(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

<u>A</u>	ror the	\pm 2019 calendar year, or tax year beginning APR 1, 2019 and 6	enaing M	AR 31, 2020	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		01-04614	36
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	22 Lincoln Street		(207) 84	4-2035
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3926031.
	Ameno return			H(a) Is this a group re	eturn
	Applic tion		ves	for subordinates	
	pendir	g same as C above		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)
		e: ► www.genesisfund.org		H(c) Group exemption	,
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: ME
	art I	Summary	1		
	1	Briefly describe the organization's mission or most significant activities: The n	nissio	n of The Ger	nesis Fund
Activities & Governance		is to bring together resources to create			
nar	2	Check this box if the organization discontinued its operations or dispos			
Ver	3	-		3	11
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			11
∞	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			11
<u>i</u>	6	Total number of volunteers (estimate if necessary)			11
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ	h	Net unrelated business taxable income from Form 990-T, line 39			0.
_	<u> </u>	Technological paternoon taxable moonie neith reith ede 1, into ee		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1750182.	2612648.
Jue	9	Program service revenue (Part VIII, line 2g)		957935.	1175547.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		24070.	80431.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8705.	7947.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2740892.	3876573.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1			0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		637430.	904225.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Sen Sen	h	Total fundraising expenses (Part IX, column (D), line 25)	10.	<u> </u>	, ·
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		748827.	1763417.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1386257.	2667642.
	1	Revenue less expenses. Subtract line 18 from line 12		1354635.	1208931.
	4	nevenue less expenses. Subtract fille 10 from line 12		ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	ьс	21871044.	27181863.
ASSE	21	Total liabilities (Part X, line 16)		16573806.	20675694.
let /	22	Net assets or fund balances. Subtract line 21 from line 20		5297238.	6506169.
P	art II	Signature Block		32372301	03001031
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			, knowledge and bellet, it is
truc	, 001100	t, and complete. Declaration of proparer (other than officer) is based on an information of wir	ποιι ρι οραι σι	Thas arry knowledge.	
Sig	n	Signature of officer		I Date	
Hei		▶ Elizabeth Fleming-Ives, Executive Dire	ctor		
Hei	E	Type or print name and title	<u> </u>		
		Duint/Time annually agency	, , [[Date Check	PTIN
Pai	d	Peter Montano Preparer's signature Pt. Mar	Tax	7/29/2020 if	501000043
	u parer	Firm's name PGM LLC		self-employ	82-4812448
	Only	Firm's address 265 Main Street		FIIIII S EIN	00 4017440
030	Only	Biddeford, ME 04005		Phone no. (2	07) 415-5714
14-	v tha IF			Priorite Ho. (Z	77
ivid	y une lh	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	1990 (2019) THE GENESIS FUNC UL-0461436 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	The mission of The Genesis Fund is to bring together resources to
	create housing and other economic and social opportunities for
	underserved people and communities throughout Maine, New Hampshire,
	and Vermont.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2428986 • including grants of \$) (Revenue \$ 1194036 •)
4a	(Code:) (Expenses \$2428986. including grants of \$) (Revenue \$1194036. The FY20, the Genesis Fund closed 21 loans for \$6.7 million, increasing
	the outstanding loan portfolio to \$22 million. Through this lending,
	531 units of housing and 284 childcare spots were created or preserved.
	The Genesis Fund also provided 2,418 hours of technical assistance to
	24 organizations, helping to create affordable housing and community
	facilities by sharing professional knowledge to develop these projects.
	ractificies by sharing professional knowledge to develop these projects.
4b	(Code:) (Expenses \$
	/ (LAphinoco V
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 ▶ 2428986 •

4e Total program service expenses ▶

Form **990** (2019)

Form 990 (2019) The Genesis Fund Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b		126		\ x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
		_		_

Form	1 990 (2019) The Genesis Fund 01-0	0461436	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	e		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contro	lled		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	l l		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		Х
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization required by the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	······ 31		
JZ	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
JJ	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34		x
25.0	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	I		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			.
	If "Yes," complete Schedule R, Part V, line 2	<u>36</u>	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pal	rt 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	<u></u>	T	т —
	Establishment of the Burgott Establishment of	61	Yes	No
та	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0.1		

					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	61					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
С	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?			1c	Х			

932004 01-20-20

Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 11 b if at least one is reported on line 28, did the organization file all required fooder employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _eNe (see instructions) 3a Did the organization have unrelated business gross income of \$1.000 or more during the year? 3b If Yes, "has it field a form 900-T for this year? If Yes to line 30, provide an explanation on Schedule O. 3c A All yrite reduring the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account is a foreign country § when the same of the reforging country § which as a bank account, securities account, or other financial accounts (FBAR). 5c Was the organization a party to a prohibitod tax electer transaction at any time during the tax year? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 1 oline 3a or 5b, did the organization file Form 886617? 5c If Yes 2 oline 3a or 5b, did the organization solicit any contributions and party for goods and services provided to the page 17 or organization solicit any contributions under section 170(c). 5d If Yes 3 of the organization endieve with every solicitation in exposes statement that such contributions or gifts were not tax deductible? 7c Organization state and page 15c ordination in the organization provided to the page 15c organization solicit and page 15c organization solicit and page 15c	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
tele for the calendary year ending with or within the year covered by this return Note: if the sum of lines 1s and 2s is greater than 250, you may be required to a file (see instructions) Note: if the sum of lines 1s and 2s is greater than 250, you may be required to a file (see instructions) 1 If 'ves,' in site that file a form 990 17 to 1 this year? If 'ves' to file 8s, provides an explanation on Schedule 0 1 Au Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial society on the organization was an interest in, or a signature or other authority over, a financial society in the file and the organization was an interest in, or a signature or other authority over, a financial society of the organization and shark account, secretise account, or other financial accounts (FBAR). 1 Au Yea,' enter the name of the foreign country 2 See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 2 See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 3 See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 4 Did any taxable party notify the organization file Form 88871? 5 Did any contributions that were not tax deductible as charitable contributions? 5 Did any contributions that were not tax deductible as charitable contributions? 6 Did Fino granization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did fine granization selle, exhancing, or otherwise dispose of tanglie personal property for which it was required to the Form 8882? 9 Did the organization selle, exhancing, or otherwise dispose of tanglie personal property for which it was required to the organization received a contribution of qualified intellect						Yes	No	
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note if the sum of lines is and 2a is greater than 250, you may be required to _e-figi (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Ves, I has it field a form 980-T for this year? If Veo T for 8b, provide an explanation on Schedule 0 3b If Ves, I have the during the cellendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country is guarded to the second of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e-(i)e (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	11				
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 9900T for this year," ("No 1 tiple 63, your provide an explanation on Schedule O 3c International account in a foreign country (such as a bark account, securities account, or other financial account) as foreign country (such as a bark account, securities account, or other financial account) as foreign country (such as a bark account, securities account, or other financial accountry over, a financial account in a foreign country (such as a bark account, securities account, or other financial accountry over, a financial accountry over the financial accountry over, a financial accountry over, and a financial accountry over	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X		
b If "Yes," has it filled a Form 990.T for this year? If "No" to file 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibeted tax shelter transaction at any time during the tax year? 5b Was the organization the organization the form 88867 or if "Yes" to line 5a or 5b, did the organization the Form 88867 or if "Yes" to line 5a or 5b, did the organization the organization the organization at any contributions that we not tax deductibles can form 88867 or the organization to tax deductibles acharhate contributions? 5c Does the organization review a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If "Yes," idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). a) Did the organization notify the donor of the value of the goods or services provided? 7b If "Yes," indicate the number of Forms 8822 filed during the year 1c Did the organization notify the donor of the value of the goods or services provided? 7c If Did the organization not even at ornitrotion of qualified intellectual property, did the organization file a form 1998 or the value of the goods or services provided? 7c If Did the organization not even at ornitrotion of causified intellectual property, did the organization file a form 1998 or the very large did the organization file a form 1998 or the very large did the organization file a form 1998 or the very large did the organization file a form 1998 or the very large did the organization file a form 199	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c I "Yes" to line Sa or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8c If "Yes," did the organization notity the donor of the value of the goods or services provided? 7 Did the organization receive apartment in excess of \$7s made party as a contribution of prompting to the payor? 7 Did the organization receive apartment in excess of \$7s made party as a contribution of the value of the goods or services provided? 7 Did the organization received an excess provided to the payor? 7 Did the organization received an contribution of qualified intellectual property, did the organization foreived a contribution of qualified intellectual property, did the organization foreived and contribution of qualified intellectual property, did the organization foreived an contribution of qualified intellectual property, did the organization foreived an contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-07 by 100 and 100 a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction? 5b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c BX 5c If "Yes' to line \$a or 5b, did the organization file Form 8868-77. 5c If "Yes' line \$a or 5b, did the organization in India Form 8868-77. 5c Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c BX 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the goods or services provided? 7c If	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a				
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If "Yes," complete Form 4720, Schedule O.			inas:	ma?	16		y	
	10		LILICOI		10		-21	
		ii 100, complete Form 4720, conceale O.			Form	990	(2019)	

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 No Yes 11 1a 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. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16b Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed 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. X Another's website X Own website X Upon request __ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records Elizabeth Fleming-Ives Executive Director - (207) 844-2035

Form **990** (2019)

04011

22 Lincoln Street, Brunswick, ME

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 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 and/or Box 7 of Form 1099-MISC) 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.

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Bill Shanahan	0.50								•	
President	0.50	Х		Х				0.	0.	0.
(2) Kyra Walker	0.50								•	•
Vice President	0.50	Х		Х				0.	0.	0.
(3) Brenda Peluso	0.50	,,		٦,					_	_
Treasurer ///	0.50	Х		Х		-	-	0.	0.	0.
(4) Laurie Miller	0.50	37		37					<u> </u>	^
Secretary (5) Diane Donaldson	0.50	Х		Х	<u> </u>	-		0.	0.	0.
Director	0.50	Х						0.	0.	0.
(6) Beth Hayward	0.50	Λ						0.	0.	0.
Director	0.30	Х						0.	0.	0.
(7) Greg Dalton	0.50							0.	0.	0.
Director	0.30	х						0.	0.	0.
(8) Deb Keller	0.50									
Director	7.77	Х						0.	0.	0.
(9) Rebecca Emmons	0.50							-	-	-
Director		Х						0.	0.	0.
(10) Rebecca Hatfield	0.50									
Director		Х						0.	0.	0.
(11) Tom Whelan	0.50									
Director		Х						0.	0.	0.
(12) William Floyd	35.00									
Executive Director				Х				110299.	0.	5995.
(13) Elizabeth Fleming-Ives	35.00									
Deputy Director				Х				97152.	0.	5245.
					_	_				
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The Genesis Fund

	990 (2019) The Genes									01-04	<u>461</u>	436	Pa	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per week	box	, unle	Pos heck ss per	rson i	than of the structure o	n an	(D) Reportable compensation from	(E) Reportable compensatio	on	am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		frorga orga and	pensa om the anizati d relate anizatio	e ion ed
			_											
			_											
			-											
			<u> </u>											
	Subtotal		<u></u>	<u> </u>	<u> </u>	<u> </u>		▶	207451.		0.		1124	40.
			<u></u>					<u> </u>	207451.		0.	11240.		0. 40.
	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed ab	oove	e) wh	io re	eceived more than \$100,	000 of reportable			Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for so</i>											3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	e J f	for such individual			4		Х
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors											5		Х
1	Complete this table for your five highest conthe organization. Report compensation for t	•	-							•	pensat	tion fro	om	
	(A) Name and business	address	NC	INC	3				(B) Description of s	ervices		(Comper		<u>n</u>
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to	thos (_	ted	above) who received mo	ore than				
												Form 9	990 (2	2019)

The Genesis Fund 01-0461436 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1500. c Fundraising events 1c d Related organizations 1d 2122784. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 488364 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 2612648. h Total. Add lines 1a-1f **Business Code** 1057039. 522291 1057039. 2 a Loan Interest Program Service Revenue ь Loan origination fees 522291 66807. 66807. c Technical Assistance 522291 51701. 51701. f All other program service revenue 1175547. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 69889 69889 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 7700. 6 a Gross rents 0. 6b **b** Less: rental expenses ... 7700. c Rental income or (loss) 7700. 7700. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 60000. assets other than inventory 7a b Less: cost or other basis 49458. Other Revenue and sales expenses 10542. c Gain or (loss) 10542. 10542. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 1500. of contributions reported on line 1c). See 0. Part IV, line 18 0. **b** Less: direct expenses 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b

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Business Code

522299

10a

c Net income or (loss) from gaming activities

and allowances

b Less: cost of goods sold

c Net income or (loss) from sales of inventory

d All other revenue

10 a Gross sales of inventory, less returns

11 a Miscellaneous Income

e Total. Add lines 11a-11d

Total revenue. See instructions

247.

247.

3876573.

247.

1194036

Form 990 (2019) The Genesis Fund Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	210601	164010	22004	21060
	trustees, and key employees	218691.	164018.	32804.	21869
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	508354.	402887.	73282.	20105
7	Other salaries and wages	508354.	402887.	13484	32185
8	Pension plan accruals and contributions (include	31597.	22118.	6319.	2160
_	section 401(k) and 403(b) employer contributions)	91003.	72717.	11623.	3160 6663
9	Other employee benefits	54580.	42622.	7756.	4202
0	Payroll taxes	34360.	42022.	7750.	4202
1	Fees for services (nonemployees):				
a	Management	13537.	12860.	406.	271
b	Legal	32445.	22712.	6489.	3244
C	Accounting	32443.	22/12•	0409.	3244
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	26215.	24246.	1389.	580
_	column (A) amount, list line 11g expenses on Sch 0.)	19068.	15177.	391.	3500
2	Advertising and promotion	14182.	10547.	2324.	1311
3	Office expenses	14102.	10347.	2524.	1911
4					
5 6	Royalties	36708.	30251.	3923.	2534
_	Occupancy	20463.	20152.	214.	97
7 8	Payments of travel or entertainment expenses	201031	20152.	211.	
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	16048.	14157.	903.	988
0	Interest	407675.	405971.	999.	705
1	Payments to affiliates	1070731	1033,110	3331	, 00
2	Depreciation, depletion, and amortization	24824.	19217.	3608.	1999
3	Insurance	18138.	15606.	1378.	1154
4	Other expenses. Itemize expenses not covered	202001	233331	23701	
	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 0.)				
а	Grant expense	704592.	704592.		
b	Loan loss provision	421797.	421797.		
С	Fees and Licenses	6225.	6126.	20.	79
d	Miscellaneous	1500.	1213.	188.	99
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2667642.	2428986.	154016.	84640
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Chook hard				

Form **990** (2019)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2019) Part X Balance Sheet

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3369700.	1	5060857
	2	Savings and temporary cash investments			468165.	2	50230
	3	Pledges and grants receivable, net			1376717.	3	106559
	4	Accounts receivable, net			16141.	4	32359
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons	663418.	5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sed	ction 4958(c)(3)(B)		6	
ဌ	7	Notes and loans receivable, net			15298387.	7	21266585
Assets	8	Inventories for sale or use				8	
₹	9			L	19373.	9	10984
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			595148.	10c	570324
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		62225	14	00065	
	15	Other assets. See Part IV, line 11		1	63995.	15	83965
	16	Total assets. Add lines 1 through 15 (must ed			21871044.	16	27181863
	17	Accounts payable and accrued expenses			252885.	17	379238
	18	Grants payable		11.0000	18	70000	
	19	Deferred revenue	1165000.	19	708882		
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub			661349.	00	582676
Lia	00	controlled entity or family member of any of the		: Г	14494572.	22	18254898
	23 24	Secured mortgages and notes payable to unre Unsecured notes and loans payable to unrelate			144743744	23 24	10234070
	2 4 25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D			0.	25	750000
	26	Total liabilities. Add lines 17 through 25			16573806.	26	20675694
		Organizations that follow FASB ASC 958, cl					
es		and complete lines 27, 28, 32, and 33.	ioon iioi				
ا عاد	27				4810851.	27	5514454
gal	28	Net assets with donor restrictions			486387.	28	991715
		Organizations that do not follow FASB ASC					
בֿ		and complete lines 29 through 33.	,	. —			
<u>ة</u> (29	Capital stock or trust principal, or current fund	ls			29	
Set	30	Paid-in or capital surplus, or land, building, or				30	
AS	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5297238.	32	6506169
_	33	Total liabilities and net assets/fund balances			21871044.	33	27181863

Pa	t 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		<u> 765</u>					
2	Total expenses (must equal Part IX, column (A), line 25)	2		676					
3	Revenue less expenses. Subtract line 2 from line 1	3		089 972					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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	65	6506169.					
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	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?		2b	Х					
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	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.								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit							
	Act and OMB Circular A-133?	-	За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form	990	(2019)				

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

The Genesis Fund 01-0461436 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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.)

Se	ction A. Public Support	71	1	,						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Gifts, grants, contributions, and	` ,	` ,	` ,	, ,	, ,	,,			
	membership fees received. (Do not									
	include any "unusual grants.")	263374.	749271.	959506.	1750182.	2612648.	6334981.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	263374.	749271.	959506.	1750182.	2612648.	6334981.			
	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)									
6	Public support. Subtract line 5 from line 4.						6334981.			
	ction B. Total Support				ı	ı				
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	263374.	749271.	959506.	1750182.	2612648.	6334981.			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	13675.	10700.	16315.	24070.	69889.	134649.			
9	Net income from unrelated business					00000				
•	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						6469630.			
	Gross receipts from related activities,	etc. (see instruction	ons)			12				
	First five years. If the Form 990 is for					1 501(c)(3)				
	organization, check this box and stop				-					
Se	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	97.92 %			
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	98.00 %			
	a 33 1/3% support test - 2019. If the o					ore, check this box	x and			
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X			
k	33 1/3% support test - 2018. If the c									
	and stop here. The organization quali	ifies as a publicly s	supported organiza	tion						
17a	10% -facts-and-circumstances test									
	and if the organization meets the "fac-	ts-and-circumstand	ces" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the orgar	nization			
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization					
b	10% -facts-and-circumstances test									
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	e			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizatio						<u>▶</u>			
					Sche	edule A (Form 990	or 990-EZ) 2019			

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	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	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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 five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- c 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
0.2		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
•		
8		
_		
9a		
9b		
9с		
10a		
10b		

Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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 of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	3).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	^ব V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2010			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D (Form 990)

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 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

The Genesis Fund

Employer identification number 01-0461436

Par	t I Organizations Maintaining Donor Advised Fun	ds or Other S	milar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advise	d 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 he	d in donor advised fun	ds
	are the organization's property, subject to the organization's exclusi	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any	other purpose confer	ring
	impermissible private benefit?			
Par	Sompton in the stigation		" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (che		1	
	Preservation of land for public use (for example, recreation or	education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure i			2c
d	Number of conservation easements included in (c) acquired after 7/2			
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or to	erminated by the organ	ization during the tax
4	year	is leasted		
4 5	Number of states where property subject to conservation easement Does the organization have a written policy regarding the periodic m		on handling of	
3	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		d enforcing conservation	
Ū		ig or violations, arr	a officioning control value	on odeomenie danng the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and ent	orcing conservation ea	sements during the year
-	▶ \$	riolanorio, aria orii	oromig comportation co	is a market of the second of t
8	Does each conservation easement reported on line 2(d) above satisf	ty the requirements	s of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ease			
	balance sheet, and include, if applicable, the text of the footnote to	the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of Art, I	Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public exh	ibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial sta	atements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to re	port in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or	research in furtherance	e 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 as	sets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958	-		
а	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.		Schedule D (Form 990) 2019

	rt III Organizations Maintaining C	ollections of Ar	t. Histo	orical Tre	asures. or	Other S	Similar		(continue	Page Z
	Using the organization's acquisition, accession								CONTINUE	<u> 20)</u>
Ū	collection items (check all that apply):	ori, and other records	o, oncor	arry or the i	ionowing triat i	nano sigi	iiiiodi it c	100 01 110		
а	Public exhibition	d		l nan or exc	hange progran	n				
b	Scholarly research	е			mange program					
c	Preservation for future generations	·		Other						
4	Provide a description of the organization's co	illections and explain	how th	ev further th	ne organization	's exemn	t nurnos	se in Part	XIII	
5	During the year, did the organization solicit or							oc iiii ait.	AIII.	
•	to be sold to raise funds rather than to be ma				•				Yes	☐ No
Par	rt IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par		J.O 11 1110	organizatio	in anoworda i	00 0111	31111 000	,		
1a	Is the organization an agent, trustee, custodia	an or other intermed	iarv for o	contribution	s or other asse	ts not inc	luded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a								_	
	3	,	3						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided on Pa	art XIII .				
Par	rt V Endowment Funds. Complete in	f the organization an	swered	"Yes" on Fo	orm 990, Part IV	V, line 10.				
		(a) Current year		rior year	(c) Two years			ears back	(e) Four ye	ars back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	ı, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held ar	nd administere	d for the	organiza	ition	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 990, I	Part X, lin	ie 10.			
	Description of property	(a) Cost or o		` '	or other	. ,	umulate	d	(d) Book v	/alue
		basis (investn	nent)		(other)	depr	eciation		4.6.4	1000
	Land				01808.		0.00			1808.
	Buildings			5	42209.		8802	40.	454	4189.
	Leasehold improvements				55007		F.C. = :			420=
	Equipment				66887.		5256	0.	14	4327.
	Other									2201
Γotal	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X colum	n (R) line 1	Oc.)				57(0324.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 The Genesis	Fund	01	0461436 _{Page} 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	I1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)		, ,	•
(2)			
(3)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	F 000 Dart IV line 1	Idd Coo Forms 000 Doub V line 15	
Complete if the organization answered "Yes" (a)	Description	Tra. See Form 990, Part X, line 15.	(b) Book value
<u> </u>	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>: 15.) </u>	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Subordinated debt			750000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total, (Column (h) must equal Form 990, Part X, col. (R) line	25.)	.	750000.

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

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 The Genesis Fund			161436 Page
Par	TXI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		2076572
1			1	3876573
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	Net unrealized gains (losses) on investments			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.) Add lines 2a through 2d		20	n
е 3	•			3876573
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3070373
		4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			3876573
<u>P</u> ar	rt XII Reconciliation of Expenses per Audited Financial St	tatements With Expens	ses per Return.	30,00,0
	Complete if the organization answered "Yes" on Form 990, Part IV, I		•	
1			1	2667642
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
_	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1			2667642
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line			2667642
Par	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		, , ,	

Schedule D (Form 990) 2019

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization Employer identification number

	enesis Fund					I O T	-04	614	36		
Part I Excess Benefit Trai	nsactions (section 50	01(c)(3	3), secti	on 501(c)(4), and sec	tion 501(c)(29) orga	nizatio	ns on	ly).			
Complete if the organizati	on answered "Yes" on I	Form 9	990, Pa	rt IV, line 25a or 25b,	, or Form 990-EZ, Pa	art V, li	ne 40	b.			
1,	(b) Relationship bety	ween o	disqual	ified ,					(d)	Corre	cted?
(a) Name of disqualified person	person and or	rganiza	ation	(с) Description of tran	sactio	n		Ye	es	No
2 Enter the amount of tax incurred to	by the organization man	agers	or disq	ualified persons durii	ng the year under						
section 4958							\$				
3 Enter the amount of tax, if any, or							\$				
•											
Part II Loans to and/or Fro	m Interested Pers	sons.									
Complete if the organizati	on answered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or Fe	orm 990, Part IV, line	e 26; c	r if th	e orga	nizatio	n	
reported an amount on Fo	orm 990, Part X, line 5, 6	6, or 22	2.					_			
(a) Name of (b) Rela	tionship (c) Purpose		oan to or	(e) Original	(f) Balance due	(g)	In	(h) Ap	proved		/ritten
interested person with orga	anization of loan		m the ization?	principal amount		defa	ult?	comm	nittee?	agree	ment?
		То	From			Yes	No	Yes	No	Yes	No
William Shanaha Dire	ctorInvestme	X		500000.	562376.		Х	Х		Х	
Brenda Peluso Dire	ctorInvestme	X		20000.	20300.		Х	Х		Х	
Laurie Miller Dire	ctorOld Town	ı	Х	209807.	192821.		Х	Х		Х	
Total				> \$	775497.						
Part III Grants or Assistance	e Benefiting Inter	este	d Per	sons.							
Complete if the organizat	on answered "Yes" on I	Form 9	990, Pa	rt IV, line 27.							
(a) Name of interested person	(b) Relationship	betwe	en	(c) Amount of	(d) Type	of		(e) Purpo	ose of	f
	interested pers		d	assistance	assistan	ce		;	assista	nce	
	the organiza	ation									

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
				- 000 000 FT\ 000

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

Schedule L (Form 990 or 990-EZ) 2019

See Part V for Continuations

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing o organization's revenues?		
	person and the organization transaction			Yes	No	
Part V Supplemental Information.						
	onses to questions on Schedule L (see ir	nstructions).				
	10 4					
Schedule L, Part II, Loans	To and From Interes	ted Persons	:			
(a) Name of Person: Willia	m Chanahan					
(a) Name Of Ferson: Willia						
(c) Purpose of Loan: Inves	tment Loan					
(a) Name of Person: Brenda	Peluso					
(10, 10, 10, 10, 10, 10, 10, 10, 10, 10,						
(c) Purpose of Loan: Inves	tment Loan					
(a) Name of Person: Laurie	Miller					
(c) Purpose of Loan: Old T	own Housing Authorit	y Loan				

Schedule L (Form 990 or 990-EZ) 2019

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

The Genesis Fund

Employer identification number 01-0461436

Form 990, Part I, Line 1, Description of Organization Mission:
and social opportunities for underserved people and communities
throughout Maine, New Hampshire, and Vermont.
Form 990, Part VI, Section B, line 11b:
Board members review Form 990 at the board meeting prior to filing.
Form 990, Part VI, Section B, Line 12c:
Annually, board members sign a form disclosing any conflicts of interest
and certifying compliance with the policy. At each meeting, board members
discuss if they have any conflicts of interest.
Form 990, Part VI, Section B, Line 15a:
Pay increases for the director are approved at regular meetings.
Form 990, Part VI, Section C, Line 18:
Forms are available for public inspection at The Genesis Fund's website,
Guidestar's website and upon request.
Form 990, Part VI, Section C, Line 19:
Available upon request.