Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

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): 9450 SW GEMINI DR PMB 70309

Room/suite

City or town, state or province, country, and ZIP or foreign postal code: BEAVERTON, OR 97008-7105

D Employer identification number: 85-1264716

E Telephone number: 503-512-9165

G Gross receipts $ 1,061,499

F Name and address of principal officer: NICHOLAS HALPER
9450 SW GEMINI DR PMB 70309, BEAVERTON, OR 97008-7105

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.neuromatch.io

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

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: NEUROMATCH'S MISSION IS TO DEMOCRATIZE RESEARCH BY PROVIDING MAXIMALLY ACCESSIBLE EDUCATION, NETWORKING, MATCHMAKING, SCIENTIFIC
(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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	350,500	659,177
9	Program service revenue (Part VIII, line 2g)	369,444	400,384
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	989	1,698
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	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
19	Revenue less expenses. Subtract line 18 from line 12	212,777	156,273

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	419,752	546,298
21	Total liabilities (Part X, line 26)	33,461	3,734
22	Net assets or fund balances. Subtract line 21 from line 20	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: JEREMY CORK	Preparer's signature: Jeremy Cork	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