	•		Retu	** PU rn of Org	BLIC I Janiza	DISCI	LOSURE CO	DPY ** From I	ncome	Tax	OMB No. 1545-0047
Forr	n 9	90	Under section	501(c), 527, or	- 4947(a)(1)	of the l	- nternal Revenue	e Code (ex	cept private fo	oundations)	2022
Department of the Ireasury										Open to Public	
Intern	al Reve	nue Service								2023	Inspection
_			ar year, or tax y	ear beginning	JUL	1, 2		i enaing i	<u>JUN 30,</u>		
B C a	heck if pplicab	KEYS	organization TONE SYM CELLULAR			CULAI	R		D Employe	r identificati	on number
	chang Name			DIOHOGI					84-1	L326605	
	chang Initial return		usiness as and street (or P.	Ω hov if mail is r	not delivered	to street	addrase)	Room/suite			
	Final	160 1	HIGHWAY			10 311001	addressy	201		-262-12	30
L	⊥return termir ated		own, state or pro		and ZIP or	r foreian	postal code		G Gross receip		34,236,586.
	Amen return		ERTHORNE		498	rororgri	poola oodo			a group retur	
	Applic		nd address of pri			DAU	GHERTY			ordinates?	
	pendi		AS C ABO							bordinates includ	
IT	ax-ex	empt status:		501(c) () (i	nsert no.)) 4947(a)(1)	or 52			See instructions
	Vebsi		KEYSTONE						-	exemption n	
		f organization: 🗌		Trust	Associat	ion	Other	L Year			ate of legal domicile: CO
	rt I	Summary						1		1	
	1	Briefly describe	e the organizatic	n's mission or	most sianif	icant act	tivities: PROM	OTION	OF SCIE	NTIFIC	
lce	-	EDUCATI									
nar	2	Check this box		e organization (discontinue	ed its ope	erations or dispo	sed of more	e than 25% of i	ts net assets	
Governance	3	Number of vot	ing members of	-		-	,				18
	4		•	v v			Part VI, line 1b)				16
Activities &	5						t V, line 2a)				38
itie	6		of volunteers (es		,		, , ,				18
ctiv	7a		d business reven		• • • • • • • • • • • • • • • • • • • •					_	0.
A	b	Net unrelated I	business taxable	e income from F	orm 990-T	, Part I, I	line 11				0.
									Prior Yea	ar	Current Year
•	8	Contributions a	and grants (Part	VIII, line 1h)					3,086,	490.	3,874,577.
Revenue	9	Program service	ce revenue (Part	VIII, line 2g)					5,710,	476.	10,672,705.
eve	10	Investment inc	ome (Part VIII, c	olumn (A), lines	3, 4, and 7	7d)			493,	426.	343,582.
æ	11	Other revenue	(Part VIII, colum	ın (A), lines 5, 6	d, 8c, 9c, 1	l0c, and	11e)			0.	46,211.
	12	Total revenue	· add lines 8 thro	bugh 11 (must e	equal Part \	/III, colui	mn (A), line 12)		9,290,		14,937,075.
	13	Grants and sin	nilar amounts pa	uid (Part IX, colu	umn (A), line	es 1-3)			2,218,	445.	2,426,276.
	14	Benefits paid t	o or for member	s (Part IX, colur	mn (A), line	4)				0.	0.
s	15	Salaries, other	compensation,	employee bene	efits (Part IX	K, columr	n (A), lines 5-10)		3,670,	601.	3,908,237.
nse	16a	Professional fu	Indraising fees (F	Part IX, column	(A), line 11	e)				0.	0.
Expenses	b	Total fundraisi	ng expenses (Pa	art IX, column (E	D), line 25)	_	957,3	96.			
ш	17	Other expense	s (Part IX, colum	ın (A), lines 11a	a-11d, 11f-2				4,227,	437.	6,912,689.
	18	Total expenses	s. Add lines 13-1	7 (must equal F	Part IX, colu	umn (A),	line 25)		10,116,		13,247,202.
	19	Revenue less e	expenses. Subtra	act line 18 from	n line 12				-826,		1,689,873.
Net Assets or Fund Balances								В	eginning of Curr		End of Year
sets alan	20	Total assets (P	'art X, line 16)						18,786,		20,245,044.
t As	21		(Part X, line 26)						2,309,		1,548,659.
				ubtract line 21	from line 2	0			16,476,	927.	18,696,385.
	nrt II	Signature									
Unde	er pena	alties of perjury, I	declare that I have	e examined this r	eturn, includ	ling accor	mpanying schedule	s and statem	ents, and to the	best of my kno	wledge and belief, it is
true,	corre	ct, and complete.	Declaration of pre	parer (other than	officer) is b	ased on a	Ill information of w	hich prepare	r has any knowle	edge.	

true, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any knowledge.							
Sign Here	Signature of officer PAMELA DAUGHERTY, CHIEF FINANCIAL OFFICER Type or print name and title	Date							
Paid Preparer	Print/Type preparer's name Preparer's signature KYLE FRITCH, CPA KYLE FRITCH, CPA Firm's name EIDE BAILLY LLP	Date Check PTIN 02/12/24 self-employed P01313374 Firm's EIN 45-0250958							
Use Only									
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	int KEYSTONE SYMPOSIA ON MOLECULAR							
File by the	AND CELLULAR BIOLOGY 84-1326605							
Number, street, and room or suite no. If a P.O. box, see instructions. 160 HIGHWAY 6, 201								
instructions.								
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)					
Applicatio	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 1041-A			08		
Form 4720) (individual)	03	Form 4720 (other than individual)			09		
Form 990-	PF	04	Form 5227			10		
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust other than above)	06	Form 8870			12		
Form 990-	T (corporation)	07						
 If the o If this is box ▶ [1 I rec the ▶ [one No. ► (970)262-1230 rganization does not have an office or place of business s for a Group Return, enter the organization's four digit C . If it is for part of the group, check this box ► [quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning JUL 1, 2022 e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Aroup Exe and atta MAX nization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>Z 15, 2024</u> , to file return for: d ending <u>JUN 30, 2023</u>	f this is fo all memb	r the whole g ers the exten npt organizati 	roup, check this sion is for.		
	3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$							
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						•		
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						0		
	Ig EFTPS (Electronic Federal Tax Payment System). See If you are going to make an electronic funds withdrawal Is.			3c 153-TE and	\$ d Form 8879·	0. TE for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

	KEYSTONE SYMPOSIA ON MOLECULAR		
	990 (2022) AND CELLULAR BIOLOGY	84-1326605	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: KEYSTONE SYMPOSIA WILL SERVE AS A CATALYST FOR THE ADVAN	NCEMENT OF	
	BIOMEDICAL LIFE SCIENCES BY CONNECTING SCIENTISTS WITHIN		
	DISCIPLINES AT CONFERENCES AND WORKSHOPS HELD AT VENUES		AN
	ENVIRONMENT CONDUCIVE TO INFORMATION EXCHANGE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	XNo
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	? Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 8,909,581. including grants of \$ 2,426,276.) (Rev		705.)
	KEYSTONE SYMPOSIA SPONSORS AN ANNUAL SERIES OF CONFERENCE		
	SCIENTIFIC COMMUNITY, WHICH ARE INTERNATIONAL IN SCOPE A		
	AND EMERGING AREAS OF MOLECULAR AND CELLULAR BIOLOGY AS		
	BASIC BIOLOGY, HUMAN MEDICINE, AND AGRICULTURE. IN 2023		A
	CONVENED OVER 60 IN-PERSON CONFERENCES ACROSS THE GLOBE		
	MEETING, WE ADDITIONALLY OFFERED RECORDED ON-DEMAND CON		
	TALKS. THIS ALLOWED FOR GREATER ACCESS TO THE SCIENTIFIC		
	THOSE THAT COULD NOT ATTEND THE IN-PERSON EVENTS, THERE	BY DEMOCRATIZ	ING
	SCIENCE.		
	IN 2023, KEYSTONE SYMPOSIA CREATED A NEW MENTORING PROG		
	POSTDOCTORAL SCHOLARS FROM UNDERREPRESENTED (CONT'D ON S		
4b	(Code:) (Expenses \$) (Rev.	enue\$)
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 8,909,581.	· · · · · · · · · · · · · · · · · · ·	
		Form 9	990 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION (

	KEYSTONE	SYMPOSIA	ON	MOLECULAR
Form 990 (2022)	AND CELLU	JLAR BIOLO	OGY	
Part IV Checklist	of Required Sched	lules		

			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	X	
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		X
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		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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	•		v
•	Schedule D, Part III	8		<u> </u>
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?	•		x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 23	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
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	
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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		X
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Form	1990 (2022) AND CELLULAR BIOLOGY 84-	1326605	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	ıt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
	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			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	<u>24c</u>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.54		x
06	Schedule L, Part I	<u>25b</u>		
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%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>			- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			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		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
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			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II			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			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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	tion?		
	If "Yes," complete Schedule R, Part V, line 2			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			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance		Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
-		11	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
b	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?

Х

Form 990 (2022)

1c

232004 12-13-22

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38 3b If it deas one is reported on ine 2a, did the organization file all required federal employment tax returns? 2a 38 3c Dif the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "Yes," ine stifted a Form SoPT for this year? (F No' to line Schuper and the organization and an Exployment tax returns? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authonly over, a financial account is of origin granization and the schedet Tomacount, are other authonly over, a financial account (FBAR). 5a X 5b Was the organization and the schedet transaction at any time during that xyear? 5a X b Id any taxable party notify the organization that it was or is a party to a prohibited tax scheder transaction? 5b X 6a x y if "Yes," in diverse provided to the year? 5a X f If "Yes," idd the organization induction surf scheder transaction? 5b X 5b X b Id any taxable party notify the org	Form	990 (2022) AND CELLULAR BIOLOGY 84-1326	605	P	age 5			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, isolated for the calendar year ending with or within the year covered by this returm 3a 3b 3a Diff ta least one is reported on line 2a, did the organization file all required federal employment tax returms? 3a Xa 3b Diff the sets file da Form 900 Tor this year? 3a Xa 5b T 'Xes', this file da Form 900 Tor this year? 3a Xa 5c Transmittal of Kamp 21 (b) this year? 3a Xa 5c Transmittal of Kamp 21 (b) this year? 5a Xa 5c Transmittal of Kamp 21 (b) this year? 5a Xa 5c Transmittal of Kamp 21 (b) this year? 5a Xa 5c Transmittal of Kamp 21 (b) this year? 5a Xa 5d Was the organization that is was or is a party to a prohibited tax shelter transaction? 5a Xa 5d Dase the organization analy example shelt transmittal of Kamp 21 (b) this organization shelt may reace that all contributions? 5a Xa 5d Trasset if the organization shelt maxas of \$75 made party as a combinition an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5a Xa	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
tied for the calendar year ending with or within the year covered by this return Image: Constraint of the calendar year of the comparization file all required federal employment tax returns? 2b X b If a teast one is reported on line 2a, did the organization file all required federal employment tax returns? 3a X b If "Yes," has it filed a form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3a X b If "Yes," thesis the darge organization have an interest in, or a signature or other authority over, a financial account; end the origin ocurity (such as a bark account, securities account, or other financial account; (FBAR). 4a X b If "Yes," there the name of the foreign country (such as a bark account, securities account, or other financial account; (FBAR). 5a X b U aw sub cognization have much tax shelt transaction at any time during the tax year? 5a X b D dawn taxable party notify the organization the Form 8886-T? 5c X c Tyres' to line 5a or 5b, did the organization life Form 8886-T? 5c X b If "Yes," did the organization include with every solicitation an express statement that such contributions nolicit any contributions that were not tax deductible or through the goods or services provided to the payer? 7a X b If "Yes," did the organization neity pay premium excess of 575 made parthy as contributions and party for pools and services provided to the payer? 7a X c Did the organization neceve any thords, directly or indicetly,				Yes	No			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unnelated business gross income of \$1,000 or more during the year? 3a Xa 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foring neoutry such as a bank account, securities account, or other financial account? 4a 5b If "Yes," enter the name of the foreign country such as a bank account, securities account, or other financial Accounts (FBAR). 5a X 6b If "Yes," enter the name of the foreign country such the vagarization at the way or a party to a prohibet tax shelter transaction? 5a X 7b UI any taxable party notify the organization file Form 888617 5a X 7c Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or giffs were no tax deductible as charitable contributions? 6a X 7d If "Yes," did the organization noticly with were solicitation an express statement that such contributions or giffs were not tax deductible ac charitable contributions? 7a X 7d If "Yes," did the organization neither wees discos or langible personal property for which it was required?	2a							
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organization is licensed to issue qualified health plans								
	b							
c Enter the amount of reserves on hand			-					
					v			
					Х			
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b			140					
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		15		х			
		excess parachute payment(s) during the year?						
	16	If "Yes," see the instructions and file Form 4720, Schedule N.						
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	10							
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17							
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
If "Yes," complete Form 6069.								

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 18 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 16 **b** Enter the number of voting members included on line 1a, above, who are independent 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х b 8b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the х organization's mailing address? If "Yes." provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe С х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Х 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website X Another's website ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 PAMELA DAUGHERTY - (970)262-1230 160 HIGHWAY 6 NO 201, SILVERTHORNE CO 80498 Form **990** (2022)

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Form 990 (2022)

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Form 990 (2022) AND CELLULAR BIOLOGY 84-2 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Employees, and independent contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

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

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	DIRECTOR		Х						0.	0.	

KEYSTONE	SYMPOSIA	ON	MOLECULAR
AND CETT		NOV	

84-1326605	Page 8
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Form 990 (2022) AND CELLU	JTAK BIC	ЪŪ	GY						84-1326	005	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(C)			(D)	(E)		(F)
Name and title	Average			Posi	tion			Reportable	Reportable		imated
	hours per		not ch unles					compensation	compensation		ount of
	week		cer and					from	from related		other
	(list any	tor						the	organizations		ensation
	hours for	direc				-		organization	(W-2/1099-MISC/	1 .	m the
	related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)		nization
	organizations	ruste	l trus		ee	nper		1099-NEC)	1000 1120)		related
	below	lual t	tiona		loy	st col	_				nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	IZACIONS
	,	ul I	=	ò	ž	도 등	Ĕ				
(18) MATTIAS FYRENIUS	5.00								•		•
DIRECTOR		Х						0.	0.		0.
(19) LORI SUSSEL PH.D.	5.00										
DIRECTOR		Х						0.	0.		Ο.
(20) CHI VAN DANG, M.D., PH.D.	5.00										
DIRECTOR		х						0.	0.		0.
	F 00	Λ		_				0.	0.		
(21) RICHARD D. DIMARCHI, PH.D.	5.00								•		•
DIRECTOR		Х						0.	0.		0.
(22) JOSEPH C. WU, PH.D.	5.00										
DIRECTOR		Х						0.	0.		Ο.
				_							
dh. Quhatal								1,125,408.	0.	165	,719.
1b Subtotal											
c Total from continuation sheets to Part VI	, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								1,125,408.	0.	165	,719.
2 Total number of individuals (including but n	ot limited to th	ose	listed	d ab	ove) who	o re	eceived more than \$100,	000 of reportable		
compensation from the organization											5
										`	Yes No
3 Did the organization list any former officer,	director truct			mole	~~~~	o or	hio	bast companyated ampl	0,000 00		
. , , , , , , , , , , , , , , ,	-		-	•	•					•	x
line 1a? If "Yes," complete Schedule J for s										3	
4 For any individual listed on line 1a, is the su	•								•		
and related organizations greater than \$150	,000? If "Yes,	" со	mple	te S	che	dule	Jt	for such individual		4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com										5	X
Section B. Independent Contractors	<u>pioto 00/iodule</u>	<u> </u>	<u> </u>			011					
•	manage to d ind		ndon	+	ntre	otor	o +1	act reactived more than ¢	100 000 of company	tion from	
1											11
the organization. Report compensation for t	ne calendar ye	ear e	ndin	g wi	th c	or wit	hin	the organization's tax ye	ear.		
(A)								(B)		(C)	
Name and business	address							Description of s	ervices	Compens	sation
MOMENTUS								IT AND DATABA	ASE		
PO BOX 78429, ST. LOUIS,	MO 6317	8						DEVELOPMENT		156	,338.
		-									
							_				
2 Total number of independent contractors (ir		ot lin	nited	to t	hos	e list	ed	above) who received mo	ore than		
\$100,000 of compensation from the organiz	zation				1	-					

						LAR	BIOLOGY			84-1326	605 Page 9
Pa	rt V	/	Statement of Re	ven	ue						
			Check if Schedule O	cont	ains a re	sponse	or note to any lin		(5)		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ល្អស	1	а	Federated campaigns		1	a					
s, Grants Amounts			Membership dues			b					
, G			Fundraising events			c					
, Gifts, ilar An			Related organizations			d					
s, G			Government grants (contr			е	635,955.				
r Si		f	All other contributions, gifts,	gran	ts, and						
the			similar amounts not included	abov	/e 1	f	3,238,622.				
Contributions, (and Other Simil		g	Noncash contributions included in	lines	1a-1f 1	g \$	155,365.				
an		h	Total. Add lines 1a-1f			<u></u>		3,874,577.			
							Business Code	10 505 070	10000000		
ice	2		REGISTRATION FEES				541700	10,626,272.	10626272.	<u> </u>	
erv		b									
n S Veni		C									
graı Rev		d									
Program Service Revenue		e f	All other program service	rovo	nue		900099	46,433.	46,433.		
_			Total. Add lines 2a-2f					10,672,705.			
	3	9	Investment income (includ					, , , -			
	-							507,300.			507,300.
	4		other similar amounts) Income from investment of tax-exempt bond pr								
	5		Royalties								
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses \dots	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss) <u></u>		<u></u>					
	7	а	Gross amount from sales of	_		urities	(ii) Other				
			assets other than inventory	7a	19,13	5,795.					
Ø		D	Less: cost or other basis and sales expenses	76	19,28	3 134	16,377.				
svenue		~	Gain or (loss)	70 7c		7,341.					
			Net gain or (loss)	-				-163,718.		1	-163,718.
Other R			Gross income from fundraisi					, -			, -
oth	-		including \$	-							
-			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses				1				
			Net income or (loss) from		-						
	9	а	Gross income from gamin								
			Part IV, line 19								
			Less: direct expenses				1				
			Net income or (loss) from	-	-	ities	T				
	10	а	Gross sales of inventory, I			10					
		h	and allowances Less: cost of goods sold								
			Net income or (loss) from			····					
		-		5410			Business Code				
snc	11	а	REBATES AND REWARDS				900099	46,211.			46,211.
nec	-	b									
eve:		с									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d					46,211.			
	12		Total revenue. See instruction	ons				14,937,075.	10672705.	0.	389,793.

KEYSTONE SYMPOSIA ON MOLECULAR Form 990 (2022) AND CELLULAR BIOLOGY Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,856,965.	1,856,965.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	569,311.	569,311.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,100,586.		953,121.	147,465.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,000,664.	989,681.	547,135.	463,848.
8	Pension plan accruals and contributions (include	, ,		. ,	
5	section 401(k) and 403(b) employer contributions)	105,973.	64,409.	19,631.	21,933.
9	Other employee benefits	463,922.	218,602.	142,400.	<u>21,933</u> . 102,920.
10	Payroll taxes	237,092.	88,232.	103,750.	45,110.
11	Fees for services (nonemployees):		,		
	Management				
	Legal	6,470.		6,470.	
	Accounting	31,179.		31,179.	
		51,175.		51,175.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	F	91,414.		91,414.	
	Investment management fees	J1,111.		<u> </u>	
g	Other. (If line 11g amount exceeds 10% of line 25,	628,408.	377,776.	244,702.	5,930.
40	column (A), amount, list line 11g expenses on Sch 0.)	292,821.	1,958.	290,663.	200.
12	Advertising and promotion	521,825.	61,898.	451,467.	8,460.
13	Office expenses	169,100.	131,065.	31,190.	6,845.
14	Information technology	105,100.	151,005.	51,150.	0,043.
15	Royalties	189,584.	63,833.	105,214.	20,537.
16		826,983.	781,607.	31,590.	13,786.
17	Travel	020,903.	/01,00/•	51,550.	15,700.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,296,833.	2,126,068.	170,765.	
19 00	Conferences, conventions, and meetings	38,550.	2,120,000.	38,550.	
20	Interest	.0,			
21	Payments to affiliates	25,571.	8,609.	14,193.	2 760
22	Depreciation, depletion, and amortization	38,690.	11,897.	22,966.	<u>2,769</u> . 3,827.
23		50,090.	11,097.	22,900.	5,027.
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 0.)				
а	SPEAKER FEES	1,462,103.	1,462,103.		
b	ORGANIZATIONAL DEVELOPM	114,263.	_,,,,	33,855.	80,408.
c c	STAFF RECRUITMENT	56,969.		27,811.	29,158.
d	STAFF EDUCATION	6,655.		6,655.	,
	All other expenses	115,271.	95,567.	15,504.	4,200.
25	Total functional expenses. Add lines 1 through 24e	13,247,202.	8,909,581.	3,380,225.	957,396.
<u>25</u> 26	Joint costs. Complete this line only if the organization		3,303,301.	5,500,2254	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
	(ASC 938-720)		l		Earm 990 (2022)

Part	^	Balance Sneet					
		Check if Schedule O contains a response or no	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			488,878.	2	1,282,616
	3	Pledges and grants receivable, net			505,438.	3	1,404,464
	4	Accounts receivable, net			179,709.	4	211,996
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified perso	ns ons (as defined			
		under section 4958(f)(1)), and persons describe				6	
,	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9				498,591.	9	401,17
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	429,553.			
	b	Less: accumulated depreciation		406,488.	55,715.	10c	23,06
1	11	Investments - publicly traded securities		-	16,690,537.	11	16,734,44
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			367,366.	15	187,28
	16	Total assets. Add lines 1 through 15 (must eq			18,786,234.	16	20,245,04
	17	Accounts payable and accrued expenses			1,435,888.	17	1,057,48
	18	Grants payable		18	, , .		
	19	Deferred revenue	855,726.	19	309,40		
	20	Tax-exempt bond liabilities		,	20	,	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or for					
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre	-			23	
	24	Unsecured notes and loans payable to unrelate		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, p					
1	_0	parties, and other liabilities not included on line					
		of Schedule D			17,693.	25	181,77
2	26	Total liabilities. Add lines 17 through 25			2,309,307.	26	1,548,65
		Organizations that follow FASB ASC 958, ch		X	, ,		, ,
3		and complete lines 27, 28, 32, and 33.					
2	27				15,026,178.	27	16,115,53
2	28	Net assets with donor restrictions			1,450,749.	28	2,580,85
	_	Organizations that do not follow FASB ASC					
		and complete lines 29 through 33.	,				
2	29	Capital stock or trust principal, or current funds	6			29	
	30	Paid-in or capital surplus, or land, building, or e				30	
3	31	Retained earnings, endowment, accumulated i				31	
	32	Total net assets or fund balances			16,476,927.	32	18,696,38
-	33	Total liabilities and net assets/fund balances			18,786,234.	33	20,245,04
				·····	· , · · , - · · · ·		Form 990 (2

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Form	AND CELLULAR BIOLOGY	84	-1326605	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,937		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,247	7,20)2.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,689		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,476		
5	Net unrealized gains (losses) on investments	5	582	2,20	00.
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	-52	2,61	15.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	18,696	5,38	35.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

(For	rm 99	DULE A 90) of the Treasury		omplete if the organ 494	rity Status an hization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo	(c)(3) orga ritable tru	anization (st.			OMB No. 1545-0047
		nue Service			Form990 for instruction			ormation.		Inspection
Nam	e of	the organization	on KEYS	TONE SYMPOS	SIA ON MOLECU					identification number
									4-1326605	
Pa								ee instruction	S.	
	organ		•	•	For lines 1 through 12, cl		,			
1										
2										
3										
4		city, and state	-	ation operated in cor	ijunction with a nospital	uescribeu	III Sectio	A)(1)(d)01111	Juni). Enter	the nospital s hame,
5		•	-	or the benefit of a col	llege or university owned	or operate	ed by a do	vernmentalu	nit describe	ed in
J				Complete Part II.)	loge of anifoldity enfor	or operat	ou by u go			
6		-			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			-	ntial part of its support fr				ne general p	oublic described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Parl	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
		or university o	or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10		•			than 33 1/3% of its supp				•	•
					t to certain exceptions; a					-
				mplete Part III.)	(less section 511 tax) fro	m busines	ses acqui	rea by the org	anization a	πer June 30, 1975.
11					vely to test for public sat	atv See	section 50)9(a)(4)		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		-	-	-	d in section 509(a)(1) o				•	
				-	f supporting organizatior					
а		-	-		upervised, or controlled				-	giving
		the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	pporting
		organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
			. ,	t complete Part IV,						
с					g organization operated				ly integrate	d with,
ام			•	.,.,,). You must complete F				tod organi-	votion(o)
d					oorting organization oper ation generally must sati					
			,	0 0	nplete Part IV, Sections	,		•	anatonin	01035
е		-			written determination from				II, Type III	
		functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number o	of supported o	organizations						
g				about the supporte		(iv) to the orac	inization listed			
	((i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
Tota										

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

	fails to qualify under the tests listed below, please complete Part III.)
n A	Dublic Support

Schedule A (Form 990) 2022

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5494025.	1800295.	2318692.	3086490.	3874577.	16574079.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5494025.	1800295.	2318692.	3086490.	3874577.	16574079.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3820137.
6	Public support. Subtract line 5 from line 4.						12753942.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	5494025.	1800295.	2318692.	3086490.	3874577.	16574079.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	533,558.	440,711.	415,912.	456,810.	507,300.	2354291.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						18928370.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 36	,081,442.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I					14	<u>67.38</u> %
	Public support percentage from 2021					15	74.73 %
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	e e					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 AND CELLULAR BIOLOGY 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.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from eimilered						
k	and income from similar sources						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	-			-		
<u> </u>							
	ction C. Computation of Public			(1)			0/
	Public support percentage for 2022 (I		•			15	<u> </u>
	Public support percentage from 2021 ction D. Computation of Invest						%
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					17	%
18 19:	a 33 1/3% support tests - 2022. If the					· · · ·	
130	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the	e organization did n	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/39	%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

Yes

No

Schedule A (Form 990) 2022 AND 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.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

84-1326605 Page 5 AND CELLULAR BIOLOGY Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised. or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 1 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 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 Part VI the role the organization's

supported organizations plaved in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

- The organization satisfied the Activities Test. Complete line 2 below. а
- h 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 instruction <u>s).</u>
---	--	----------------------------	------------------------	-------------------------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3

2a

2b

3a

No Yes

Sche	dule A (Form 990) 2022 AND CELLULAR BIOLOGY			84-1326605 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on l	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

Sche Par	t V Type III Non-Functionally Integrated 509		nizations (continu		4-1326605 Page 7
	on D - Distributions	allo Supporting Orga	nizations (continu	<u>ied)</u>	Current Year
<u>3ecu</u> 1	Amounts paid to supported organizations to accomplish exer	matauraaaa		1	Current rear
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1	
2	organizations, in excess of income from activity	n purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	2	3	
4	Amounts paid to acquire exempt-use assets		,	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the				
-	(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	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	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.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

	(5				POSIA (BIOLO(ECULAR		84-1326605 _{Page}
Part VI	(Form 990) 2022 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation 2, 3b, 3 lines 2 ar	 Provide c, 4b, 4c, nd 3; Part 	e the exp 5a, 6, 9a IV, Sect	lanations re a, 9b, 9c, 11 ion E, lines ⁻	quired by F a, 11b, and 1c, 2a, 2b,	d 11c; Part IV 3a, and 3b; F	, Section B, line Part V, line 1; Par	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

84-1326605

2022

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BILL & MELINDA GATES FOUNDATION	3,950,000.	3,571,433
NOVO NORDISK	500,000.	121,433
PFIZER	505,838.	127,271
otal Excess Contributions to Schedule A, Part II, Line 5		3,820,137

223451 11-15-22

		* *

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

Employer identification number

84-1326605

KEYSTONE SYMPOSIA ON MOLECULA	R
-------------------------------	---

AND CELLULAR BIOLOGY

	pe (check one):	Organization
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Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>100,000.</u>	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		\$ <u>100,000.</u>	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		\$ <u>1,700,000.</u>	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.)

Employer identification number

(c)

Name of organization KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY

(b)

(d)

84-1326605

223452 11-15-22

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

Schedule B (Form 990) (2022)

	ganization DNE SYMPOSIA ON MOLECULAR		Employer identification number
	ELLULAR BIOLOGY		84-1326605
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		 \$	

Schedule B (Form 990) (2022)

Schedule	B (Form 990) (2022)		Pa	ge 4					
	organization		Employer identification numb	er					
	ONE SYMPOSIA ON MOLECULA	AR							
	ELLULAR BIOLOGY		84-1326605						
Part III	 Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) 	ons to organizations described in se through (e) and the following line ent	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye	ar					
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)						
	Use duplicate copies of Part III if additional s	pace is needed.							
(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, ar	nd ZIP + 4	Relationship of transferor to transferee						
				_					
(a) No.			1						
(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, ar	nd ZIP + 4	Relationship of transferor to transferee						
				_					
				_					
		[—					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
				_					
				_					
		(e) Transfer of gif	ft						
	Transferee's name, address, ar		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 gif	1						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee						
	· · · · ·			_					
				_					
				_					

50	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047					
	n 990)	Complete if the orga	nization answered "Yes" on Form 990,		2022					
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public					
Interna	Revenue Service		0 for instructions and the latest information.		Inspection					
	e of the organization	AND CELLULAR BIOLO	GY		ployer identification number 84-1326605					
Pa		ntions Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin	d Funds or Other Similar Funds or Ad	ccoun	Its. Complete if the					
	organization	Tanswered fes offronti 990, raitiv, in		(b) Fun	ds and other accounts					
1	Total number at er	nd of year								
2		f contributions to (during year)								
3		f grants from (during year)								
4	Aggregate value at	end of year								
5	5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds									
			exclusive legal control?		Yes No					
6	U U		dvisors in writing that grant funds can be used o	•						
			r donor advisor, or for any other purpose confer	Ū						
Pa			ganization answered "Yes" on Form 990, Part IV							
1		ervation easements held by the organization		, 11107.						
•		of land for public use (for example, recrea		orically	important land area					
		f natural habitat	Preservation of a cert	•						
	Preservation	of open space								
2	Complete lines 2a	through 2d if the organization held a qualif	fied conservation contribution in the form of a co	nservat	tion easement on the last					
	day of the tax year				Held at the End of the Tax Year					
а	Total number of co	onservation easements		2a						
b	•			2b						
С			ucture included in (a)	2c						
d		vation easements included in (c) acquired a								
3			accord outing victory or torreinstand by the argon	2d	during the tax					
3	year	vation easements modified, transferred, rei	eased, extinguished, or terminated by the organ	Zation	during the tax					
4		where property subject to conservation easily and the property subject to c	sement is located							
5		tion have a written policy regarding the per								
	violations, and enf	orcement of the conservation easements it	holds?		Yes No					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on ease	ments during the year					
7										
7	Amount of expens	es incurred in monitoring, inspecting, nand	lling of violations, and enforcing conservation ea	sement	is during the year					
8	Does each conserv	 vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B))(i)						
	and section 170(h)				Yes No					
9	In Part XIII, describ		on easements in its revenue and expense statem							
	balance sheet, and	l include, if applicable, the text of the footr	note to the organization's financial statements th	at desc	ribes the					
Des	organization's acc	ounting for conservation easements.								
Pa			Art, Historical Treasures, or Other S	Simila	r Assets.					
4		the organization answered "Yes" on Form								
1a	•		 not to report in its revenue statement and bala blic exhibition, education, or research in furtheral 							
		· · · · · · · · · · · · · · · · · · ·	ncial statements that describes these items.	ice oi h	JUDIIC					
b			8, to report in its revenue statement and balance	e sheet	works of					
-	-		exhibition, education, or research in furtherance							
		ng amounts relating to these items:			·					
	-				\$					
					\$					
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain,	provide)					
	-	ints required to be reported under FASB A	-							
					\$					
					\$					
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022					

		E SYMPOSIA		LAR				_	
		LULAR BIOLO					326605		
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or C	Other Si	milar Asse	t s _{(continu}	ied)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that m	nake signif	icant use of its	i		
	collection items (check all that apply):								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						t XIII.		
5	During the year, did the organization solicit o			•		Г	—		
Det	to be sold to raise funds rather than to be ma						Yes	No No	
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the organizatio	n answered "Ye	es" on For	m 990, Part IV	, line 9, or		
4			·						
18	Is the organization an agent, trustee, custodi		•			_	Vee		
L	on Form 990, Part X?					L	Yes	└── No	
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		l		Amount		
-	Designing belongs					10	Amount		
	Beginning balance					1c 1d			
	Additions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe						Yes	No	
	If "Yes," explain the arrangement in Part XIII.				•				
Par									
	·	(a) Current year	(b) Prior year	(c) Two years I		Three years bacl	((e) Four y	/ears back	
1a	Beginning of year balance	14,329,680.	14,448,589.	14,109,	764.	15,071,196	. 13,8	32,937.	
	b Contributions 107,599. 1,348,279. 64,500. 596,736.								
	c Net investment earnings, gains, and losses 848,897845,148. 2,720,555. 89,175.								
	Grants or scholarships	149,967.	3,600.			35,930	. :	L17,600.	
	Other expenditures for facilities								
	and programs 91,700. 528,707. 2,360,919. 1,515,310. 209,507								
f	Administrative expenses	90,071.	89,733.	85,	311.	96,103	•	89,549.	
g	End of year balance	14,954,438.	14,329,680.	14,448,	589.	14,109,764	. 15,0	71,196.	
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	94.3600	_%						
b	Permanent endowment 5.1800	%							
с	Term endowment .4600	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered	l for the		_		
	organization by:							res No	
	(i) Unrelated organizations						. 3a(i)	<u> </u>	
	(ii) Related organizations							<u> </u>	
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm			F 000 F		10			
	Complete if the organization answere								
	Description of property	(a) Cost or o basis (investr	• • •	or other (other)	(c) Accur deprec		(d) Book	value	
1a	Land								
	Buildings								
с	Leasehold improvements			0,634.		6,210.		,424.	
d	Equipment		32	8,919.	31	0,278.	18	,641.	
	Other						-		
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 10	0c.)			23	,065.	

Schedule D (Form 990) 2022

-	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
	Description		(b) Book value
(1)	Description		(b) Book value
(1) (2)	Description		(b) Book value
(1) (2) (3)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4)	Description		(b) Book value
(1) (2) (3) (4) (5)	Description		(b) Book value
(1) (2) (3) (4) (5) (6)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line 'art X Other Liabilities.	9.15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	9.15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability	9.15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 'art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3)	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line 'art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3)	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4)	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) (6)	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) (6) (7)	9 <i>15.)</i> on Form 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITIE (3) (4) (5) (6)	9 <i>15.)</i> on Form 990, Part IV, line		(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

KEYSTONE	SYME	POSIA	ON	MOLECULAR
AND CELL	TT. A D	BTOT.C	NGA	

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total revenue, gains, and other support per audited financial statements 1 13,989,1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 13,989,1 a Net unrealized gains (losses) on investments 2a 582,200. b Donated services and use of facilities 2b 26,277. c Recoveries of prior year grants 2d 16,377. d Other (Describe in Part XIII.) 2e 624,8 3 Subtract line 2e from line 1 3 13,364,2	
1 Total revenue, gains, and other support per audited financial statements 1 13,989,1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 582,200. a Net unrealized gains (losses) on investments 2b 26,277. b Donated services and use of facilities 2c 2d c Recoveries of prior year grants 2d 16,377. e Add lines 2a through 2d 2e 624,8	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d	
a Net unrealized gains (losses) on investments 2a 582,200. b Donated services and use of facilities 2b 26,277. c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 16,377. e Add lines 2a through 2d 2e 624,8	54.
b Donated services and use of facilities 2b 26,277. c Recoveries of prior year grants 2c 2c d Other (Describe in Part XIII.) 2d 16,377. e Add lines 2a through 2d 2e 624,8	54.
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 16,377. e Add lines 2a through 2d 2e 624,8	54.
d Other (Describe in Part XIII.) 2d 16,377. e Add lines 2a through 2d 2e 624,8	54.
e Add lines 2a through 2d	54.
e Add lines 2a through 2d 2e 624,8 3 Subtract line 2e from line 1 3 13,364,2	54.
3 Subtract line 2e from line 1 3 13 - 364 - 2	
	94.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 14,937,0	75.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements 1 11,769,6	90.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d 2e 26,2 2 26,2 3 11,743,4 11,743,4	$\frac{11}{12}$
	<u>13.</u>
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b4a91,414.b Other (Describe in Part XIII.)4b1,412,375.	
	00
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) 5 13,247,2 Part XIII Supplemental Information.	04.

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

PART V, LINE 4:

SYMPOSIA HAS THREE ENDOWMENT FUNDS RESTRICTED BY DONORS TO PROVIDE SUPPORT
FOR THE DIVERSITY IN LIFE SCIENCE PROGRAM, TO CONDUCT ONE MEETING EACH
YEAR ON A TOPIC RELATED TO CANCER IMMUNOTHERAPY, AND FOR SCHOLARSHIPS. THE
ENDOWMENT INCLUDES ONLY DONORRESTRICTED FUNDS, AS THE BOARD OF DIRECTORS
HAS NOT DESIGNATED ANY NET ASSETS WITHOUT DONOR RESTRICTIONS TO FUNCTION
AS ENDOWMENT. IN ADDITION, SYMPOSIA HAS SEVEN OTHER ENDOWMENT FUNDS
RESTRICTED BY INDIVIDUAL DONORS TO PROVIDE SUPPORT FOR THE DIVERSITY IN
LIFE SCIENCE PROGRAM, MEETING SUPPORT FOR TOPICS ON CANCER IMMUNOTHERAPY,
SUPPORT TO FUND KEYNOTE LECTURES IN EMERGING TOPICS IN MEMBRANES AND
LIPIDS, TRAVEL STIPENDS FOR A STUDENT OR POSTDOC FROM KENYA TO ATTEND A
KEYSTONE SYMPOSIA MEETING IN PERSON OR VIRTUALLY AND ANOTHER FOR
232054 09-01-22 Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

UNRESTRICTED GENERAL OPERATING SUPPORT.

PART X, LINE 2:

Schedule D (Form 990) 2022

SYMPOSIA IS ORGANIZED AS A COLORADO NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES, QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION, AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION. SYMPOSIA IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, SYMPOSIA IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. SYMPOSIA HAS DETERMINED THAT IT IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

SYMPOSIA BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. SYMPOSIA WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON FIXED ASSET DISPOSAL

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SCHOLARSHIP TRAVEL STIPENDS NETTED WITH INCOME ON THE

FINANCIALS

LOSS ON DISPOSAL OF PPE

16,377.

Schedule D (Form 990) 2022

1,412,375.

16,377.

KEYSTONE SYMPOSIA ON MOLECULAR	
Schedule D (Form 990) 2022 AND CELLULAR BIOLOGY	84-1326605 Page 5
Part XIII Supplemental Information (continued)	
LOSS ON UNCOLLECTABLE PROMISES TO GIVE	52,615.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,481,367.
	· ·
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SCHOLARSHIP TRAVEL STIPENDS NETTED WITH INCOME ON THE	
FINANCIALS	1,412,375.

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.						ом 2	B No. 1545-0047
Department of the Treasury			Attach to Form 990.				to Public
Internal Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.		Inspec	
Name of the organization					Employer	identific	ation number
KEYSTONE SYMPOS AND CELLULAR BI		LECOLAR			84-13	26601	5
Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organ			
Form 990, Part IV				ete il tile orgai			
		n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,		
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	stance?	🗶 י	Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistand	ce outsic	le the
			an be duplicated if additional space is r			<u>(n)</u>	
(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, pro- gram services, investments, grants to recipients located in the region) 	is a pro describe	vity listed in gram service specific typ (s) in the reg	e, De	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND							
THE CARIBBEAN -							
ANTIGUA & BARBUDA,							
ARUBA, BAHAMAS,	0	0	REGISTRATION STIPEND	REGISTRATIC	N STIPEND		2,806.
EAST ASIA AND THE							.
PACIFIC	0	0	REGISTRATION STIPEND	REGISTRATIC	N STIPEND		61,771.
EUROPE (INCLUDING							
ICELAND & GREENLAND)							
- ALBANIA, ANDORRA,							106 400
AUSTRIA, BELGIUM	0	0	REGISTRATION STIPEND	REGISTRATIC	N STIPEND		106,439.
MIDDLE EAST AND							
NORTH AFRICA -							
ALGERIA, BAHRAIN,							4 100
DJIBOUTI, EGYPT,	0	0	REGISTRATION STIPEND	REGISTRATIC	ON STIPEND		4,192.
NORTH AMERICA -							
CANADA AND MEXICO,							
BUT NOT THE UNITED							
STATES	0	0	REGISTRATION STIPEND	REGISTRATIC	N STIPEND		45,940.
SOUTH AMERICA -							
ARGENTINA, BOLIVIA,							
BRAZIL, CHILE,							
COLUMBIA, ECUADOR,	0	0	REGISTRATION STIPEND	REGISTRATIC	ON STIPEND		101,560.
SOUTH ASIA -							
AFGHANISTAN,							
BANGLADESH, BHUTAN,							67710
INDIA, MALDIVES,	0	0	REGISTRATION STIPEND	REGISTRATIC	N STIPEND		67,718.
SUB-SAHARAN AFRICA -							
ANGOLA, BENIN,							
BOTSWANA, BURKINA	_	_			M OUTDONS		175 055
FASO,	0		REGISTRATION STIPEND	REGISTRATIC	NN STIPEND		175,855.
3 a Subtotal	0	0					566,281.
b Total from continuation	_	_					2 0 2 0
sheets to Part I	0	0					3,030.
c Totals (add lines 3a	0	0					569,311.
and 3b)							JUJ, JII.

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

Schedule F (Form 990) 2022

KEYSTONE SYMPOSIA ON MOLECULAR Schedule F (Form 990) AND CELLULAR BIOLOGY 84-1326605					5 Page 1	
Part	Continuatio	on of Activities	s per Regior	• (Schedule F (Form 990), Part I, line 3	3)	
	(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
RUSSIA	AND					
NEIGHB	ORING STATES -					
ARMENI	A, AZERBIJAN,					
BELARU	s,	0	0	REGISTRATION STIPEND	REGISTRATION STIPEND	3,030.
Tatala						3,030.
Totals	>	*				3,030.

Schedule F (Form 990) 2022

Part II

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	ecognized as charities by the or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter			

232072 10-17-22

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Schedule F (Form 990) 2022

AND CELLULAR BIOLOGY

84-1326605

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
	PACIFIC -						
	AUSTRALIA,						
REGISTRATION STIPEND	BRUNEI, BURMA,	84	61,771.	CHECK OR WIRE	0.		
	EUROPE (INCLUDING						
	ICELAND &						
	GREENLAND) -						
REGISTRATION STIPEND	ALBANIA, ANDORRA,	96	106,439.	CHECK OR WIRE	0.		
	MIDDLE EAST AND						
	NORTH AFRICA -						
	ALGERIA, BAHRAIN,						
REGISTRATION STIPEND	DJIBOUTI, EGYPT,	12	4,192.	CHECK OR WIRE	0.		
	NORTH AMERICA -						
	CANADA AND						
	MEXICO, BUT BUT						
REGISTRATION STIPEND	NOT THE UNITED	40	45,940.	CHECK OR WIRE	0.		
	SOUTH AMERICA -						
	ARGENTINA,						
	BOLIVIA, BRAZIL,						
REGISTRATION STIPEND	CHILE, COLUMBIA,	103	101,560.	CHECK OR WIRE	0.		
	SOUTH ASIA - AFGHANISTAN, BANGLADESH,						
REGISTRATION STIPEND	BHUTAN, INDIA,	139	67,718.	CHECK OR WIRE	0.		
	SUB-SAHARAN						
	AFRICA - ANGOLA,						
	BENIN, BOTSWANA,						
REGISTRATION STIPEND	BURKINA, FASO,	207	175,855.	CHECK OR WIRE	0.		
	CENTRAL AMERICA						
	AND THE CARIBBEAN						
	- ANTIGUA &						
REGISTRATION STIPEND	BARBUDA, ARUBA,	3	2,806.	CHECK OR WIRE	0.		
	RUSSIA AND						
	NEIGHBORING						
	STATES - ARMENIA,						
REISTRATION STIPEND	, AZERBIJAN,	6	3 030.	CHECK OR WIRE	0.		

Schedule F (Form 990) 2022

Page 3

KEYSTONE	SYMPOSIA	ON	MOLECULAR
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Sched	ule F (Form 990) 2022 AND CELLULAR BIOLOGY	84-1326605	Page 4
Part			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "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? <i>If</i> "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? <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2022

KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY

Schedule F (Form 990) 2022 AND CELL 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.

PART I, LINE 2:

SCHOLARSHIPS COVERING THE COST OF SYMPOSIA REGISTRATION FOR ELIGIBLE

STUDENTS AND POSTDOCS ARE AWARDED ON A FIRST COME, FIRST SERVE BASIS

UNTIL AVAILABLE FUNDING IS EXHAUSTED.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
Department of the Treasury Attach to Form 990.									
Internal Revenue Service				.gov/Form990 for	the latest inform	ation.		Inspect	ion
Name of the organization KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY 84-1326605									
Part I General	Information on Grants a							01 102	
1 Does the organ	nization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	on	
-	award the grants or assis		-			-			🗌 No
2 Describe in Par	rt IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	d States.				
	nd Other Assistance to that received more than S					anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
	address of organization overnment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gra or assistance	ant

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

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

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KEYSTONE SYMPOSIA ON MOLECULAR

Schedule I (Form 990) 2022

AND CELLULAR BIOLOGY

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIP TRAVEL STIPENDS	294	1,856,965.	0.		

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

PART I, LINE 2:

SCHOLARSHIPS COVERING THE COST OF SYMPOSIA REGISTRATION FOR ELIGIBLE

STUDENTS AND POSTDOCS ARE AWARDED ON A FIRST COME, FIRST SERVE BASIS UNTIL

AVAILABLE FUNDING IS EXHAUSTED.

SCHEDULE J (Form 990) Compensation Information OWE No. 1545-0047 If provide the organization of the organization answered "Yes" on Form 990, Part IV, line 23, Match to Form 990, Part IV, line 24, Match to Form 990, Part IV, Section A, line 14, Complete Jank BIOLOGY Employer identification number 84–1326605 Part I Questions Regarding Compensation Employer identification number 84–1326605 Part II Questions Regarding Compensation Hand on Form 990, Part VI, Section A, line 14, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VI, Section A, line 14, Complete Part III to provide any of the following the organization regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Indicate which, if any, of the following the organization follow a written policy regarding payment or reimbursences, and officers, including the CEO/Executive Director, but explain in Part III. Compensation organization require substantiation part in Part III. 2 3 Indicate which, if any, of the following to organization used to establish the compensation committee X Approval by the board or compensation committee
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990, Cart NV, line 23. Attach to Form 990, Dari NV, line 23. Mame of the organization NULECILLAR AND CELLULAR BIOLOGY Employee Identification number 84 – 1326605 Part I Questions Regarding Compensation Form 990, Part IV, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Frasel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Di fany of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Di di the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?
Dependent Attach to Form 990. Open to Fublic Name of the organization KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY Employer identification number 84-1326605 Part I Questions Regarding Compensation Employer identification number 84-1326605 Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Important to the organization and grossup payments Payments for business use of personal residence Yes No Isoretionary spending account Personal services (such as maid, chauffeur, chef) Ib If Ib Ib 2 Id the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trutueses, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Ib Ic Ic Ic
Difference Searce Go to www.rs.gov/form590 for instructions and the latest information. Inspection Name of the organization KEYSTONE SYMPOSIA ON MOLECULAR Employer identification number 84-1326605 Part I Questions Regarding Compensation 84-1326605 Image of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No First-class or charter travel Housing allowance or residence for personal use Discretionary spending account Paryments for business use of personal residence Ib b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described abov? If "No," complete Part III to explain 1b Ib 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation committee X Ompensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 2 Indicate which, if any, of the following the organization survey or study X Approval by the board or compensation committee 4
AND_CELLULAR_BIOLOGY 84-1326605 Part1 Questions Regarding Compensation Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Payments for business use of personal residence Image: Company Company Company Payments Payments for business use of personal residence b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation or the CEO/Executive Director, but explain in Part III. 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with r
Part I Questions Regarding Compensation Ia Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Image: Company Section 2000 (Company Section 2000) (Comp
1 Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yes No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Participate in or reavies payments Payments for business use of personal use Payments for business use of personal residence 1 Travel for companions Payments for business use of personal residence Payments for business use of personal residence 1 Discretionary spending account Personal services (such as maid, chauffeur, chef) Ite arganization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the OEO/Executive Director, regarding the items checked on line 1a? 1b 1c 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation oronmittee Xet Witten employment contract 2 3 Indicate which, if any of the following the organization is Compensation committee Xet Witten employment contract 2 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a releated organization: 4a X 4 During the year, did any person subtom anequity-based compensation a
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Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Complexity of the comparison or committee to comparison consultant to comparison committee to comparison consultant to comparison or a related organization: 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a X b Participate in or receive payment from a supplemental nonqualified retirement plan? 4a X c Participate in or receive payment from a supplemental nonqualified retirement plan? 4a <t< th=""></t<>
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CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Image: Compensation committee Im
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5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
contingent on the revenues of:
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:
a The organization? 6a X
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments
not described on lines 5 and 6? If "Yes," describe in Part III
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred on prior Form 990
		compensation	incentive compensation	reportable compensation				
(1) DEBORAH L. JOHNSON, PH.D.	(i)	315,390.	90,000.	0.	17,573.	10,419.	433,382.	0.
	(i) (ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	224,998.	0.	0.	14,670.	29,880.	269,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	156,103.	0.	0.	10,526.	29,834.	196,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DEANNA HAAS	(i)	143,548.	0.	0.	7,500.	19,493.	170,541.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	ii)							
	(i)							
	ii)							

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84-1326605

Schedule J (Form 990) 2022

Part III Supplemental Information

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

PART I, LINE 5:

THE CEO WAS PROVIDED WITH OPPORTUNITY TO RECEIVE A BONUS BASED ON THE

FINANCIAL PERFORMANCE OF THE ORGANIZATION. PERFORMANCE-BASED COMPENSATION

OF \$90,000 WAS PAID TO THE CEO DURING CALENDAR YEAR ENDING DECEMBER 31,

2022.

PART I, LINE 7:

THE ORGANIZATION ANNUALLY REVIEWS THE PERFORMANCE OF ITS EMPLOYEES TO

DETERMINE IF ADDITIONAL COMPENSATION IN THE FORM OF MERIT INCREASES WILL BE

PAID. DURING CALENDAR YEAR ENDING DECEMBER 31, 2022, MERIT INCREASES WERE

AWARDED BASED ON REVIEW OF EACH INDIVIDUAL'S PERFORMANCE AND SERVICES TO

THE ORGANIZATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

Part I

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization K

	Inspection
Employer	identification number
8	4-1326605

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organization	KEY:	STONE	SYMI	POSIA (ON I	MOLECUI	JAR		Emplo
	AND	CELLU	JLAR	BIOLO	GΥ				
Types of P	Propert	y							
				(0)		(h)		(a)	

		Check if applicable	Number of contributions or items contributed	Noncash contribu amounts reporter Form 990, Part VIII,	d on		d of determir ontribution a	•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other \ldots								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (TRAVEL STIPENDS)	X	26	155,	365.C	OST OR	SELLIN	G P	RIC
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organized	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29			0	
							_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines [·]	1 through	28, that it			
	must hold for at least 3 years from the date of								
	exempt purposes for the entire holding period?	?					<u>30a</u>		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	policy that re	equires the review of	of any nonstandard o	ontributio	ns?	31		<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell no	oncash				
	contributions?						<u>32a</u>		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is check	ed,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Sche	dule M (Fori	m 990)) 2022

KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY

84-1326605 Page **2**

Schedule M (Form 990) 2022 **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete Part II this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE TOTAL NUMBER OF CONTRIBUTORS IN PART

I, COLUMN (B).

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047			
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022			
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection			
Name of the organization	KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY		identification number 326605			
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:						
COMMUNITIES. THIS INCLUDES THOSE FROM RACIAL AND ETHNIC MINORITIES,						
FIRST GENERA	TION COLLEGE GRADUATES, AND THOSE WITH DISABIL	ITIES.	THIS			
PROGRAM WILL	COMPLEMENT OUR EXISTING ARM OF THE PROGRAM THA	AT SUP	PORTS			
THE						
SUCCESS OF E	ARLY CAREER SCIENTISTS THAT ARE IN THEIR FIRST	6 YEA	RS OF			
AN INDEPENDE	NT RESEARCH PROGRAM. THIS NEW KEYSTONE SYMPOSIZ	A FELL	OWS			
POSTDOCTORAL	PROGRAM AIMS TO ENGAGE YOUNG SCIENTISTS WITH N	IENTOR	S FROM			

OUR SCIENTIFIC ADVISORY BOARD, FORMER FELLOWS, AND OUR STAFF, TO

ADDRESS KEY ISSUES THAT WILL BUILD CONFIDENCE, KNOWLEDGE, AND

LEADERSHIP SKILLS TOWARDS THE NEXT STEP IN A BUILDING SUCCESSFUL CAREER

PATH.

FORM 990, PART VI, SECTION A, LINE 1A:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE COMPRISED OF THE BOARD CHAIR, THE TREASURER, THE SECRETARY, AND THE CHIEF EXECUTIVE OFFICER. IF THE EXECUTIVE COMMITTEE SO DESIRES, IT MAY ALSO HAVE ONE ADDITIONAL VOTING MEMBER PRIMARILY RESPONSIBLE FOR (I) RECOMMENDING TO THE COMMITTEE CANDIDATES TO BE NOMINATED FOR ELECTION OR REELECTION AS DIRECTORS; (II) RECOMMENDING TO THE CHAIR INDIVIDUALS FOR APPOINTMENT AS NON-BOARD MEMBERS TO SERVE AS NONVOTING MEMBERS OF BOARD COMMITTEES; (III) ORIENTING NEW DIRECTORS AND BOARD COMMITTEE MEMBERS; (IV) BOARD EDUCATION, AND; (V) RECOMMENDING TO THE COMMITTEE BOARD GOVERNANCE POLIICES. THE EXECUTIVE COMMITTEE SHALL HAVE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS TO ACT ON BEHALF OF THE BOARD BETWEEN MEETINGS OF THE BOARD EXCEPT AS PROHIBITED

BY STATUTE.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES OF THE ORGANIZATION. THE EXISTENCE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REVIEWED BY THE BOARD OF DIRECTORS AND CHIEF EXECUTIVE OFFICER SO THAT SAFEGUARDS CAN BE ESTABLISHED TO PROTECT ALL PARTIES. IF CONFLICTS ARE DETERMINED, THE PERSON WITH THE CONFLICT IS EXCLUDED FROM THE MEETING/DECISION AND WILL REFRAIN FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION FOR THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS REVIEWED ON AN ANNUAL BASIS BY THE CHAIRMAN OF THE BOARD AND THE FULL EXECUTIVE COMMITTEE IN CONSULTATION WITH THE CHAIR OF THE PERSONNEL COMMITTEE. COMPARABILITY DATA FROM THE AMERICAN SOCIETY OF ASSOCIATION EXECUTIVES AND GUIDESTAR IS USED IN THE DETERMINATION OF COMPENSATION AMOUNTS. THE CHIEF EXECUTIVE OFFICER REVIEWS THE COMPENSATION AMOUNTS FOR ALL OTHER STAFF MEMBERS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CO,CA,CT,FL,GA,KS,KY,LA,IL,MA,MD,ME,MI,MN,MS,NH,NM,NC,ND,NY,OH,OR PA,RI,TN,SC,DC,WA,UT,VA,WV,WI,AZ,MO,NJ

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990) 2022	Page 2
Name of the organization KEYSTONE SYMPOSIA ON MOLECULAR AND CELLULAR BIOLOGY	Employer identification number $84 - 1326605$
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, FINANCIAL STATEMENTS, FORM 1023, AND FORM 990 AVAI	LABLE TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON UNCOLLECTIBLE PROMISES TO GIVE	-52,615.