

Short Form

OMB No. 1545-0047

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)

2024

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2024 calendar year, or tax year beginning _____, and ending _____																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THINKGENETIC FOUNDATION, INC.</td> <td>D Employer identification number 81-4241717</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address)</td> <td>E Telephone number</td> </tr> <tr> <td colspan="2">328 OLD LANCASTER ROAD</td> <td>617-962-0430</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td>F Group Exemption Number</td> </tr> <tr> <td colspan="2">SUDBURY, MA 01776</td> <td></td> </tr> </table>	C Name of organization THINKGENETIC FOUNDATION, INC.		D Employer identification number 81-4241717	Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	328 OLD LANCASTER ROAD		617-962-0430	City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption Number	SUDBURY, MA 01776		
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G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____																
I Website: WWW.THINKGENETIC.ORG																
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other _____																
L 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 _____ \$ 160,541.																

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 <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	133,427.
	2 Program service revenue including government fees and contracts	2	7,013.
	3 Membership dues and assessments	3	
	4 Investment income SEE SCHEDULE O	4	5,101.
	5a Gross amount from sale of assets other than inventory 5a		15,000.
	b Less: cost or other basis and sales expenses 5b		14,648.
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	352.
	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		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	145,893.	
Expenses	10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	87,486.
	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	37,050.
	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	7,297.
	17 Total expenses. Add lines 10 through 16	17	131,833.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	14,060.
	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	74,948.
	20 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	20	-1,196.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	87,812.

For Paperwork Reduction Act Notice, see the separate instructions.

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