

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

2024

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

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Inspection

<b>A</b> For the 2024 calendar year, or tax year beginning 01/01/2024 and ending 12/31/2024	
<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>BCAUSEICAN INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7600 Ora Glen Drive</b> City or town, state or province, country, and ZIP or foreign postal code <b>Greenbelt, MD 20770</b> <b>D</b> Employer identification number <b>47-4634990</b> <b>E</b> Telephone number <b>301-642-1664</b> <b>G</b> Gross receipts \$ <b>831,334</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 <b>F</b> Name and address of principal officer: <b>Ron Nicholson</b> <b>7600 Ora Glen Dr, Greenbelt, MD 20770</b> <b>I</b> 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 <b>J</b> Website: <b>www.bcauseican.net</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>2015</b> <b>M</b> State of legal domicile: <b>MD</b>

## Part I Summary

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

Sign  
Here

Signature of officer

Date

Ron Nicholson, Executive Director

Type or print name and title

Paid  
Preparer  
Use Only

Preparer's name

Preparer's signature

Date

Check ☐ 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)