į		ź	•
7	5	/	
	>	•	
		5	

incl	on	the	uestion	-m	ark	icons	to	display	help	windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

# Form **990-EZ**

## **Short Form Return of Organization Exempt From Income Tax**

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

2017

OMB No 1545-1150

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

**Open to Public** Inspection

A F	or the	2017 calend	ar year, or tax year beginning January 1, , 201	7, and ending	Dec	ember 3	31. , 20 17	
	heck if ap		C Name of organization	<u> </u>			tification number	
	Address c	change	The Genesis Mission Inc			26	-277949	
	Name cha	inge	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepi	Telephone number		
=	initial retu		1121 Fortress Ave. SW	1 .		770-	-633.4351	
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	^	F Grou	p Exem	ption	
=	Amended Applicatio	netum n pending	Atlanta, GA 30315	もフ	Num	ber ►	N/A	
$\overline{}$		ting Method:	☑ Cash ☐ Accrual Other (specify) ▶	н	Check •	► ☑ if t	he organization is not	
	Vebsite	•	enesismission.org				h Schedule B	
J T	ax-exen		eck only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1	) or □527	(Form 99	90, 990-l	EZ, or 990-PF).	
_			☑ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 c	or more, or if tota	assets			
(Pa	t II, col	umn (B) belov	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	62,200.00	
Ρ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Bala	nces (see the	instruc	tions f	or Part I)	
		Check if	the organization used Schedule O to respond to any question	n in this Part I		· · ·	<u> </u>	
	1	Contribution	ons, gifts, grants, and similar amounts received		· , · [	1	4500.00	
	2	Program s	ervice revenue including government fees and contracts		1 [	2	57700.00	
	3	Membersh	ip dues and assessments		ļ	3		
	4	investmen	tincome		1	4		
	5a .			a		F 📆		
	<b>b</b> `	Less: cost	or other basis and sales expenses	b				
	6	•	ss) from sale of assets other than inventory (Subtract line 5b fror d fundraising events	n line 5a)	}	5c	<del></del>	
	a	_	ome from gaming (attach Schedule G if greater than		ł			
Revenue		\$15,000)		a				
Ver	b	Gross inco	me from fundraising events (not including \$	of contribution	ıs			
æ			aising events reported on line 1) (attach Schedule G if the		1			
	ļ		th gross income and contributions exceeds \$15,000) .	<del></del>			,	
	С		t expenses from gaming and fundraising events <u>6</u>					
	d		e or (loss) from gaming and fundraising events (add lines 6a a	otract				
		line 6c) .	· · · · · · · · · · · · · · · · · · ·			6d		
	7a			a				
	ь		- g	b		<del></del>		
	C	•	it or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	2000.00	
	8		nue (describe in Schedule O)		· :	8	3800.00	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		· •	9	62200.00	
	10		I similar amounts paid (list in Schedule 0)	VEA	}	10	4221.80	
<b>,</b>	11	-	aid to or for members			12		
Expenses	12 13		ther compensation, and employee benefits	2018	· ' · }	13	1177.14 757.00	
e	14		y, rent, utilities, and maintenance		· ` · ·	14	31372.77	
X	15		ublications, postage, and shipping	· · 🗗 · ·	· · ·	15	48.99	
_	16	• •	enses (describe in Schedule O)			16	14583.23	
	17	•	enses. Add lines 10 through 16			17	48311.94	
	18		(deficit) for the year (Subtract line 17 from line 9)		••	18	1734.58	
ets	19		or fund balances at beginning of year (from line 27, column (		with	0	/ /	
SS			r figure reported on prior year's return)			19	1	
Net Assets	20	-	iges in net assets or fund balances (explain in Schedule O)		}	20		
ž	21		or fund balances at end of year. Combine lines 18 through 20			21	1734.58	
For				at. No. 10642I	- 1		Form <b>990-EZ</b> (2017)	



	rt II Balance Sheets (see the instructions					_
_	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments				22 23	0
23 24	Land and buildings		+		24	<u>0</u>
25	Total assets		` ` ` ` ` `		25	1×0
26	Total liabilities (describe in Schedule O)				26	1 7 0
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	0		
	t III Statement of Program Service Accom			<del></del>	,	
	Check if the organization used Schedule	•				Expenses
Wha	at is the organization's primary exempt purpose?		ry housing for home			uired for section c)(3) and 501(c)(4)
	cribe the organization's program service accompli		<del>-</del>	<del></del>		nizations; optional for
	neasured by expenses. In a clear and concise n				othe	rs)
	ons benefited, and other relevant information for a					
28	int	· · · · · · · · · · · · · · · · · · ·				
	permanent employment for those that are dedicat	ed to sobriety. Hous	ing includes: heat, a	ir conditioning,		
	a bed, and cable TV. Over 25 men sucessfully bec	<del></del>				
	<del></del>	includes foreign gra		▶ 📙	28a	31372.77
29	Meals: Two nutricious meals and lunch are served	******		***		
	and local grocery stores. Meals are cooked by the	men in the program	that are chefs by tra	de in exchange		
	for reduced program fees.				00-	2004.05
20	<u> </u>	includes foreign gra			29a	3921.95
30	Transportation to and from jobs are provided by V	ans. Expenses inclu	degas and maintane	nce on venicies.		j
			•••••			}
	(Grants \$ ) If this amount	includes foreign gra	ints check here	▶ □	<b>30</b> a	7871.04
31	Other program services (describe in Schedule O)	· · · · · · ·				1971151
•		includes foreign gra	ints, check here .	▶ 🗆	31a	950.89
32	Total program service expenses (add lines 28a				32	44116.65
Par	List of Officers, Directors, Trustees, and Ke	y Employees (list eacl	one even if not comp	ensated-see the in	struc	tions for Part IV)
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part IV		🗆
		(b) Average	(c) Reportable	(d) Health benefits,	(0)	Estimated amount of
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	Estimated amount of their compensation
	(a) Name and title		compensation	(d) Health benefits, contributions to employe	0	
Nett	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	
	tie Campbell - Secretary	hours per week	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	
		hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	
Sem	tie Campbell - Secretary	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0
Sem	tie Campbell - Secretary	hours per week devoted to position  15	compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employed benefit plans, and	0	ther compensation  0

U

Par	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used schedule O to respond to any question in this	SPan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		/
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	35c		<b>V</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30		<b>V</b>
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	<del>                                    </del>		<b>-V</b> -
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9	]		
b	Gross receipts, included on line 9, for public use of club facilities	]		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	]		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b></b>
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	
J	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	res	V
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	·		
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c		<b>\</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	 ———	. I	<b>▶</b> □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		<b>Y</b>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	Ja		
	Form 990-EZ (see instructions)	45b	1	

46		the organization engage, directly or in						Ye	s No
		andidates for public office? If "Yes," o		, Part I		<u></u>	. 4	5	<b>V</b>
Part	Vi	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.		estions 47–49b an	d 52, and c	omplete th	e tables	s for li	nes
_		Check if the organization used Scl	hedule O to respond	d to any question in	this Part V	<u>,</u>		<u></u>	<u>.                                     </u>
47		the organization engage in lobbying		• •		_	1	Ye	s No
40	year? If "Yes," complete Schedule C, Part II								<b>\Y</b>
46 49a									+
b								b	+*/
50	· · · · · · · · · · · · · · · · · · ·							tees, a	
	(a	) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution benefit plans	th benefits, as to employee s, and deferred ensation	(e) Estim other c	ated am ompens	
						į			
<b>51</b>	Com \$100	I number of other employees paid over aplete this table for the organization's 0,000 of compensation from the organ 0 Name and business address of each independ	ensated independer		1	receive	· - · - · · -	re than	
		y warre and business address of each independ	ent contractor	(b) Type or si	EI VICE	(6)	Compens		
						<u> </u>			
d	Tota	I number of other independent contra	ctors each receiving	over \$100,000 .	.▶				
<b>52</b>		the organization complete Schedu pleted Schedule A	le A? Note: All se	ection 501(c)(3) org	janizations i		ı a .► ✓ Ye	s 🗆	No
Under potrue, cor	enaltie: rrect, ai	s of perjury, I declare that I have examined this not complete. Declaration of preparer (other than	etum, including accompan officer) is based on all info	ying schedules and state	ments, and to the or has any knowl	e best of my kn edge	nowledge a	nd belie	if, it is
		Mellet A Camboll	- Secres	ary	/	1-21	-201	Z	
Sign Here		Signature of officer  Nettie J. Campbell - Secretary			Da	te	•		
		Type or print name and title	I Omnomilia accessive	·	Date	<del></del>	l cons		
Paid Prepa	arer	Pnnt/Type preparer's name	Preparer's signature		Check Self-employ	if PTIN			
Use (		Firm's name ▶				m's EIN ▶			
NAON +h	1DC	Firm's address >	shown shows? See	netriotions	Ph	one no.	<u> </u>		Me
iviay th	ie ins	discuss this return with the preparer	SHOWIT ADOVE? See I	natiuctions		<u></u> !	▶ \( \( \sigma \) \( Y \) \( \ext{c} \)	<u>:S</u> ∐	No

Form 990-EZ (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name	of the organization					Employer identification	number
The (	Genesis Mission Inc						79496
Pai							ns.
The o	organization is not a private founda		•		-		CA
1	A church, convention of church						97
2	A school described in section		·				V J
3	A hospital or a cooperative hos						s:2 = 1
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	ortai desc	nbea in s	ection 1/0(b)(1)(A)(	(III). Enter the
5	An organization operated for a section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6	☐ A federal, state, or local govern	nment or govern	mental unit described	l ın sectio	on 170(b)	(1)(A)(v).	
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or from	the general public
8	A community trust described in		•	Part II.)			
9	An agricultural research organi or university or a non-land-gra	zation describe nt college of ag	d in <b>section 170(b)(1)</b> riculture (see instruction	(A)(ix) op ons). Ente	erated in er the nan	conjunction with a lane, city, and state of	and-grant college the college or
	university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt full income and un	inctions—subject to c irelated business taxal	ertain exc ble incorr	ceptions, le (less se	and (2) no more that ection 511 tax) from	n 33¹/₃% of its
11	An organization organized and						
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes
	of one or more publicly suppo	rted organization	ons described in secti	ion 509(a	)(1) or se	ection 509(a)(2). See	e section 509(a)(3).
	Check the box in lines 12a thro	ugh 12d that de	scribes the type of sup	porting o	rganizati	on and complete line	s 12e, 12f, and 12g.
а	Type I. A supporting organ the supported organization supporting organization. Ye	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b		-				upported organizati	on(s), by having
	control or management of t						
	organization(s). You must	complete Part	IV, Sections A and C.				
C							ally integrated with,
	its supported organization(						
d	Type III non-functionally i that is not functionally integ requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an	
е	Check this box if the organ functionally integrated, or T	zation received	a written determination	on from the	ne IRS tha organizati	at it is a Type I, Type on.	e II, Type III
f	Enter the number of supported of	rganizations .					
g	Provide the following information	about the supp	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
	lew Life Churchin Decatur, GA	582159245	Church		<b>-</b>	4500.00	
(B)					,		
(C)							
(D)							
(E)					-		
Total		······································				4500.00	

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support	r					<del>/</del>
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		•				
2	Tax revenues levied for the organization'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				/		
5	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			/	,		
	on B. Total Support		/	, 	····		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014/	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
7 8	Amounts from line 4						<del></del>
9	Net income from unrelated business activities, whether or not the business is regularly carned on		<i>'</i>				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		•				
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
Casti	organization, check this box and stop he					<u> </u>	· · • <u> </u>
<u> 3ecu</u>	on C. Computation of Public Suppor Public support percentage for 2017 (line 6			1 column (fl)		14	%
15 16a	Public support percentage from 2016 Sch 331/3% support test—2017. If the organi	nedule A, Part	II, line 14 .			15	%
_	box and stop here. The organization qua						▶ 🗆
b	331/3% support test—2016. If the organithis box and stop here. The organization					is 33½% or m 	ore, check ▶ □
17a							
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ntion meets the neets the "fact	e "facts-and-c ts-and-circums 	circumstances' stances" test.	' test, check the the organization of the	this box and son qualifies as	stop here. a publicly ▶ □
18,	Private foundation. If the organization di instructions					k this box and	see ▶ □

#### 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.)

Secti	ion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	' <b>(f)</b>	Total
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	İ	102,854	94,190.81	99,475	62,	200 3	358,719 81
2	Gross receipts from admissions, merchandise sold or services performed, or facilities				,			
	furnished in any activity that is related to the		ŀ					
	organization's tax-exempt purpose							
3	Gross receipts from activities that are not an							-
	unrelated trade or business under section 513							
4	Tax revenues levied for the		\					
	organization's benefit and either paid to		!				j	
	or expended on its behalf		<u> </u>					
5	The value of services or facilities		\					
	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5		102,854	94,190.81	99,475	62,2	200 3	358,719.81
7a	Amounts included on lines 1, 2, and 3						ļ	
	received from disqualified persons .							
b	Amounts included on lines 2 and 3						1	
	received from other than disqualified						ĺ	
	persons that exceed the greater of \$5,000				1			
	or 1% of the amount on line 13 for the year		<b> </b>				——	
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from	ř	1 1		Ī		₹ 2	5-871°
	line 6.)		<u> </u>	1	1			73 011
	on B. Total Support		I #10044 I	( ) 0045 T	4.0.040 T	4 1 004		
	dar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(1)	Total
9	Amounts from line 6					-	$\dashv$	
10a	Gross income from interest, dividends,		ĺ		ĺ			
	payments received on securities loans, rents, royalties, and income from similar sources.				I			
	·		<del> </del>					
D	Unrelated business taxable income (less		1					
	section 511 taxes) from businesses acquired after June 30, 1975			ľ				
_	· ·		<del> </del>					<del></del>
C	Add lines 10a and 10b							
11	Net income from unrelated business				1			
	activities not included in line 10b, whether or not the business is regularly carried on		1		[			
40			<del> </del>				-	
12	Other income. Do not include gain or loss from the sale of capital assets			!				
	(Explain in Part VI.)			ł			j	
13	Total support. (Add lines 9, 10c, 11,						+ -	
	and 12.)			1	1		3!	18719
14	First five years. If the Form 990 is for the	ne organization	ı's first, secono	third, fourth	or fifth tax ve	ar as a se		(c)(3)
• •	organization, check this box and stop her							
Section	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·			<del></del> -	
15	Public support percentage for 2017 (line 8			3. column (fl)		15		%
16	Public support percentage from 2016 Sch					16		%
	on D. Computation of Investment Inc				<u> </u>	1		
17	Investment income percentage for 2017 (I			line 13. colum	n (f))	17	<del></del>	%
18	Investment income percentage from 2016					18		<del>%</del>
19a	331/3% support tests—2017. If the organi						3 <sup>1</sup> /3%, and	
.54	17 is not more than 331/3%, check this box							. ▶ □
b	331/2% support tests—2016. If the organiz		_	-		_		
	line 18 is not more than 331/3%, check this b							
20	Private foundation. If the organization die		_	· ·	•		_	
	rearranger in the organization di	- 1.01 0110011 4		. 50, 51 100, 0		dule A (Form		
					วเกย	uuio A (FUIII		, === 1

#### 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.)

30Cu	on A. All Supporting Organizations		Yes	No
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	: `	105	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		   <del></del> -
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		·
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 <b>Part VI</b> when and how the organization made the determination.	3b		
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.	3c		<u>.                                    </u>
<b>4a</b>	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.	4a		
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.	4b		
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.	4c		
5 <b>a</b>	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	5 <b>a</b>	$\vdash$	
-	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			· .
٥	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	96		

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.
 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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

Part	IV Supporting Organizations (continued)			
	,		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?	ļ		] [
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	-		
L	below, the governing body of a supported organization?	11a 11b	<u> </u>	<del> </del>
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110	L	1
	on by Typo I dapporting digunizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			7
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ľ		
	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		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	1 :		
	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.			
Socti	on C. Type II Supporting Organizations	2		<u> </u>
Secu	on C. Type it 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		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			[
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1		
Secti	on 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	ŀ		[
	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?			اــــا
•		1		<del>                                     </del>
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			1
	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			1 1
	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		
Section	on 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 it	nstru	ctions	s).
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.			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	struct	ions).
2	Activities Test. Answer (a) and (b) below.	ı	Yes	No
			163	140
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 <b>Part VI identify</b>			1
	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			1
	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		<u> </u>
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 <b>Part VI</b> the role played by the organization in this regard.	3b		
	or its supported organizations: it res, describe in Fart VI the fole played by the organization in this regard.	لعدا		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	jani	zations					
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5		•				
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			{				
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>				
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	- 1					
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						
Section 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-functionally instructions).	y int	egrated Type III supporti	ng organization (see				

Part	Type III Non-Functionally Integrated 509(a)(3	<ol><li>Supporting Organi</li></ol>	zations (continued)		
Sect	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purp	· · · · · · · · · · · · · · · · · · ·			
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 whic				
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2017 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
1	Distributable amount for 2017 from Section C, line 6		¥.		
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		-		
3	Excess distributions carryover, if any, to 2017				
а	•				
b	From 2013				
С	From 2014				
d	From 2015				
е	From 2016				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2017 distributable amount				
i	Carryover from 2012 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2017 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2017 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.		:		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2013				
b	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
_	Excess from 2017				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection Employer identification number

Name of the organization	Employer identification number
The Genesis Mission Inc.	26-2779496
Description of Other Revenue #8 Loan from Semona Campbell - CEO for	
	\$3800.00
2016 late filing fine	Ф3000.00 
Description of Other Francisco	
Description of Other Expenses	#2024 0E
# 16 (1,) Food Expense	\$3921.95
(2.) Auto Expense	
a. Gas	\$6030.07
	•
b. Auto Parts and Repair	\$1840.97
(3.) Miscellaneous Expenses	
(Health expense, work clothes and boots)	\$950.89
(4.) Bank charges	
(ATM Fore Meistenance Fore and Overdreft charges)	
( ATM Fees, Maintenance Fees, and Overdraft charges)	_\$1639.35
TOTAL	<b>\$14,583.23</b>
17106	
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• 1.	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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Description of Other Revenue #8 Loan from Semona Campbell - CEO for	
2016 late filing fine	\$3800.00
Description of Other Expensees	
# 16 (1,) Food Expense	\$3921.95
(2.) Auto Expense	
a. Gas	\$6030.07
b. Auto Parts and Repair	\$1840.97
/2 \ Missellensous Eversous	
(3.) Miscellaneous Expenses	
(Health expense, work clothes and boots)	\$950.89
(4.) Bank charges	
( ATM Fees, Maintenance Fees, and Overdraft charges)	\$1839.35
(777W1 000, Maintonando 1 000, and 0 vordian onargoo)	
TOTAL	\$14,583.23
	•
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