

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

2024

Open to Public
Inspection

A For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024

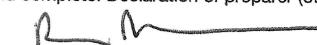
B Check if applicable:		C Name of organization BCAUSEICAN INC		D Employer identification number 47-4634990	
<input type="checkbox"/> Address change		Doing business as			
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
<input type="checkbox"/> Initial return		7600 Ora Glen Drive			
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return		Greenbelt, MD 20770			
<input type="checkbox"/> Application pending		F Name and address of principal officer: Ron Nicholson 7600 Ora Glen Dr, Greenbelt, MD 20770		G Gross receipts \$ 831,334	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
J Website: www.bcauseican.net		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BCAUSEICAN's mission is to prevent socioeconomic disparities by equipping communities in need with STEM education			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3	
Expenses	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	0	
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
		Prior Year	Current Year	
	8 Contributions and grants (Part VIII, line 1h)	145,135	146,496	
	9 Program service revenue (Part VIII, line 2g)	344,935	684,838	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,070	831,334	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	197,608	412,784	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b Total fundraising expenses (Part IX, column (D), line 25)	0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	227,207	433,951	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	424,815	846,735	
	19 Revenue less expenses. Subtract line 18 from line 12	65,255	-15,401	
		Beginning of Current Year	End of Year	
	20 Total assets (Part X, line 16)	84,231	71,284	
	21 Total liabilities (Part X, line 26)	0	606	
	22 Net assets or fund balances. Subtract line 21 from line 20	84,231	70,678	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign
Here Signature of officer

5-13-25 Date

Ron Nicholson, Executive Director

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions

 Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2024)