

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2023**Open to Public Inspection**

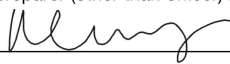
A For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NEUROMATCH INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9450 SW GEMINI DR PMB 70309 City or town, state or province, country, and ZIP or foreign postal code BEAVERTON, OR 97008-7105		D Employer identification number 85-1264716
	F Name and address of principal officer: NICHOLAS HALPER 9450 SW GEMINI DR PMB 70309, BEAVERTON, OR 97008-7105		E Telephone number 503-512-9165
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		G Gross receipts \$ 1,061,499
	J Website: www.neuromatch.io		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.
	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		H(c) Group exemption number
L Year of formation: 2020			M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>NEUROMATCH'S MISSION IS TO DEMOCRATIZE RESEARCH BY PROVIDING MAXIMALLY ACCESSIBLE EDUCATION, NETWORKING, MATCHMAKING, SCIENTIFIC</u> (Continued on Schedule O, Statement 1)		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	350,500	659,177
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369,444	400,384
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	989	1,698
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	240
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	720,933	1,061,499
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	152,006	445,421
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25)	19,841	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	356,150	459,805
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	508,156	905,226
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	212,777	156,273
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	419,752	546,298
	22 Net assets or fund balances. Subtract line 21 from line 20	33,461	3,734
		386,291	542,564

Part II Signature Block

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

Sign Here	Signature of officer 		Date 09/30/2024		
	MEGAN PETERS, PRESIDENT				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 09/30/2024	Check ☐ if self-employed	PTIN P01544850
	Firm's name EASY OFFICE DBA JITASA	Firm's EIN 26-2176601			
	Firm's address 1120 S RACKHAM WAY SUITE 300, MERIDIAN, ID 83642	Phone no. 208-287-4777			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No