Cii	L on H	ho question n	nark icons to display help windows.		1
			ark icors to display help windows. ad will enable you to file a more complete return and reduce the chances the IRS will need to de-	contact yo	u.
	-		Short Form		OMB No. 1545-0047
_	QC	90-EZ	Return of Organization Exempt From Income Tax	, 1	
om	J,		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foun	1	2020
v			onder section sortor, ser, or 45-7 (a)(1) or the internal Revenue Code (except private loan)	- 1	
		•	▶ Do not enter social security numbers on this form, as it may be made public.	_	Open to Public
		of the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information.	$J\eta J$	Inspection
				December	31 .20 20
		pplicable:			entification number
_	ddress o	` `	The <u>Henr</u> ietta Lacks Foundation		71781502
=	larne che	-	Number and street (or P.O. box if mail is not delivered to street address) Room/suite E To	elephone nu	ımber
=	altial retu		333 S State St , Suite V Box 193	50	3-709-7067
=	inal retur mended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	Froup Exer	nption
=		on pending	Late Once no OD 07004	Number >	·
Ā	ccount	ting Method:	✓ Cash	x ▶ 🗌 il	the organization is not
W	ebsite	o: ▶			ach Schedule B
Ta	x-exen	npt status (che	ck only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 (Forr	n 990, 990)-EZ, or 990-PF).
F	orm of	organization:	☑ Corporation ☐ Trust ☐ Association ☐ Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	ets	
ar	i II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ	. ▶ \$	
Pá	irt I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions	for Part I) [2]
		Check if	the organization used Schedule O to respond to any question in this Part I .	· • • ·	<u> </u>
?,	1		ons, gifts, grants, and similar amounts received	. 1	198,941
?. ?.	2	Program s	ervice revenue including government fees and contracts	. 2	0
?.	3	Membersh	ip dues and assessments	. 3	0
?,	4	Investment		. 4	0
	5a		unt from sale of assets other than inventory 5a	_	
	b		or other basis and sales expenses		•
	C		ss) from sale of assets other than inventory (subtract line 5b from line 5a)	. 5c	0
	6	•	d fundraising events:		
	а	\$15,000) .	ome from gaming (attach Schedule G if greater than	1 1	
<u> </u>	L		me from fundraising events (not including \$ of contributions \(\)		CEIVED
Hevenue	þ		aising events reported on line 1) (attach Schedule G if the		
ב			th gross income and contributions exceeds \$15,000) 6b	9	2 2021 191
	c		t expenses from gaming and fundraising events 6c /	Hall I	EC 0 2 2021 O
	ď		e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	19 L	
	_	line 6c) .		64()	GDEN, UT
	7a	-	s of inventory, less returns and allowances	4	
-	b		of goods sold	-	
	C		t or (loss) from sales of inventory (subtract line 7b from line 7a)	-7c-	0
ŀ	8		nue (describe in Schedule O)	. 8	0
	. 9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	198,941
7	10		similar amounts paid (list in Schedule O)	. 10	28,931
- [11		id to or for members	11	0
စ္အ	12		ther compensation, and employee benefits 🛭	12	0
	13		al fees and other payments to independent contractors 🖸	13	9,888
Expenses	14		y, rent, utilities, and maintenance	14	0
ជ	15		ublications, postage, and shipping	15	61

SCANNED AUG 3 0 2022 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year. Combine lines 18 through 20

16

17 18 Other expenses (describe in Schedule O)

Total expenses. Add lines 10 through 16 .

For Paperwork Reduction Act Notice, see the separate instructions.

Excess or (deficit) for the year (subtract line 17 from line 9)

Cat. No. 10642I

Form **990-EZ** (2020)

16

17

18

19

20

21

1,738

40,618

158,323

129,854

288,177

		IIA () to respond to a	iny question in this	Part II		! !
	Check if the organization used Schedu	ilo O to respond to a	1	(A) Beginning of year	T	(B) End of year
^^	Cook sovings and investments		}	129,85		288,177
22 22	Cash, savings, and investments				+	200,17
23	Land and buildings				23	
24 25	Other assets (describe in Schedule O)			129,85		000 17
25	Total assets				++	288,177
26 		- (7)			26	900 177
27	Net assets or fund balances (line 27 of colur			129,85	27	288,177
લા	Statement of Program Service Acco Check if the organization used Schedu	•				Expenses
/h at	t is the organization's primary exempt purpose?		iny question in this	Part III L	(Req	uired for section
						c)(3) and 501(c)(4)
s m	cribe the organization's program service accom- neasured by expenses. In a clear and concise ons benefited, and other relevant information for The Hennetta Lacks Foundation (HLF) provided grants and gr	manner, describe the each program title.	e services provided		orgai	nizations; optional fo
20		_			1	i
	primarily for education but also for medical care and e				į .	ł
	HLF also worked to identify descendants of other rese					İ
		nt includes foreign gr			28a	28,93
	HLF educated the public through social media and pul			es		
-	involving individuals like Henrietta Lacks who were involved w				1	1
					1	
	(Grants \$ 0) If this amou	nt includes foreign gr	ants, check here .	<u></u> ▶□	29a	(
30					1	
	***************************************				}	
		nt includes foreign gr	ants, check here .	▶ 🔲	30a	
31						
	Other program services (describe in Schedule C)				
	(Grants \$) If this amou	nt includes foreign gr	ants, check here .		31a	
32	(Grants \$) If this amount Total program service expenses (add lines 28	nt includes foreign grant through 31a)	ants, check here .	🕨	32	28931
32	(Grants \$) If this amou Total program service expenses (add lines 28 IV List of Officers, Directors, Trustees, and N	nt includes foreign gra a through 31a) (ey Employees (list eac	ants, check here .	▶ pensated—see the	32 nstruc	tions for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28	nt includes foreign gra a through 31a) (ey Employees (list eac ale O to respond to a	ants, check here th one even if not come to question in this	pensated—see the Part IV	32 nstruc	tions for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and Mark Check if the organization used Schedum	nt includes foreign gra a through 31a) (ey Employees (list each ale O to respond to a (b) Average	ants, check here th one even if not coming question in this (c) Reportable compensation	pensated—see the Part IV (d) Health benefits, contributions to emplo	32 nstruc	tions for Part IV)
32	(Grants \$) If this amou Total program service expenses (add lines 28 IV List of Officers, Directors, Trustees, and N	nt includes foreign gra a through 31a) (ey Employees (list eac ale O to respond to a	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and Michael Check if the organization used Schedules) Name and title	nt includes foreign gra a through 31a)	ants, check here th one even if not coming question in this (c) Reportable compensation	pensated—see the Part IV (d) Health benefits, contributions to emplo	32 nstruc	tions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and Mark Check if the organization used Schedum	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV) Satimated amount of ther compensation
32 Part	(Grants \$) If this amount of the program service expenses (add lines 28 to 10	nt includes foreign graa through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28 List of Officers, Directors, Trustees, and Michael Check if the organization used Schedules) Name and title	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part	(Grants \$) If this amount of the common total program service expenses (add lines 28 to the common	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
avid	(Grants \$) If this amount of the program service expenses (add lines 28 to 10	nt includes foreign graa through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part	(Grants \$) If this amount of the control of the co	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond to	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part ebec	(Grants \$) If this amount of the common total program service expenses (add lines 28 to the common	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part lebec	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 to 18	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond to	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part lebec	(Grants \$) If this amount of the control of the co	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond to	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part debec	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part debec	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 to 18	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond to	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV) Estimated amount of ther compensation
ebecavid	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part lebec avid	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total	nt includes foreign gra a through 31a) (ey Employees (list each lie O to respond to a lie O to respond	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
ebecavid	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
ebecavid	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
ebecavid	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	Estimated amount of ther compensation
32 Part Rebec Pavid Pavid Rebec Pavid Pavid Rebec Pavid Pavid Pavid Pavid Pavid Rebec Rebe	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV)
32 Part Rebec Pavid Pavid Rigit P	(Grants \$) If this amount of the program service expenses (add lines 28 to 17 total program service expenses (add lines 28 to 17 total program service expenses (add lines 28 total program service expe	nt includes foreign gra a through 31a)	th one even if not come on question in this compensation (Forms W-2/1099-MISC	pensated—see the Part IV (d) Health benefits, contributions to employ benefit plans, and	32 nstruc	tions for Part IV) Satimated amount of ther compensation

ABO

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			. 🗀	
		monaction for that the original and original and original and the any quotient man	<u> </u>	Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	_
.?.	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,	- 32
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<i>y</i>	-
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1	-
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,	•
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				İ
	b	Did the organization file Form 1120-POL for this year?	37b	├	~	7
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			1	
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a	\vdash	-	?
	·39	Section 501(c)(7) organizations. Enter:	1	ŀ		
	а	Initiation fees and capital contributions included on line 9		İ		
	. b	Gross receipts, included on line 9, for public use of club facilities	1]	
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b			.?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		7	
	41	List the states with which a copy of this return is filed ▶				
	42a	770 01900 100 100 100 100 100 100 100 100	503-70		7	
	_	Located at ► 333 S. State St., Surte V, Box 193, Lake Oswego, OR ZIP + 4 ►	970	034		-
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No	•
		If "Yes," enter the name of the foreign country ▶	720		-	i
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		V	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. I	▶ □	_
				Yes	No	:
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~	ļ -
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	! -
	d	Did the organization receive any payments for indoor tanning services during the year?	44c		V	Í
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
	b	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," Form 990 and Schedule R may need to be completed instead of				
		Form 990-EZ. See instructions	45b		. V	

om 99	10-EZ (2	020)		·				P	age 4	,
46	Did 4	he organization engage, directly or inc	directly in political a	amnaign activities o	n hohalf of a	or in opposit	tion [Yes	No	;
10	to ca	ndidates for public office? If "Yes," co	omolete Schedule C	ampaign activities c	ii benan oi c	or in opposit	46	 	7	•
art		Section 501(c)(3) Organizations		, raiti	• • • •	· · · ·	• 40	i	-	ا .
all	A1	All section 501(c)(3) organizations	•	etions 47_49h and	152 and c	omplete th	a tables f	or line	20	
		50 and 51.	indsi dilawer que	Stions 47 -43D and	1 J2, ald C	ompiete m	o labios i	01 111 11	55	
		Check if the organization used Sch	edule O to respons	to any question in	this Dart VI					
		Check if the organization used och	edule O to respond	to any question in	tilis Fart VI	• • •	· · · ·	Yes		
47	Did t	he organization engage in lobbying a	activities or have a	section 501/h) elect	ion in offoot	during the	+av [res	No	
**		If "Yes," complete Schedule C, Part				•				
18	•	, ,					77	ļ	-	. !
1 0 49а		e organization a school as described in he organization make any transfers to					. 48 . 49a	 	7	.
ња b		es," was the related organization a sec		_			. 49b		_	
50		plete this table for the organization's							d ko	,
~	emal	oyees) who each received more than	\$100 000 of compet	neation from the ora	anization If	there is non-	o antar "N	ione "	u ney	
	- Ci II pi	T		1		h benefits,	o, enter	10116.		
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation		s to employee	(e) Estimate	ed amou	ınt of	
	\- /	and and an out-	devoted to position	(Forms W-2/1099-MISC		, and deferred	other con	npensat	ion	
one				 	Compa	ensation				
,ı ı c				1	1					
				 						
				1						
				 						,
					1					
				 			-			
		,000 of compensation from the organ Name and business address of each independe		(b) Type of se	rvice	(c)	Compensati	on		
one					·	 - 				
				1						
		<u> </u>								
]		ł				
		·····								
				1						
				1]				
				<u> </u>		L				
		number of other independent contract	_		.▶					
52		the organization complete Schedul	e A? Note: All se	ection 501(c)(3) org	anizations r				_	
	comp	oleted Schedule A	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	► ✓ Yes	<u> </u>	ło	
		of perjury, I declare that I have examined this re					owledge and	l belief,	it is	
ie, C0	rect, an	d complete. Declaration of preparer (other than	Unicer) is based on all Imo	omation of which prepare	nas any knowl	suge.				
•	ľ	KINT				11/11/21				
ign		Signature of officer	Nanatana		Da	te ' (
ere		Rebecca Skloot, President, Board of D	virectors							
		Type or print name and title	T-							
aid		Print/Type preparer's name	Preparer's signature	(Date	Check	if PTIN			
	arer		<u></u>			self-employ	yed			
•	Only	Firm's name ▶			Flo	m's EIN ▶				
	y	Firm's address ▶		· =	Ph	one no.				
		discuss this return with the preparer								

Form **990-EZ** (2020)

Form 990-EZ (2020)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Henrietta Lacks Foundation 27-1781502 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

_	_
Dage	7

Part							
•	(Complete only if you checked the Part III. If the organization fails to	ne box on line a qualify unde	e 5, 7, or 8 of or the tests lis	Part I or if th	e organizatio lease comple	n failed to qu	alify under
Secti	on A. Public Support	y quainy arta	or the tests he	sted below, p	icase compi	ste i di t iii.	
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
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)						
_6	Public support. Subtract line 5 from line 4	ļ					
	on B. Total Support			,			
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
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						
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the		s first, second	, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	<u> </u>	<u> </u>	<u> </u>	· · > 🗆
	on C. Computation of Public Suppor					1 	
14	Public support percentage for 2020 (line (•			14	<u>%</u>
15 16a	Public support percentage from 2019 Sch 331/3% support test \neq 2020. If the organi			 . on line 13 or		15	shock this
IQA	box and stop here. The organization qua				10 11110 14 15 3	5'/376 OF THOIG,	> [7]
b	331/s% support test —2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16		is 331/3% or m	_
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization ments the organization meets the organization	eets the facts	-and-circumsta	ances test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa	cts-and-circui	nstances test,	check this bo	x and stop he	re. Explain
18	Private foundation. If the organization instructions	did not check		13, 16a, 16b			
	/				Scl	nedule A (Form 99	0 or 990-EZ) 2020

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.)

Sacti	on A. Public Support	under the tes	its listed bein	w, please co	impiete Fait ii	.,		
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(6) 2017	(0) 2010	(0) 2013	(0) 2		ti) Total
•	received. (Do not include any "unusual grants.")	19,100	47,404	1,530	17,103		48,941	134,078
2	Gross receipts from admissions, merchandise	10,100	,	1,000	17,100		10,011	
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	,		•				
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					 -		•
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	19,100	47,404	1,530	17,103		48,941	134,078
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year	ŀ		i	1		20,000	20,000
c	Add lines 7a and 7b							20,000
8	Public support. (Subtract line 7c from line 6.)				•			114,078
Secti	on B. Total Support							
Calen	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2	020	(f) Total
9	Amounts from line 6	19,100	47,404	1,530	17,103		48,941	134,078
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b	0	0	0	0		0	0
11	Net income from unrelated business activities not included in 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.)	0	0	0	0		0	. 0
13	Total support. (Add lines 9, 10c, 11, and 12.)	19,100	47,404	1,530	17,103		48,941	134,078
14	First 5 years. If the Form 990 is for the organization, check this box and stop her	organization's	first, second,		or fifth tax yes		section	501(c)(3)
Secti	on C. Computation of Public Support						•	
15	Public support percentage for 2020 (line 8			3, column (f))		15		85 %
16	Public support percentage from 2019 Sch		-	• • • • • • • • • • • • • • • • • • • •		16		N/A %
	on D. Computation of Investment Inc							
17	Investment income percentage for 2020 (I			y line 13, colum	nn (f))	17		0 %
18	Investment income percentage from 2019	Schedule A, P	art III, line 17			18		0 %
19a	331/3% support tests-2020. If the organia	zation did not	check the box	on line 14, and	d line 15 is mo			
	17 is not more than 331/3%, check this box a	and stop here.	The organization	on qualifies as a	publicly suppo	rted or	ganizatio	on . 🕨 📋
b	331/s% support tests—2019. If the organization 18 is not more than 331/s%, check this b							31/3%, and
20	Private foundation. If the organization did		-	-				_

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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	A. All	Supporting	ı Organ	izations

			Yes	No
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.	1		
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).	2		
3а	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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	40		
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).	5a	,	
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c	7,	
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
	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 .	9a		ij
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any cntity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in 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.	9c		
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.	10a		
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.)	10b		

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		 	
	A family member of a person described in line 11a above?	11a		├
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	1 444		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in 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 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			т
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	- v		. ,
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 the organization maintained a close and continuous working relationship with the supported organization(s).	,.,		
		2		
3	By reason of the relationship described in 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 played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	_	<u></u>
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i			•
2	Activities Test. Answer lines 2a and 2b below.	,	Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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 in 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 ongaged in		,	
	these activities but for the organization's involvement.	2b		لسنا
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. 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.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	<u> </u>		

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
• 1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru nizat	st on Nov. 20, 1970 (explictions must complete Sections	ain in Part VI). See ions 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	l	
_ 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		
0	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	П		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functions	ally i	ntegrated Type III suppo	rting organization
	(see instructions).	•	5	- -

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continue	d)	
	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
_ 5	Qualified set-aside amounts (prior IRS approval required-	-provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	15	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015			\dashv	
b	From 2016			\dashv	
	From 2017			1	
d	From 2018		 		
	From 2019				—
f	Total of lines 3a through 3e			\dashv	
g	Applied to underdistributions of prior years			\neg	
h	Applied to 2020 distributable amount			\dashv	
-	Carryover from 2015 not applied (see instructions)				
ij	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			-	
4	Distributions for 2020 from				
7	Section D, line 7:				
a	Applied to underdistributions of prior years	7		-	
<u> </u>	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			\neg	
J	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.			ſ	
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019			\neg	
е	Excess from 2020				

Pan VI	III, line 12; Part IV, Section A, lines B, lines 1 and 2; Part IV, Section C 3a, and 3b; Part V, line 1; Part V, Sines 2, 5, and 6. Also complete the	s 1, 2, 3b, 3c, 4b, 4c, c, line 1; Part IV, Sect Section B. line 1e: Pa	5a, 6, 9a, 9b, 9c, 11a, ion D, lines 2 and 3; Part V. Section D. lines 5.	11b, and 11c; Part IV, Se art IV, Section E, lines 1c, 6. and 8: and Part V. See	ction 2a. 2b.
Unusual Gra	ants				
2020 \$150,0	,000				
2017 \$100,0	,000				
			,		
		***************************************		***************************************	
			·		
		·····			
		,	,		
				·,	

			·		
		.,			
			·		
/					

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

The Henrietta Lacks Foundation

➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer Identification number 27-1781502

990-EZ-2020					
Part III					
Organization's Primary Exempt Purpose					
The Henrietta Lacks Foundation provides financial assistance to individuals and families — particularly within minority communities —					
who were involved in historic research cases without their knowledge, consent, or benefit.					
This includes the cases of Henrietta Lacks and HeLa cells, the Tuskegee Syphilis Studies, and The Human Radiation Experiments, among					
others. The Foundation offers those who have benefited from those contributions — including scientists, universities, corporations,					
and the general public — a way to show their appreciation to such research subjects and their families					
,					
2020 GRANTS over \$5000					
JaBrea Rodgers \$9307 - tuition and books (no relationship to grantee)					
Davon Meade \$7500 - employment-related expenses (no relationship to grantee)					
•					

Schedule O (Form 990 or 990-EZ) 2020		Page 2
Name of the organization	Employer Identification number	
	,	
•		
	,	
·		
,		
<u></u>		
,		