Form 990-EZ
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/Form990EZ for instructions and the latest information.

2021

A For the 2021 calendar year, or tax year beginning and ending

G Name of organization
THINKGENETIC FOUNDATION, INC.

D Employer Identification number
81-4241717

E Telephone number
617-962-0430

F Group Exemption Number

G Accounting Method: Cash X Accrual Other (specify)

H Check □ if the organization is not required to attach Schedule B

J Tax-exempt status (check only one) □ 501(c)(3) □ 501(c)(4) □ 501(c)(5) □ 501(c)(6) (insert no.) 4947(a)(1) or □ 527

K Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ $ 109,441.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I □ 109,439.

1 Contributions, gifts, grants, and similar amounts received 1 109,439.

2 Program service revenue including government fees and contracts 2

3 Membership dues and assessments 3

4 Investment income 4

5a Gross amount from sale of assets other than inventory 5a

b Less: cost or other basis and sales expenses 5b

c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c

6 Gaming and fundraising events:

a Gross income from gaming (attach Schedule G if greater than $15,000) 6a

b Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b

c Less: direct expenses from gaming and fundraising events 6c

d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d

7a Gross sales of inventory, less returns and allowances 7a

b Less: cost of goods sold 7b

c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c

8 Other revenue (describe in Schedule O) 8 SEE SCHEDULE O

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 109,441.

10 Grants and similar amounts paid (list in Schedule O) 10

11 Benefits paid to or for members 11

12 Salaries, other compensation, and employee benefits 12

13 Professional fees and other payments to independent contractors 13 32,866.

14 Occupancy, rent, utilities, and maintenance 14

15 Printing, publications, postage, and shipping 15

16 Other expenses (describe in Schedule O) SEE SCHEDULE O 16 795.

17 Total expenses. Add lines 10 through 16 17 33,661.

18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 75,780.

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) 19 11,569.

20 Other changes in net assets or fund balances (explain in Schedule O) 20 0.

21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 87,349.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2021)

132171 12-08-21
20360303 737065 14694000 2021.02071 THINKGENETIC FOUNDATION, IN 14694001
Part II | Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Cash, savings, and investments</td>
<td>11,569.22</td>
<td>80,423.22</td>
</tr>
<tr>
<td>23 Land and buildings</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Other assets (describe in Schedule O)</td>
<td>SEE SCHEDULE O</td>
<td></td>
</tr>
<tr>
<td>25 Total assets</td>
<td>11,569.25</td>
<td>87,349.00</td>
</tr>
<tr>
<td>26 Total liabilities (describe in Schedule O)</td>
<td>0.26</td>
<td>0.00</td>
</tr>
<tr>
<td>27 Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>11,569.27</td>
<td>87,349.00</td>
</tr>
</tbody>
</table>

Part III | Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 EDUCATE AND EMPOWER PEOPLE AND FAMILIES LIVING WITH GENETIC DISEASES AND HEALTHCARE PROVIDERS WHO CARE FOR THEM.

(Grants $ ) If this amount includes foreign grants, check here □ □ 28a 33,661.00

29

(Grants $ ) If this amount includes foreign grants, check here □ □ 29a

30

(Grants $ ) If this amount includes foreign grants, check here □ □ 30a

31 Other program services (describe in Schedule O)

(Grants $ ) If this amount includes foreign grants, check here □ □ 31a

32 Total program service expenses (add lines 28a through 31a) □ □ 32 33,661.00

Part IV | List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-3/4030-NEC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAVID A. JACOB</td>
<td>4.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>PRESIDENT/CLERK</td>
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<tr>
<td>JOHN LAUDERBACH</td>
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<tr>
<td>TREASURER</td>
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<tr>
<td>JOAN VIGNOVIICH</td>
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<tr>
<td>DIRECTOR</td>
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<tr>
<td>ROBERT J. HOPKIN</td>
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<tr>
<td>DIRECTOR</td>
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<tr>
<td>DAWN LANEY</td>
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<tr>
<td>DIRECTOR</td>
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