

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

2025Open to Public
Inspection**A For the 2025 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization**THINKGENETIC FOUNDATION, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

328 OLD LANCASTER ROAD

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SUDBURY, MA 01776**F** Name and address of principal officer: **DAVID JACOB****SAME AS C ABOVE****D** Employer identification number**81-4241717****E** Telephone number**617-962-0430****G** Gross receipts \$**226,767.****H(a)** Is this a group returnfor 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.THINKGENETIC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2016** **M** State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE QUALITY OF LIFE FOR THOSE LIVING WITH OR AT RISK FOR A GENETIC CONDITION THROUGH
	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 2025 (Part V, line 2a) 5 0
	6	Total number of volunteers (estimate if necessary) 6 6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 133,427. 222,557.
	9	Program service revenue (Part VIII, line 2g) 7,013. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5,453. 4,208.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 2.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 145,893. 226,767.
	Expenses	13
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) 0. 0.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
b		Total fundraising expenses (Part IX, column (D), line 25) 0.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,347. 38,386.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 131,833. 132,506.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 14,060. 94,261.
	20	Total assets (Part X, line 16) 87,812. 176,060.
	21	Total liabilities (Part X, line 26) 0. 0.
	22	Net assets or fund balances. Subtract line 21 from line 20 87,812. 176,060.

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
	DAVID JACOB, PRESIDENT Type or print name and title	
Paid Preparer Use Only	Preparer's name BREE-ANN WEIDNER	Preparer's signature
	Date	Check ☐ if self-employed PTIN P01319397
Preparer Use Only	Firm's name CHERRY BEKAERT ADVISORY LLC	Firm's EIN 88-2730877
	Firm's address 800 SOUTH STREET, STE 250 WALTHAM, MA 02453	Phone no. 781-453-8700

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

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

532001 12-15-25

Form **990** (2025) Created 4/30/25**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**