IN THE CONFIDENTIAL FILES OF THE SECRETARY. IN THE EVENT OF POTENTIAL CONFLICT, AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR COMMITTEE MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE WILL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST.

#### PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990 PART VI, LINE 18

#### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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Inspection

Employer identification number

85-0847756

HUMAN CELL ATLAS, INC

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

HUMAN CELL ATLAS INC'S AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO THE ANNUALLY FILED MASSACHUSETTS FORM PC, WHICH IS AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### INDEPENDENT CONTRACTORS

FORM 990 PART VII, SECTION B, LINE 1B

SERVICES PROVIDED BY THE BROAD INSTITUTE, INC. INCLUDE PROGRAM AND MANAGEMENT/GENERAL STAFFING AND ADMINISTRATIVE SUPPORT.

Name of the organization	Employer identification	Employer identification number								
HUMAN CELL ATLAS, INC.	85-0847756									
FORM 990, PART IX - OTHER FEES										
	(A)	(B)	(C)	(D)						
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING						
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES						
PROGRAM & MGMT STAFFING	746,449.	472,539.	267,630.	6,280.						
ADMINISTRATIVE SERVICES	107,550.	NONE	107,550.	NONE						
EVENT SERVICES	60,297.	60,297.	NONE	NONE						
OTHER	125.	NONE	125.	NONE						
TOTALS										
10111111	914,421.	532,836.	375,305.	6,280.						

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