EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

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

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

A For the 2017 calendar year, or tax year beginning and ending

B Name of organization

THE GENESIS FOUNDATION FOR CHILDREN

Address:

60 TEMPLE PLACE 2ND FLOOR

City or town, state or province, country, and ZIP or foreign postal code

BOSTON, MA 02111

Number and street (or P.O. Box if mail is not delivered to street address)

Room/suite

60 TEMPLE PLACE 2ND FLOOR

E Telephone number

617.367.7070

G Gross receipts

1,511,660.

H Is this a group return for subordinates?

Yes No

J Website

WWW.THEGENESISFUNDF.ORG

K Form of organization

Corporation Trust Association Other

L Year of formation

1982

M State of legal domicile

MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities; SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary).

7 Total unrelated business revenue from Part VIII, column (C), line 12

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16 Professional fundraising fees (Part IX, column (A), line 11e)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 16 from line 12

20 Total assets (Part X, line 15)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer

MATTHEW HOFFMAN, PRESIDENT

Date

11/14/18

Print/Type preparer's name

CARAS & SHULMAN, PC

Preparer's signature

Date

09/04/18

Check [ ] Preparer's EIN [ ] Print

01227085

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

X Yes

Form 990 (2017)