

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

### A For the 2024 calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>LIFE SCIENCE CARES, INC.</b>		<b>D</b> Employer identification number <b>81-2435939</b>
	Doing business as		<b>E</b> Telephone number <b>617-637-5052</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>PO BOX 425486</b>		<b>G</b> Gross receipts \$ <b>12,873,909.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>CAMBRIDGE, MA 02142</b>		
<b>F</b> Name and address of principal officer: <b>SARAH MACDONALD</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.LIFESCIENCECARES.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: **2016** **M** State of legal domicile: **MA**

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>LIFE SCIENCE CARES ACTIVATES THE FINANCIAL AND HUMAN CAPITAL OF THE LIFE SCIENCES INDUSTRY AND</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>42</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>9,967,666.</b>	<b>Current Year</b> <b>12,450,671.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>129,579.</b>	<b>185,787.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-111,090.</b>	<b>-110,977.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,986,155.</b>	<b>12,525,481.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,195,241.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>3,471,438.</b>	<b>4,285,604.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		<b>1,781,296.</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>1,190,091.</b>	<b>1,416,055.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>9,856,770.</b>	<b>11,120,153.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>129,385.</b>	<b>1,405,328.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>11,095,745.</b>	<b>End of Year</b> <b>11,977,275.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,350,108.</b>	<b>1,826,310.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>8,745,637.</b>	<b>10,150,965.</b>

### 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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>SARAH MACDONALD, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>JOYCE RIPIANZI, CPA</b>	<b>JOYCE RIPIANZI, CPA</b>	<b>08/26/25</b>	<input type="checkbox"/>	<b>P00548581</b>
Firm's name <b>AAFCPAS, INC.</b>			Firm's EIN <b>04-2571780</b>		
Firm's address <b>50 WASHINGTON STREET</b> <b>WESTBOROUGH, MA 01581</b>			Phone no. <b>508-366-9100</b>		

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LIFE SCIENCE CARES ACTIVATES THE FINANCIAL AND HUMAN CAPITAL OF THE LIFE SCIENCES INDUSTRY AND PARTNERS WITH NONPROFITS TO DISRUPT THE CYCLE OF POVERTY AND INEQUALITY IN OUR COMMUNITIES. LSC SERVES NOT ONLY AS A GRANT-MAKING ORGANIZATION, BUT ALSO A COMMITTED COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 7,890,174. including grants of \$ 5,418,494. ) (Revenue \$ ) SERVICE ORGANIZATION SUPPORT: LIFE SCIENCE CARES, INC. PROVIDES HUMAN CAPITAL, IN-KIND DONATIONS AND FINANCIAL RESOURCES (DONATIONS / GRANTS) TO LOCAL PARTNER SERVICE ORGANIZATIONS THAT HAVE THE SAME COMMON GOAL, TO HELP FIGHT POVERTY IN THE SURROUNDING COMMUNITY.

ANNUAL GRANTMAKING: LSC PROVIDES GRANTS TO CAREFULLY VETTED, LOCAL NONPROFIT ORGANIZATIONS DOING CRITICAL WORK THAT BEST ALIGNS WITH OUR FOCUS AREAS.

BASIC NEEDS - ACCESS TO FOOD, HEALTHCARE, MENTAL HEALTH SERVICES, AND SAFE SHELTER

EDUCATION - ACCESS TO LEARNING CRITICAL SKILLS IN SCHOOL, STEM PROGRAMS, AND HIGHER EDUCATION

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 7,890,174.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		13
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		13
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		X
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MA, PA, CA, NY, NJ
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
AAFCPAS, INC. - 508-366-9100  
50 WASHINGTON STREET, WESTBOROUGH, MA 01581

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH MACDONALD CLERK & CEO, LSC NATIONAL	40.00			X			272,001.	0.	30,321.	
(2) AISHA BARO EXECUTIVE DIRECTOR, BAY AREA	40.00				X		268,859.	0.	25,836.	
(3) MORGAN BERMAN EXECUTIVE DIRECTOR, PHILLY	40.00				X		206,128.	0.	35,037.	
(4) LEANE MARCHESE INTERIM EXEC. DIRECTOR, BOSTON	40.00				X		206,266.	0.	18,562.	
(5) YVONNE SPICER EXEC. DIRECTOR, BOSTON (UNTIL 2024)	40.00				X		209,488.	0.	5,846.	
(6) ELIZABETH FASSBERG EXECUTIVE DIRECTOR, NEW YORK	40.00				X		183,643.	0.	20,698.	
(7) ROB PEREZ CHAIR	1.00	X		X			0.	0.	0.	
(8) MIKE TOMSICEK TREASURER	1.00	X		X			0.	0.	0.	
(9) ABE CEESAY DIRECTOR	1.00	X					0.	0.	0.	
(10) ROBERT URBAN DIRECTOR	1.00	X					0.	0.	0.	
(11) CYNTHIA MAZAREAS DIRECTOR	1.00	X					0.	0.	0.	
(12) NOLAN TOWNSEND DIRECTOR	1.00	X					0.	0.	0.	
(13) JEFF HESSEKIEL DIRECTOR	1.00	X					0.	0.	0.	
(14) NINA KJELLSON DIRECTOR	1.00	X					0.	0.	0.	
(15) TOM DANIEL DIRECTOR	1.00	X					0.	0.	0.	
(16) JEFF MARRAZZO DIRECTOR (UNTIL 11/12/2024)	1.00	X					0.	0.	0.	
(17) TRISHA MILLICAN DIRECTOR (UNTIL 11/12/2024)	1.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER FOX DIRECTOR (UNTIL 11/12/2024)	1.00	X						0.	0.	0.
(19) VIN MILANO DIRECTOR	1.00	X						0.	0.	0.
(20) SEEMA KUMAR DIRECTOR	1.00	X						0.	0.	0.
(21) JIM REDDOCH DIRECTOR	1.00	X						0.	0.	0.
(22) HEIDI ZOD DIRECTOR	1.00	X						0.	0.	0.
(23) CARIN CANALE-THEAKSTON DIRECTOR	1.00	X						0.	0.	0.
(24) DAVID MELVILLE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,346,385.	0.	136,300.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,346,385.	0.	136,300.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 16

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AAFCPAS, INC. 50 WASHINGTON STREET, WESTBOROUGH, MA 01581	ACCOUNTING AND TAX	280,225.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>	832,008.			
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	11,618,663.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 20,948.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		12,450,671.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		185,787.		185,787.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ 832,008. of contributions reported on line 1c). See Part IV, line 18 .....						
		<b>8a</b>					223,569.
<b>b</b>	Less: direct expenses .....	<b>8b</b>	348,428.				
<b>c</b>	Net income or (loss) from fundraising events .....			-124,859.		-124,859.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
		<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
		<b>10a</b>					
		<b>10b</b>					
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	OTHER INCOME	<b>Business Code</b>	900099	13,882.	13,882.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			13,882.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			12,525,481.	13,882.	0.	
						60,928.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,414,614.	5,414,614.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	3,880.	3,880.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	300,574.	75,144.	75,143.	150,287.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,378,014.	1,812,900.	482,866.	1,082,248.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,727.	57,935.	16,220.	34,572.
<b>9</b> Other employee benefits .....	226,866.	116,246.	32,459.	78,161.
<b>10</b> Payroll taxes .....	271,423.	136,509.	44,520.	90,394.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	7,984.		7,984.	
<b>c</b> Accounting .....	305,510.		305,510.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	405,375.	73,263.	278,866.	53,246.
<b>12</b> Advertising and promotion .....	61,386.	10,715.	5,425.	45,246.
<b>13</b> Office expenses .....	3,969.	1,373.	2,477.	119.
<b>14</b> Information technology .....	148,091.	34,638.	68,881.	44,572.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,577.	1,654.	1,175.	1,748.
<b>17</b> Travel .....	75,276.	12,721.	48,756.	13,799.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,446.	3,526.	715.	2,205.
<b>23</b> Insurance .....	14,406.	6,568.	2,479.	5,359.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD AND PAYROLL</b>	135,967.	12,287.	45,512.	78,168.
<b>b EVENT EXPENSES</b>	120,909.	103,770.		17,139.
<b>c BAD DEBT EXPENSE</b>	68,756.			68,756.
<b>d MEALS</b>	19,996.	3,930.	11,175.	4,891.
<b>e</b> All other expenses .....	37,407.	8,501.	18,520.	10,386.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	11,120,153.	7,890,174.	1,448,683.	1,781,296.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,670,198.	<b>1</b>	2,831,212.
	<b>2</b> Savings and temporary cash investments .....	6,544,120.	<b>2</b>	5,438,578.
	<b>3</b> Pledges and grants receivable, net .....	1,818,991.	<b>3</b>	3,639,150.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	51,832.	<b>9</b>	65,294.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,071.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 15,030.	10,604.	<b>10c</b> 3,041.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		11,095,745.	<b>16</b>	11,977,275.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	558,108.	<b>17</b>	579,329.
	<b>18</b> Grants payable .....	1,705,000.	<b>18</b>	1,179,880.
	<b>19</b> Deferred revenue .....	87,000.	<b>19</b>	67,101.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		2,350,108.	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	7,100,347.	<b>27</b>	5,324,375.
	<b>28</b> Net assets with donor restrictions .....	1,645,290.	<b>28</b>	4,826,590.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	8,745,637.	<b>32</b>	10,150,965.
<b>33</b> Total liabilities and net assets/fund balances .....		11,095,745.	<b>33</b>	11,977,275.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,525,481.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,120,153.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,405,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,745,637.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,150,965.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2024)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5610619.	8226283.	8747315.	9967666.	12450671.	45002554.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5610619.	8226283.	8747315.	9967666.	12450671.	45002554.
<b>5</b> 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) .....						1358663.
<b>6 Public support.</b> Subtract line 5 from line 4.						43643891.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	5610619.	8226283.	8747315.	9967666.	12450671.	45002554.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,163.	136.	64.	129,723.	185,787.	317,873.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						45320427.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	54,513.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.30	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	96.15	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 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; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 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; 11 Net income from unrelated business activities not included on 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.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of 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. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity... provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 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... Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test. b The organization is the parent of each of its supported organizations. c The organization supported a governmental entity. Row 2: Activities Test. Answer lines 2a and 2b below. a 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? b Did the activities described on 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? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a 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? b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information with a large diagonal 'Copy' watermark.

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **LIFE SCIENCE CARES, INC.** Employer identification number **81-2435939**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) (Rev. 12-2024)

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		18,071.	15,030.	3,041.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,041.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	13,586,126.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	712,217.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	712,217.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	12,873,909.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-348,428.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	-348,428.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	12,525,481.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	12,180,798.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	712,217.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	348,428.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	1,060,645.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	11,120,153.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	11,120,153.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

THE ORGANIZATION EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY GAAP. GAAP REQUIRES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN IN ADDITION TO GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE REQUIREMENTS FOR UNCERTAIN TAX POSITIONS. AS OF DECEMBER 31, 2024, THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS TAKEN ANY TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT TWELVE MONTHS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSE -348,428.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

FUNDRAISING EXPENSE 348,428.





**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		BOSTON IMPACT EVENT (event type)	NEW YORK IMPACT EVENT (event type)	6 (total number)		
Revenue	1	Gross receipts	359,850.	217,910.	477,817.	1,055,577.
	2	Less: Contributions	309,223.	172,910.	349,875.	832,008.
	3	Gross income (line 1 minus line 2)	50,627.	45,000.	127,942.	223,569.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes			588.	588.
	6	Rent/facility costs	11,513.	26,658.	49,909.	88,080.
	7	Food and beverages	32,466.	22,656.	119,432.	174,554.
	8	Entertainment		6,125.		6,125.
	9	Other direct expenses	5,467.	644.	72,970.	79,081.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				348,428.
11	Net income summary. Subtract line 10 from line 3, column (d)				-124,859.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **LIFE SCIENCE CARES, INC.** Employer identification number **81-2435939**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SAN DIEGO 4756 MISSION GORGE PLACE SAN DIEGO, CA 92120	95-1727087	501(C)(3)	424,600.	0.			DONATION TO ASSIST THE NONPROFIT
SAN DIEGO SQUARED 4401 EASTGATE MALL SAN DIEGO, CA 92121	85-3336715	501(C)(3)	275,000.	0.			DONATION TO ASSIST THE NONPROFIT
JUST IN TIME FOR FOSTER YOUTH 4560 ALVARADO CANYON RD, SUITE 2G SAN DIEGO, CA 92120	20-5448416	501(C)(3)	200,000.	0.			DONATION TO ASSIST THE NONPROFIT
BARRIO LOGAN COLLEGE INSTITUTE 2114 NATIONAL AVENUE SAN DIEGO, CA 92113	33-0771222	501(C)(3)	175,000.	0.			DONATION TO ASSIST THE NONPROFIT
HORIZONS NATIONAL STUDENT ENRICHMENT (HORIZONS) C/O EDWARD CHARLES FOUNDATION - 4201 RANDOLPH ST. - SAN DIEGO, CA 92103	26-4245043	501(C)(3)	150,000.	0.			DONATION TO ASSIST THE NONPROFIT
FAMILY AID BOSTON 3815 WASHINGTON ST BOSTON, MA 02130	04-2105756	501(C)(3)	127,000.	0.			DONATION TO ASSIST THE NONPROFIT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 91.

3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (Rev. 12-2024)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KIDS IN TECH 17 DEAN DR LOWELL, MA 01854	81-3311916	501(C)(3)	125,000.	0.			DONATION TO ASSIST THE NONPROFIT
VICTORY PROGRAMS, INC. 965 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2575322	501(C)(3)	125,000.	0.			DONATION TO ASSIST THE NONPROFIT
YOUNG MAN WITH A PLAN 1178A RIVER STREET HYDE PARK, MA 02136	88-1544048	501(C)(3)	125,000.	0.			DONATION TO ASSIST THE NONPROFIT
MAMA'S KITCHEN 3960 HOME AVE SAN DIEGO, CA 92105	33-0434246	501(C)(3)	120,000.	0.			DONATION TO ASSIST THE NONPROFIT
GLIDE FOUNDATION 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	115,000.	0.			DONATION TO ASSIST THE NONPROFIT
ACCESS YOUTH ACADEMY 16043 BEDFORD HILL ROAD SAN DIEGO, CA 92127	20-5119659	501(C)(3)	112,500.	0.			DONATION TO ASSIST THE NONPROFIT
HORIZONS FOR HOMELESS CHILDREN 1785 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188	501(C)(3)	100,000.	0.			DONATION TO ASSIST THE NONPROFIT
JEREMIAH PROGRAM 615 FIRST AVENUE NE 210 MINNEAPOLIS, MN 55413	41-1801834	501(C)(3)	100,000.	0.			DONATION TO ASSIST THE NONPROFIT
THE MONARCH SCHOOL 1625 NEWTON AVE SAN DIEGO, CA 92113	33-0871354	501(C)(3)	100,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY HOUSE STUDENT RESIDENCE PO BOX 19536 SAN DIEGO, CA 92159	02-0759910	501(C)(3)	100,000.	0.			DONATION TO ASSIST THE NONPROFIT
SCHOOL ON WHEELS 3150 N. SAN FERNANDO ROAD SUITE B LOS ANGELES, CA 90065	95-4422640	501(C)(3)	85,000.	0.			DONATION TO ASSIST THE NONPROFIT
YOUTH ENRICHMENT 412 MASSACHUSETTS AVENUE BOSTON, MA 02218	04-2509466	501(C)(3)	85,000.	0.			DONATION TO ASSIST THE NONPROFIT
FEEDING SAN DIEGO 9455 WAPLES STREET SAN DIEGO, CA 92121	26-0457477	501(C)(3)	76,150.	0.			DONATION TO ASSIST THE NONPROFIT
HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
INNOVATORS FOR PURPOSE 91 1ST STREET CAMBRIDGE, MA 02141	30-0841640	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
JUSTICE FOR HOUSING 23 BRADSTON ST 4TH FLOOR BOSTON, MA 02118	84-3842513	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
MANA DE SAN DIEGO 2515 CAMINO DEL RIO SOUTH, SUITE 22 SAN DIEGO, CA 92108	33-0821060	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY - 2686 SPRING ST - REDWOOD CITY, CA 94063	94-6034112	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REALITY CHANGERS 4251 37TH STREET SAN DIEGO, CA 92105	26-3757305	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
SERVING SENIORS 525 14TH STREET SUITE 200 SAN DIEGO, CA 92101	95-2850121	501(C)(3)	75,000.	0.			DONATION TO ASSIST THE NONPROFIT
NEW ENGLAND CENTER FOR ARS TECHNOLOGY - 23 BRADSTON STREET - BOSTON, MA 02118	27-2441203	501(C)(3)	65,000.	0.			DONATION TO ASSIST THE NONPROFIT
CHILDREN'S SERVICES OF ROXBURY 520 DUDLEY ST ROXBURY, MA 02119	04-3082352	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT
ENROOT 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-2103961	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT
HOME START, INC. 5005 TEXAS STREET SAN DIEGO, CA 92108	95-3138268	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT
SCIENCE CLUB FOR GIRLS 136 MAGAZINE STREET CAMBRIDGE, MA 02139	14-1892866	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT
SMALL HOUSE INC PO BOX 40023 CAMBRIDGE, MA 02140	87-1849442	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT
URBAN FARMING 487 NORFOLK ST MATTAPAN, MA 02126	45-3961022	501(C)(3)	60,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. FRANCIS HOUSE 39 BOYLSTON ST BOSTON, MA 02116	22-2519129	501(C)(3)	55,000.	0.			DONATION TO ASSIST THE NONPROFIT
ALAS AYUDANDO LATINOS A SONAR P.O. BOX 961 EL GRANADA, CA 94018	46-2464722	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
BIOTECH PARTNERS P.O. BOX 2186 BERKELEY, CA 94702	94-3171180	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
BREAKTHROUGH SAN FRANCISCO AT SF DAY SCHOOL - 350 MASONIC AVENUE - SAN FRANCISCO, CA 94118	94-3140620	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
BUILDING PATHWAYS 1705 COLOMBUS AVE ROXBURY, MA 02119	47-5276622	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
HEALTHY WALTHAM 510 MOODY ST WALTHAM, MA 02453	46-1174988	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
HOPE HANGAR, INC. 2440 LEGHORN ST MOUNTAIN VIEW, CA 94043	85-3102865	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
HYDE SQUARE 30 SUNNYSIDE ST BOSTON, MA 02130	04-3118543	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
SCIENTIFIC ADVENTURES PO BOX 11123 OAKLAND, CA 94611	47-2414936	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD PROJECT 10 LEWIS STREET LINCOLN, MA 01773	04-3262532	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
UPWARDS SCHOLARS 855 JEFFERSON AVE BOX 506 REDWOOD CITY, CA 94064	45-4128140	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
WORDS ALIVE 5111 SANTA FE ST APT 219 SAN DIEGO, CA 92109	33-0857381	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
WEST END HOUSE 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501(C)(3)	50,000.	0.			DONATION TO ASSIST THE NONPROFIT
GENUNITY 36 SOUTH MUNROE TER DORCHESTER, MA 02122	87-1485598	501(C)(3)	45,000.	0.			DONATION TO ASSIST THE NONPROFIT
ROOM TO GROW 400 SHAWMUT AVE BOSTON, MA 02118	13-4012096	501(C)(3)	40,200.	0.			DONATION TO ASSIST THE NONPROFIT
BOSTON COMMUNITY PEDIATRICS 527 ALBANY STREET SUITE #200 BOSTON, MA 02115	84-3091463	501(C)(3)	40,000.	0.			DONATION TO ASSIST THE NONPROFIT
EAST BOSTON SOCIAL CENTERS 68 CENTRAL SQ EAST BOSTON, MA 02128	04-2104257	501(C)(3)	40,000.	0.			DONATION TO ASSIST THE NONPROFIT
MOTHERS FOR JUSTICE AND EQUALITY 2201 WASHINGTON STREET 3RD FLOOR ROXBURY, MA 02119	45-3741482	501(C)(3)	40,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIOBUS 1361 AMSTERDAM AVE STE 340 NEW YORK, NY 10027	26-2092282	501(C)(3)	35,700.	0.			DONATION TO ASSIST THE NONPROFIT
FOUNDATION FOR CITY COLLEGE (CIPASS) - 160 CONVENT AVENUE, SHEPHARD HALL, ROOM 166 - NEW YORK, NY 10031	84-3867573	501(C)(3)	35,700.	0.			DONATION TO ASSIST THE NONPROFIT
HYPOTHEKIDS 423 WEST 127TH STREET, GROUND FLOOR NEW YORK, NY 10027	46-3235153	501(C)(3)	35,000.	0.			DONATION TO ASSIST THE NONPROFIT
ALEXANDER TWILIGHT ACADEMY 195 W NEWTON ST # 2 BOSTON, MA 02116	83-0957659	501(C)(3)	30,000.	0.			DONATION TO ASSIST THE NONPROFIT
CASA MYRNA VAZQUEZ 451 BLUE HILL AVE BOSTON, MA 02121	04-2625710	501(C)(3)	30,000.	0.			DONATION TO ASSIST THE NONPROFIT
JULIE'S FAMILY LEARNING PROGRAM 133 DORCHESTER ST BOSTON, MA 02127	11-3692512	501(C)(3)	30,000.	0.			DONATION TO ASSIST THE NONPROFIT
ST. MARY'S CENTER FOR WOMEN AND CHILDREN - 90 CUSHING AVE - DORCHESTER, MA 02125	04-3201844	501(C)(3)	30,000.	0.			DONATION TO ASSIST THE NONPROFIT
NIDO DE ESPERANZA 4111 BROADWAY NEW YORK, NY 10033	82-5510616	501(C)(3)	25,160.	0.			DONATION TO ASSIST THE NONPROFIT
BOSTON HEALTHCARE FOR THE HOMELESS PROGRAM - 780 ALBANY STREET - BOSTON, MA 02118	04-3160480	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE OVER TROUBLED WATERS 47 WEST STREET BOSTON, MA 02111	04-2472126	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
COMMUNITY RESOURCE CENTER 650 2ND ST ENCINITAS, CA 92024	95-3497926	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
THE FIRST TEE OF THE EAST BAY 10051 DOOLITTLE DR OAKLAND, CA 94603	33-1103128	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
HACK THE HOOD 2323 BROADWAY OAKLAND, CA 94612	68-0632366	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
MAKE PROJECTS 2920 UNIVERSITY AVE SAN DIEGO, CA 92104	88-3399336	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
PIEFEST 116 TOYON AVE SOUTH SAN FRANCISCO, CA 94080	82-2638272	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
INTERSEMINARIAN-PROJECT PLACE, INC. - 1145 WASHINGTON STREET - BOSTON, MA 02118	04-2457732	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
SENIOR CONNECTION 330 SOUTHWEST CUTOFF, SUITE 203 WORCESTER, MA 01604	04-2547633	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
COMMUNITAS AMERICA 461 WEST 126TH STREET SUITE 5W NEW YORK CITY, NY 10027	82-4888932	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRDSEED 1508 U ST NW WASHINGTON, DC 20009-3912	86-3971267	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
BLIIH 1207 CHESTNUT STREET, 7TH FLOOR PHILADELPHIA, PA 19107	23-7046393	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
BUILDING 21 600 WEST GERMANTOWN PIKE, SUITE 400-144 - PLYMOUTH MEETING, PA 19462	47-2514219	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
IT TAKES PHILLY 419 JOHNSON STREET JENKINTOWN, PA 19406	46-2705205	501(C)(3)	25,000.	0.			DONATION TO ASSIST THE NONPROFIT
PICS 10075 RUE CHANTEMAR SAN DIEGO, CA 92131-2271	82-1706033	501(C)(3)	23,800.	0.			DONATION TO ASSIST THE NONPROFIT
THE BOTTOM LINE, INC. 500 AMORY STREET STE. 3 JAMAICA PLAIN, MA 02130	04-3351427	501(C)(3)	21,300.	0.			DONATION TO ASSIST THE NONPROFIT
SMART 2101 MISSION STREET, SUITE 200 SAN FRANCISCO, CA 94110	94-3287468	501(C)(3)	20,657.	0.			DONATION TO ASSIST THE NONPROFIT
THE BRIDGE COMMUNITY FOUNDATION, INC. - 460 EAST FORDHAM ROAD #8080 - BRONX, NY 10458	87-3063544	501(C)(3)	20,000.	0.			DONATION TO ASSIST THE NONPROFIT
EAST NEW YORK FARMS 625 JAMAICA AVENUE BROOKLYN, NY 11208	11-2683663	501(C)(3)	20,000.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BRIDGES SERVICES 7 INDUSTRIAL ROAD POMPTON PLAINS, NJ 07444	22-1725830	501(C)(3)	15,250.	0.			DONATION TO ASSIST THE NONPROFIT
STEAM AHEAD 655 CENTRE ST #301612 JAMAICA PLAIN, MA 02130	83-3984772	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
A HEALTHIER DEMOCRACY 68 HARRISON AVE, SUITE 605 BOSTON, MA 02111	86-2040929	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
SAHELI, INC. P. O. BOX 1345 BURLINGTON, MA 01803	03-0547972	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
THE BOSTON FOOD FOREST COALITION 76 WELD HILL ST. BOSTON, MA 02130	46-5327936	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
THE LIFE AFTER PRISON INC 26 GRANT ST TAUNTON, MA 02780	92-2981120	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
VITAL CXNS PO BOX 320421 ROSLINDALE, MA 02132	30-1255787	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
BRONX IS BLOOMING 1020 GRAND CONCOURSE SUITE #15C BRONX, NY 10451	46-3141885	501(C)(3)	15,000.	0.			DONATION TO ASSIST THE NONPROFIT
PENINSULA BRIDGE 177 BOVET RD STE 120 SAN MATEO, CA 94402-3117	94-3226017	501(C)(3)	11,600.	0.			DONATION TO ASSIST THE NONPROFIT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS CRUSHING IT, INC. 50 HIGH STREET LYNN, MA 01902	04-2104250	501(C)(3)	10,000.	0.			DONATION TO ASSIST THE NONPROFIT
JEWISH VOCATIONAL SERVICES 75 FEDERAL ST BOSTON, MA 02110	04-2104357	501(C)(3)	10,000.	0.			DONATION TO ASSIST THE NONPROFIT
LINKS TO STEM 1200 MASSACHUSETTS AVENUE, NW WASHINGTON, CA 20005	52-1170830	501(C)(3)	10,000.	0.			DONATION TO ASSIST THE NONPROFIT
10,000 DEGREES 1401 LOS GAMOS DRIVE, SUITE 205 SAN RAFAEL, CA 94903	95-3667812	501(C)(3)	8,400.	0.			DONATION TO ASSIST THE NONPROFIT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**THE ORGANIZATION MAINTAINS A CONSISTENT CHECK-IN SCHEDULE WITH GRANTEE ORGANIZATIONS TO ENSURE STRONG CONTINUED PARTNERSHIP. ALL GRANTEES ARE REQUIRED TO PROVIDE COPIES OF ANNUAL REPORTS AS THEY ARE PUBLISHED, AND TO REPORT BACK ON GRANT OUTCOMES EACH YEAR.**

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **LIFE SCIENCE CARES, INC.** Employer identification number **81-2435939**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARAH MACDONALD CLERK & CEO, LSC NATIONAL	(i)	272,001.	0.	0.	9,307.	21,014.	302,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AISHA BARO EXECUTIVE DIRECTOR, BAY AREA	(i)	268,859.	0.	0.	9,310.	16,526.	294,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MORGAN BERMAN EXECUTIVE DIRECTOR, PHILLY	(i)	206,128.	0.	0.	8,245.	26,792.	241,165.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LEANE MARCHESE INTERIM EXEC. DIRECTOR, BOSTON	(i)	162,481.	43,785.	0.	4,307.	14,255.	224,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) YVONNE SPICER EXEC. DIRECTOR, BOSTON (UNTIL 2024)	(i)	146,154.	63,334.	0.	5,846.	0.	215,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH FASSBERG EXECUTIVE DIRECTOR, NEW YORK	(i)	183,643.	0.	0.	7,346.	13,352.	204,341.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**PART I, LINE 4A:**

**DURING 2024, LEANE MARCHESE RECEIVED A SEVERANCE PAYMENT OF \$43,785, AND YVONNE SPICER RECEIVED A SEVERANCE PAYMENT OF \$63,334.**

Copy

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

LIFE SCIENCE CARES, INC.

Employer identification number

81-2435939

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARTNERS WITH NONPROFITS TO DISRUPT THE CYCLE OF POVERTY AND INEQUALITY IN OUR COMMUNITIES. LSC SERVES NOT ONLY AS A GRANT-MAKING ORGANIZATION, BUT ALSO A COMMITTED COMMUNITY ENGAGING TO HELP SOLVE SOCIETAL PROBLEMS THROUGH A COMBINATION OF VOLUNTEERISM AND THOUGHT PARTNERSHIP.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGING TO HELP SOLVE SOCIETAL PROBLEMS THROUGH A COMBINATION OF VOLUNTEERISM AND THOUGHT PARTNERSHIP.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

IN 2024, LIFE SCIENCE CARES STARTED PROGRAMS AT ITS SAN DIEGO AND NEW YORK LOCATIONS TO AWARD GRANTS AND/OR SCHOLARSHIPS TO STUDENTS WHOSE NEEDS ALIGN WITH THE MISSION OF THE ORGANIZATION. A TOTAL OF \$3,880 WAS AWARDED IN 2024.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OPPORTUNITY - ACCESS TO JOBS AND MENTORSHIP, HELPING VULNERABLE ADULTS TO EARN A LIVING WAGE

HEALTH EQUITY - INNOVATIVE, COMMUNITY-BASED SOLUTIONS THAT IMPROVE HEALTH OUTCOMES AND FOSTER VIBRANT, RESILIENT COMMUNITIES

COMMUNITY ENGAGEMENT: LSC BUILDS DEEP RELATIONSHIPS WITH GRANTEEES AND CONTRIBUTES SERVICE VIA VOLUNTEERISM. THE ORGANIZATION WORKS CLOSELY WITH CORPORATE PARTNERS TO CREATE COMMUNITY ENGAGEMENT PLANS FOR STAFF.

THOUGHT PARTNERSHIP: LSC HELPS TO BRING BIG IDEAS TO LIFE THROUGH ACTIVE THOUGHT PARTNERSHIP AMONGST INDUSTRY LEADERS, NONPROFIT PARTNERS, AND OUR STRATEGIC FUNDRAISING EFFORTS.

BUILDING EQUITY: LSC'S PROGRAMS AIM TO BUILD EQUITY IN OUR COMMUNITIES.

PROJECT ONRAMP CONNECTS UNDER-RESOURCED COLLEGE STUDENTS WITH PAID SUMMER INTERNSHIPS IN THE LIFE SCIENCES, HELPING TO BRIDGE THE OPPORTUNITY GAP FOR PROMISING YOUNG PEOPLE. THE ORGANIZATION PARTNERS WITH BIOTECH AND PHARMA COMPANIES, ALLOWING STUDENTS TO ACCESS RELEVANT WORK EXPERIENCE, EXPLORE CAREER PATHS, AND BUILD NETWORKS.

ONE-TO-ONEA CURATED NETWORKING PLATFORM THAT SUPPORTS UNDER-RESOURCED STUDENTS AND JOB SEEKERS TO BUILD SOCIAL CAPITAL WITHIN THE INDUSTRY.

SINCE ITS FOUNDING IN 2016, LSC HAS PARTNERED WITH LIFE SCIENCE COMPANIES ACROSS THE COUNTRY AND MADE GRANTS TO MANY DESERVING NONPROFITS.

"CARING ACTIVELY" MAKES A DIFFERENCE AND INCLUDES SIGNIFICANT FINANCIAL SUPPORT FROM MANY LIFE SCIENCE COMPANIES, COUNTLESS VOLUNTEER HOURS COMMITTED, PLACING STUDENTS IN PAID INTERNSHIPS AND CONTRIBUTION GOODS AND SERVICES TO COMMUNITY PARTNERS.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION'S BYLAWS WERE AMENDED IN 2024. THE TWO CHANGES ARE NOTED BELOW:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization <b>LIFE SCIENCE CARES, INC.</b>	Employer identification number <b>81-2435939</b>
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1. THE TERM FOR NATIONAL BOARD MEMBERS WAS UPDATED TO BE THE LESSER OF 3 YEARS OR LENGTH OF SERVICE REMAINING ON THEIR LOCAL BOARD OF MANAGERS.

2. RENAMED CHAIRMAN TO CHAIR.

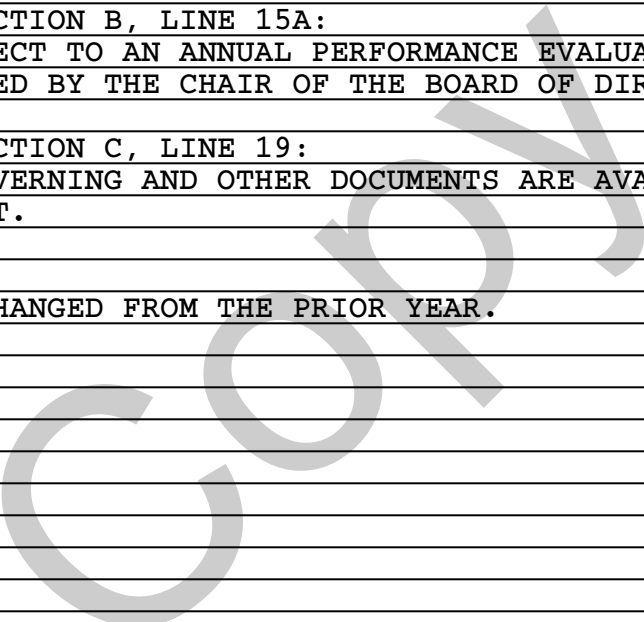
FORM 990, PART VI, SECTION B, LINE 11B:  
THE ORGANIZATION'S FORM 990 IS PREPARED BY ITS ACCOUNTING FIRM WITH ASSISTANCE PROVIDED BY THE ORGANIZATION'S PRESIDENT. A DRAFT OF THE COMPLETED FORM 990 IS SUBMITTED TO THE BOARD FOR REVIEW AND APPROVAL. ANY QUESTIONS, COMMENTS, OR CHANGES ARE SUBMITTED TO THE ACCOUNTING FIRM FOR RESOLUTION.

FORM 990, PART VI, SECTION B, LINE 12C:  
ALL BOARD MEMBERS AND KEY EMPLOYEES ARE ASKED TO SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A:  
THE PRESIDENT IS SUBJECT TO AN ANNUAL PERFORMANCE EVALUATION. THE EVALUATION IS CONDUCTED BY THE CHAIR OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S GOVERNING AND OTHER DOCUMENTS ARE AVAILABLE VIA THE PRESIDENT UPON REQUEST.

PART XII, LINE 2C:  
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **LIFE SCIENCE CARES, INC.** Employer identification number **81-2435939**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
LIFE SCIENCE CARES PHILADELPHIA LLC - 85-3455835, 3675 MARKET STREET, SUITE 200, PHILADELPHIA, PA 19104	SERVICE ORGANIZATION SUPPORT	DELAWARE	949,680.	442,859.	LIFE SCIENCE CARES
LIFE SCIENCE CARES SAN DIEGO LLC - 85-3436634, 11236 EL CAMINO REAL, SUITE 200, SAN DIEGO, CA 92130	SERVICE ORGANIZATION SUPPORT	DELAWARE	3,074,122.	2,325,031.	LIFE SCIENCE CARES
LIFE SCIENCE CARES BAY AREA LLC - 85-3541329 470 NOOR AVE STE B #1117 SOUTH SAN FRANCISCO, CA 94080	SERVICE ORGANIZATION SUPPORT	DELAWARE	1,773,844.	1,474,439.	LIFE SCIENCE CARES
LIFE SCIENCE CARES NEW YORK LLC - 88-3982617 342 E 67TH ST. APT 3 NEW YORK, NY 10065	SERVICE ORGANIZATION SUPPORT	DELAWARE	1,215,113.	985,006.	LIFE SCIENCE CARES

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) (Rev. 1-2025)



**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				





**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>LIFE SCIENCE CARES, INC.</b>	Taxpayer identification number (TIN) <b>81-2435939</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 425486</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CAMBRIDGE, MA 02142</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **AAFPCAS, INC.**  
**50 WASHINGTON STREET - WESTBOROUGH, MA 01581**

Telephone No. **508-366-9100** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**