Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2023

OMB No. 1545-0047

, 20

EIN or SSN

GENANAW FOUNDATION I Name and title of officer or person s					85-3541102		
DEREJE GENANAW, PRES	IDENT	n Information					
Check the box for the return for 8038-CP and Form 5330 filers 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 13b, 4b, 5b, 6b, 7b, 8b, 9b, or 1 applicable line below. Do not complete the second	which you are us may enter dollars 0a below, and the 10b, whichever is	ing this Form 8879-TE and and cents. For all other for amount on that line for th applicable, blank (do not e	orms, enter whole do e return being filed v	ollars only. If you	you check the box own was blank, then lea	on line 1a, 2a, ave line 1b, 2b,	
1a Form 990 check here	🗌	b Total revenue, if any (Form 990, Part VIII,	column (A), I	ine 12)	1b	
2a Form 990-EZ check he	ere 🗌	b Total revenue , if any (Form 990-EZ, line 9)		2b	
3a Form 1120-POL check	k here \square	b Total tax (Form 1120-F	POL, line 22)			3b	
4a Form 990-PF check he	ere 🗌	b Tax based on investm	nent income (Form	990-PF, Part	V, line 5)	4b	
5a Form 8868 check here	e x	b Balance due (Form 88	668, line 3c)			5b	
6a Form 990-T check her	e 🗌	b Total tax (Form 990-T,	Part III, line 4)			6b	
7a Form 4720 check here	e 🗌	b Total tax (Form 4720,	Part III, line 1)			7b	
8a Form 5227 check here	e 🗌	b FMV of assets at end	of tax year (Form 5	227, Item D)		8b	
9a Form 5330 check here	e 🗌	b Tax due (Form 5330, F	Part II, line 19)			9b	
10a Form 8038-CP check	here	b Amount of credit pay	ment requested (Fo	rm 8038-CP	, Part III, line 22) .	10b	
Part II Declaration	and Signature	e Authorization of C	Officer or Perso	n Subject	to Tax		
Under penalties of perjury, I dec	clare that	I am an officer of the above	ve entity or	l am a persor	subject to tax with	respect to (name	
of entity)and acco			, (EIN)		and that I have exar	1,7	
the date of any refund. If applic (direct debit) entry to the financ return, and the financial institution 1-888-353-4537 no later than 2 processing of the electronic parthe payment. I have selected a electronic funds withdrawal.	ial institution acco on to debit the ent business days progressing the progression and the entire and the entir	unt indicated in the tax pre ry to this account. To revol- rior to the payment (settlem receive confidential informa	paration software for ke a payment, I must nent) date. I also auth ation necessary to ar	payment of the contact the Unorize the finance inquirie	he federal taxes owe .S. Treasury Financ ancial institutions inv s and resolve issue:	ed on this cial Agent at colved in the s related to	
PIN: check one box only					00066		
x I authorize SERON	ACCOUNTING 1		to ent	ter my PIN	20866	as my signature	
		RO firm name			Enter five numbers, do not enter all zero	os	
agency(ies) regulating characteristics disclosure conse	narities as part of nt screen.	urn. If I have indicated with the IRS Fed/State progran espect to the entity, I will e	n, I also authorize the	aforementio	ned ERO to enter m	ny PIN on the	
filed retum. If I have indic	cated within this re	tum that a copy of the retuny PIN on the return's disc	m is being filed with	a state agend			
Signature of officer or person subje		levi			Date 05-08-	2024	
	and Authent						
ERO's EFIN/PIN. Enter your sinumber (EFIN) followed by you			271471	. 20866			
				Do not ente	r all zeros		
I certify that the above numeric am submitting this return in acc Providers for Business Retums	cordance with the						
ERO's signature				Date	05-08-2024		
		O Must Retain This mit This Form to the			Γο Do So		

Eorm 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

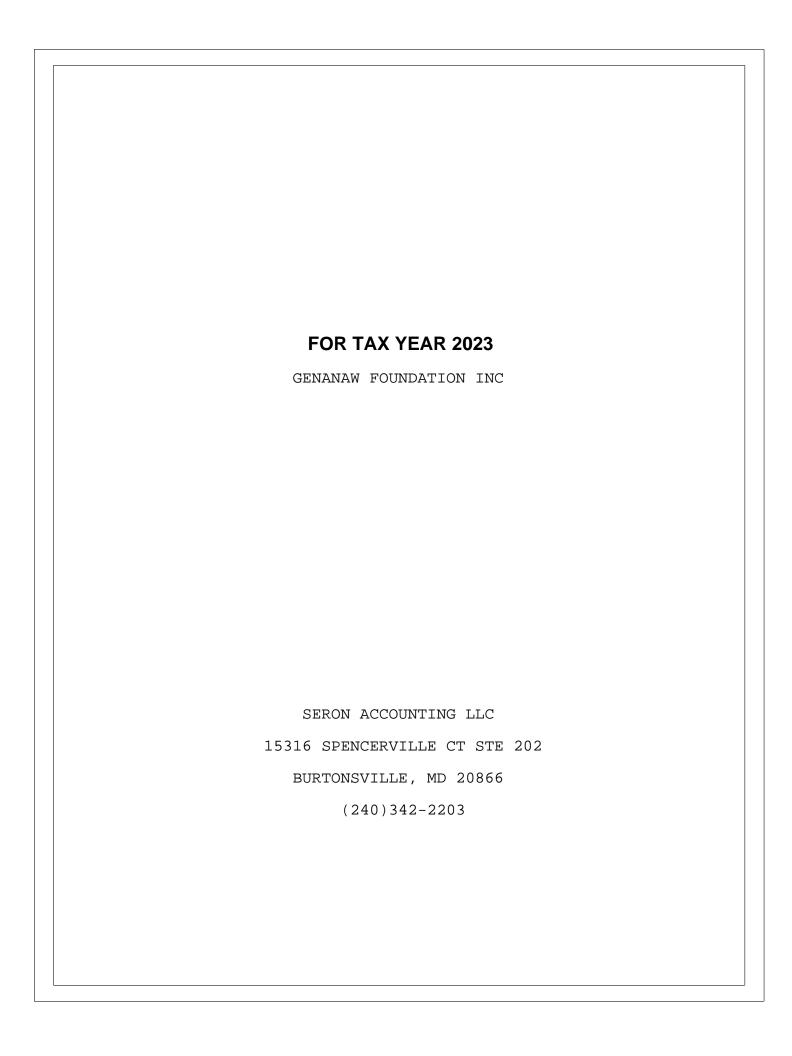
For calendar year 2023, or fiscal year beginning

, 2023, and ending

, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** 85-3541102 GENANAW FOUNDATION INC Name and title of officer or person subject to tax DEREJE GENANAW, PRESIDENT Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)..... Form 990-EZ check here . . . Form 1120-POL check here. . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 8868 check here 6a Form 990-T check here Form 4720 check here 7a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5330 check here 10a Form 8038-CP check here . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b Declaration and Signature Authorization of Officer or Person Subject to Tax I am an officer of the above entity or I am a person subject to tax with respect to (name Under penalties of perjury, I declare that and that I have examined a copy of the of entity) 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only x I authorize SERON ACCOUNTING LLC 20866 to enter my PIN as my signature **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05-08-2024 **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 271471 20866 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 05-08-2024 ERO's signature Date



SERON ACCOUNTING LLC

15316 SPENCERVILLE CT STE 202
BURTONSVILLE, MD 20866
seron2020@seroncpas.com
Phone: (240)342-2203 | Fax: (240)722-6179

May 08, 2024

Genanaw Foundation Inc 21821 Gaithers Meadow Lane Brookeville, MD 20833

Genanaw Foundation Inc:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Genanaw Foundation Inc from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact this office at (240)342-2203.

Sincerely,

David Shin SERON ACCOUNTING LLC

	Acknowledgement and General Information for	
	Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
GENANAW FOUNDAT	TION INC	**-***1102
Entity address		
21821 GAITHER	S MEADOW LANE	
BROOKEVILLE,	MD 20833	
BROOKEVILLE,	MD 20033	
Thank you for par	rticipating in IRS e-file.	
. x 2023 8868		d electronically.
The electronic fil	ling services were provided by SERON ACCOUNTING LLC	· ·
2. x 8868-01	income tax return was accepted on 04-15-2024 using a Pers	sonal Identification Number (PIN) as
	The office of a DIN control of the Floring Dates Office to (FDO) to	enter or generate a PIN signature.
_	nature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to	
_	ID assigned to this return is 271471202410621zc4ey	<u> </u>
_		·
The submission I	ID assigned to this return is 271471202410621zc4ey	·
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SERON ACCOUNTING LLC

15316 SPENCERVILLE CT STE 202 BURTONSVILLE, MD 20866 seron2020@seroncpas.com Phone: (240)342-2203 | Fax: (240)722-6179

Statement of Account

Date	Invoice #
May 08, 2024	

Genanaw Foundation Inc 21821 Gaithers Meadow Lane Brookeville, MD 20833

Description		Fee	Payments	Balance
Tax Preparation	0. 1-	800.00		800.00
-	lev I		Total Due	800.00

Send payments to: SERON ACCOUNTING LLC

15316 Spencerville Ct Ste 202 Burtonsville, MD 20866

Send questions to seron2020@seroncpas.com or call (240)342-2203.

Thank you for your business!

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Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Name of filer					EIN or SSN	•	
GENANAW FOU	NDATION INC				85-3541102		
Name and title of of	ficer or person subject to tax						
DEREJE GENA	NAW, PRESIDENT						
Part I Ty	pe of Return and Re	turn Information					
8038-CP and For 3a, 4a, 5a, 6a, 7a 3b, 4b, 5b, 6b, 7l applicable line be	the retum for which you are m 5330 filers may enter dol a, 8a, 9a, or 10a below, and b, 8b, 9b, or 10b, whicheve low. Do not complete more	lars and cents. For all other the amount on that line for r is applicable, blank (do no than one line in Part I.	r forms, enter who the return being to t enter -0-). But,	ole dollars only. If y filed with this form f you entered -0- o	ou check the box or was blank, then leav n the return, then er	n line 1a, 2a, ve line 1b, 2b, nter -0- on the	
	0 check here	b Total revenue , if any	•		,	1b	
	0-EZ check here	b Total revenue , if any				2b	
	20-POL check here	b Total tax (Form 112)b Tax based on inves	. ,			3b	
	0-PF check here					4b 5b	0
	0-T check here	b Balance due (Formb Total tax (Form 990-				6b	
	20 check here	b Total tax (Form 472)				7b	
	27 check here	b FMV of assets at er				8b	
	30 check here	b Tax due (Form 5330				9b	
	38-CP check here	b Amount of credit pa					
	claration and Signat	-	<u> </u>	<u> </u>			
	of perjury, I declare that	I am an officer of the al			subject to tax with re	espect to (name	
of entity)	, , , , , , , , , , , , , , , , , , , ,		,		and that I have exam		
processing of the		to receive confidential infor	mation necessary	to answer inquiries	s and resolve issues	related to	
x I authorize	SERON ACCOUNTING	G T.T.C		to enter my PIN	20866	as my signature	
A Tauthonize	DERON RECOUNTER	ERO firm name		to enter my r m	Enter five numbers,	but	
agency(ies retum's disc As an office filed retum.	rear 2023 electronically filed) regulating charities as particlosure consent screen. er or person subject to tax will If I have indicated within this Fed/State program, I will ent	t of the IRS Fed/State progr ith respect to the entity, I will s return that a copy of the re	am, I also authori I enter my PIN as etum is being filed	my signature on the with a state agence	um is being filed with ned ERO to enter my e tax year 2023 elec	h a state y PIN on the ctronically	
	or person subject to tax	Den A	odiodalo dollociti	0010011.	Date 05-08- 2	2024	
	ertification and Author	entication					
	. Enter your six-digit electro llowed by your five-digit self		_ 27:	L471 20866 Do not enter	all zeros	_	
	bove numeric entry is my Pl s return in accordance with iness Returns.			ically filed retum in	dicated above. I cor		
ERO's signature _				Date	05-08-2024		
		EDO Maret Databa El I	- Fam: 0	In administration			
		ERO Must Retain Thi ubmit This Form to tl			o Do So		

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

, 2023, and ending

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Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

Name of filer	EIN or SSN
GENANAW FOUNDATION INC Name and title of officer or person subject to tax	85-3541102
DEREJE GENANAW, PRESIDENT	
Part I Type of Return and Return Information	
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If y 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form we say that the same that the sam	ou check the box on line 1a, 2a, was blank, then leave line 1b, 2b,
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- o applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), lii	·
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part \ 5a Form 990-PF check here	
5a Form 8868 check here	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) b FMV of assets at end of tax year (Form 5227, Item D)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP,	
Part II Declaration and Signature Authorization of Officer or Person Subject	,
	subject to tax with respect to (name
	and that I have examined a copy of the
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and be	
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic re	
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS	
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in proce	
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiat (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of th	
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.	
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the final	
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries	
the payment. I have selected a personal identification number (PIN) as my signature for the electronic return a	nd, if applicable, the consent to
electronic funds withdrawal.	
PIN: check one box only	
X I authorize SERON ACCOUNTING LLC to enter my PIN	20866 as my signature
ERO firm name	Enter five numbers, but do not enter all zeros
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the retu	
agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforemention return's disclosure consent screen.	ned ERO to enter my PIN on the
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this return that a copy of the return is being filed with a state agence	
of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Signature of officer or person subject to tax	Date 05-08-2024
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	
271471 20866	
Do not enter	all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed retum in am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Inforn Providers for Business Returns.	
ERO's signature Date	05-08-2024
EDO Marci Databa Etta Franco Const. (1)	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested T	o Do So

Form **990**

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2023 calendar year, or tax year beginning 2023, and ending 20 Check if applicable: C Name of organization GENANAW FOUNDATION INC D Employer identification number Address change Doing business as 85-3541102 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 21821 GAITHERS MEADOW LANE (240)393-2015 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return BROOKEVILLE, MD 20833 224,455 Application pending F Name and address of principal officer: DEREJE GENANAW **H(a)** Is this a group return for subordinates? 21821 GAITHERS MEADOW LN BROOKEV MD 20833 H(b) Are all subordinates included? X 501(c)(3) 501(c) (4947(a)(1) or If "No," attach a list. See instructions) (insert no.) GENANAWFOUNDATION.ORG H(c) Group exemption number Website: X Corporation Trust Association L Year of formation: 2019 M State of legal domicile: Part I Summary Briefly describe the organization's mission or most significant activities: WE ENABLE CHILDREN TO ACCESS EDUCATION WITHOUT DISRUPTION BY CONSTRUCTING SCHOOLS AND SUPPLYING ESSENTIAL EDUCATIONAL MATERIALS, UNIFORMS, Activities & Governance AND GIRLS' KITS. OUR MISSION IS TO BREAK DOWN THE BARRIERS OF POVERTY AND LIMITED ACCESS, ALLOWING CHILDREN TO ATTEND SCHOOL AND THRIVE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 4 3 5 0 Total number of volunteers (estimate if necessary) 6 3 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 Prior Year **Current Year** 51,110 224,455 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 224,455 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 200,797 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,415 6,478 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,574 22,248 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,989 229,523 40,121 (5,068)**Beginning of Current Year** End of Year

Part II Signature Block

20

21

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

Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20

	DEREJE GE	INANAW						05-08-202	4
Sign Signature of officer					ite				
Here	DEREJE GE	ENANAW, PRES	IDENT						
	Type or print name and tit	le							
	Print/Type preparer's na	ame	Preparer's signature		Date		Check if	PTIN	
Paid	DAVID SHIN		DAVID SHIN		05-08-2024		self-employed	P00740554	
Preparer	Firm's name	SERON A	CCOUNTING LLC			Firm's	EIN		
Use Only	Firm's address 15316 SPENCERVILLE CT STE 202			Phone no.					
		BURTONS	VILLE MD 20866				240-	342-2203	
May the IRS	discuss this return	with the preparer s	hown above? See instructions					X Yes	No

258,049

258,049

62,320

62,320

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	WE ENABLE CHILDREN TO ACCESS EDUCATION WITHOUT DISRUPTION BY CONSTRUCTING SCHOOLS AND SUPPLYING
	ESSENTIAL EDUCATIONAL MATERIALS, UNIFORMS, AND GIRLS' KITS. OUR MISSION IS TO BREAK DOWN THE
	BARRIERS OF POVERTY AND LIMITED ACCESS, ALLOWING CHILDREN TO ATTEND SCHOOL AND THRIVE.
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.
4a	(Code:) (Expenses \$ 188,093 including grants of \$ 188,093) (Revenue \$)
	CONSTRUCTION OF SCHOOL EXTENSION GRADES 7&8 FOR GENET MARIAM SCHOOL , IN GULO, KISTANE (A.K.A.
	SODO) DISTRICT, SHOA, ETHIOPIA.
4b	(Code:) (Expenses \$ 8,924 including grants of \$ 8,924) (Revenue \$)
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4c	1 - POWER DISTRIBUTION TRANSFORMER PURCHASE, SHIPPING, CUSTOMS AND TRANSPORTATION TO GENET MARIAM SCHOOL AND COMMUNITY - \$7,343 2 - PURCHASE AND INSTALLATION OF TWO 1500G WATER TANK WITH MOTORS FOR THE GENET MARIAM COMMUNITY AND SCHOOL - \$1,581.00 (Code:) (Expenses \$ 3,780 including grants of \$ 3,780) (Revenue \$) 1 - PURCHASE AND DISTRIBUTION OF ESSENTIAL SCHOOL MATERIALS FOR THE CHILDREN ATTENDING GENET MARIAM SCHOOL (GMS) - \$3,130 2 - PURCHASE AND DISTRIBUTION OF ECOFRIENDLY DIGNITY KITS TO GIRLS OVER AGE 10 AT GMS - \$650

85-3541102

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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 L	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	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,	5		
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	3		х
6	have the right to 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,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
Ū	complete 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? If "Yes," complete Schedule D, Part IV	9		х
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		х
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	х	
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and I.V	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			Λ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and JV	16		x
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. See instructions	17		x
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 JI	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? <i>If</i> "Yes," <i>complete Schedule H</i>	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		x

Form 990 (2023) GENANAW FOUNDATION INC 85-3541102 Page 4 Checklist of Required Schedules (continued) Part IV

			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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the 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	04-		
	to defease any tax-exempt bonds?	24c		
d 25a	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		3.5
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	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	230		
20	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		x
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% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the 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? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		X
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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 on Schedule O for Part VI, lines 11b and	20	•	
Do:	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oncor ii Ochedule O contains a response of note to any line in this Fait V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		x

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	х	
b	If "Yes," enter the name of the foreign countryET				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fi	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	$ \ \text{Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?} . .$		5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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? $\dots \dots$		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?		7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		x
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		Х
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state? $\dots \dots \dots$		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	1 1			
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans	13b	_		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		Х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17		
	If "Yes," complete Form 6069.				

Page 6

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

260	ction A. Governing Body and Management		1,7	
1-	Enter the number of veting members of the governing heads at the and of the tay year		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
-	any other officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>		Λ
Ū	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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 Q	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
b 12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"			
	describe on Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
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		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an experiencia to make its Forms 1023 (1024 or 1024 A. if applicable), 900, and 900 T (acction 501(a)).			
18	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 Own website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
.5	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	SERON ACCOUNTING LLC (240)342-2203, 15316 SPENCERVILLE CT STE 202, BURTONSVILLE, M	D 20	366	

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Part VII 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

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

		(C) Position				(E)				
(A)	(do not check mo		ore th			(D)	(E)	(F)		
Name and title	Average hours	box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of other				
	per week		,		from the	from related	compensation			
	(list any hours for	or o	Ins	Officer	Ke	Hig	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and
	related	direct	titic	cer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below	stee	ruste		ĕ	pens				
	dotted line)		ō			ated				
(4) DEDEVER RECULT E	20.00									
_(1)BEREKET_TESHALE	20 .00				x			3,600	0	0
(2) CARY CERCHENETEIR					Λ.			3,000		
VICE PRESIDENT		x		x				0	0	0
(3)ROBERT DEMIRJI	1.00									
TREASURER		х		x				0	0	0
(4) DEREJE GENANAW	10.00									
PRESIDENT		x		x				0	0	0
(5) MATTHEW BENNETT	2.00									
SECRETARY		х		х				0	0	0
(6) DENENESH GENANAW	20.00									
FOUNDATION TREASURER IN ETHIOPIA					Х			0	0	0
_(7)										
<u>(8)</u>										
-										
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
(14)										
										()

Form 99	00 (2023) GENANAW FOUNDATIO	N INC								8!	5-35411	.02	Page 8
Part '			Key E	mp	oloy	/ee	s, an	d H	lighest Comp				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/trus						(D) Reportable compensation from the	(E) Reportable compensation from related	able ation	(F) Estimated an of othe compensa	ier
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NE	SC/	from the organization organizat	on and
15)													
16)													
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
1b	Subtotal												
C	Total from continuation sheets to Part VII, Sect							F					
d 2	Total (add lines 1b and 1c)								3,600	an \$100	0 0 000 of		0
_	reportable compensation from the organiza		0 111000		.00	abo	,			αιιφίσο	,000 01		0
												Yes	No
	Did the organization list any former officer, direct						-						
	employee on line 1a? If "Yes," complete Schedu										• • • •	3	X
	For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual	an \$150,00	0? If "Y	es,"	com	plet	e Sch	edul	e J for such			4	x
	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensati	on from	any	unre	elate	d orga	aniza	ation or individual			5	x
	on B. Independent Contractors	s, complete	30/100		, , , ,	3401	. pord	~					
1	Complete this table for your five highest co	-	-										
	compensation from the organization. Report	π compens	ation f	or th	1 e c	aler	idar y	/ear	ending with or v	vitnin the	organiza		year.
	Name and business addres	ss							Description of service	es		(C) Compensation	
									,			,	

(A)	(B)	(C)
Name and business address	Description of services	Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 2

Form 990 (2023) GENANAW FOUNDATION INC 85-3541102 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) (C) (D) Related or exempt function revenue Unrelated business revenue Revenue excluded from tax under

EEA		Talan Talan Goo mondo		- • •		221,133	<u> </u>	0	Form 990 (2023)
		Total revenue. See instruc				224,455	0	0	0
ž		Total. Add lines 11a-11d							
Miscellanous Revenue		All other revenue							
llar	C								
nor ue	b								
Ω	11a								
		(,			Business Code				
		Net income or (loss) from sa							
	b	Less: cost of goods sold .		10b					
	IUa	returns and allowances		10a					
		Gross sales of inventory, le	•						
		Net income or (loss) from ga							
		Less: direct expenses		9b					
	1	activities. See Part IV, line 1		9a					
		Gross income from gaming	•						
		Net income or (loss) from fu							
	b	Less: direct expenses		8b					
		1c). See Part IV, line 18 .		8a					
_		of contributions reported on							
ŧ	1	events (not including \$	-						
er F		Gross income from fundrais							
Şe.		Net gain or (loss)							
Other Revenue	1	Gain or (loss)							
ā		and sales expenses	7b						
		Less: cost or other basis							
		other than inventory	7a						
	, a	sales of assets	,		.,				
		Gross amount from	(i) Securitie		(ii) Other				
		Net rental income or (loss)							
		· +	6c						
		- t	6b						
	6a	Gross rents							
			(i) Real		(ii) Personal				
		Royalties	•	•	- t				
		Income from investment of t			1				
		other similar amounts)							
		Investment income (includin							
	g	Total. Add lines 2a-2f	<u></u>	<u></u> .					
Pro	f	All other program service re	evenue						
gra Re	е								
gram Serv Revenue	d								
Program Service Revenue	С								
<u>Vice</u>	b								
4	2a								
					Business Code				
ğ Ö	h	Total. Add lines 1a-1f .				224,455			
ontr od C	-	lines 1a-1f		1g	\$				
ribu Xthe	g	Noncash contributions incl	uded in						
Contributions, Gifts, Grants and Other Similar Amounts	and similar amounts not included above 1f				224,455				
s, G mila	f	All other contributions, gifts							
Sifts ar A	е	d Related organizations 1d							
P G	d								
ants	С	Fundraising events		1c					
ω	b	Membership dues		1b					
·	1a	Federated campaigns		1a					
-									sections 512-514

Form 990 (2023) **Part IX** Sta **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	200,797	200,797		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,478		6,478	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	1,500		1,500	
12	Advertising and promotion				
13	Office expenses	104		104	
14	Information technology				
15	Royalties				
16	Occupancy	582		582	
17	Travel	4,972		4,972	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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 O.)				
а	SCHOOL EXTENSION DESIGN FEES	6,796		6,796	
b	CAR RENTAL TO PROJECT SITE	6,937		6,937	
С	TRUCK RENTAL FOR BLDG MATERI	1,357		1,357	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	229,523	200,797	28,726	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	41,450	1	57,251
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots		6	
w	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 2,162			
	b	Less: accumulated depreciation		10c	2,162
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20,870	15	198,636
	16	Total assets. Add lines 1 through 15 (must equal line 33)	62,320	16	258,049
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	62,320	27	258,049
gala	28	Net assets with donor restrictions		28	
<u>Б</u>		Organizations that do not follow FASB ASC 958, check here			
Ξ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	62,320	32	258,049
_	33	Total liabilities and net assets/fund balances	62,320	33	258,049

EEA Form **990** (2023)

Both consolidated and separate basis

2c

3a

3b

Х

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

c 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

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

separate basis, consolidated basis, or both.

Consolidated basis

Separate basis

Schedule O.

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 05-25/1102

		W FOUNDATION INC					85-354110		
Par	t I	Reason for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	oart.) See instruction	ons.	
The o	rgar	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check of	only one bo	x.)			
1		A church, convention of churches,	or association of c	hurches described in se	ction 170	(b)(1)(A)(i)) .		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	ch Schedule E (Form 990	0).)				
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).			
4	П	A medical research organization of	perated in conjunct	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the		
	_	hospital's name, city, and state:	•	·		· ·			
5	П	An organization operated for the be	nefit of a college o	r university owned or op	erated by a	agovernme	ental unit described in		
•	ш	section 170(b)(1)(A)(iv). (Complete	=	. a.m.o.o.ty omiloa or op	o. a. o a . o , .	. go.o			
6	П	A federal, state, or local governme	•	Lunit described in sectio	n 170/h\/	1)(Δ)(γ)			
7	x	An organization that normally receive	•				rom the general public		
•	22	•	•		joverninen	iai unii on i	ioni the general public		
	П	described in section 170(b)(1)(A)(
8	H	A community trust described in sec					الممانية المسام المناسبة		
9	Ш	An agricultural research organization				-	=	ege	
		or university or a non-land-grant co	liege of agriculture	(see instructions). Enter	tne name,	city, and s	tate of the college or		
		university:							
10	Ш	An organization that normally received receipts from activities related to its						S	
		support from gross investment inco	me and unrelated b	ousiness taxable income	(less secti	ion 511 tax) from businesses		
	_	acquired by the organization after					,		
11		An organization organized and ope	erated exclusively t	to test for public safety. S	See sectio	n 509(a)(4	1).		
12		An organization organized and ope	rated exclusively fo	or the benefit of, to perform	m the func	tions of, or	to carry out the purpos	es of	
		one or more publicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)(3	3). Chec	k
		the box on lines 12a through 12d th	at describes the typ	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting organizat	ion operated, supe	ervised, or controlled by i	its support	ed organiz	ation(s), typically by gi	ving	
		the supported organization(s) to	he power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the		
		supporting organization. You r	nust complete Pa	rt IV, Sections A and B	3.				
b		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	ıg	
		control or management of the s							
		organization(s). You must cor		·					
С		Type III functionally integrate	•		connection	with, and	functionally integrated	with.	
		its supported organization(s) (s	•	•				,	
d		Type III non-functionally inte						ion(s)	
_		that is not functionally integrate	•						
		requirement (see instructions).	ŭ	,		•			
е		Check this box if the organization	-				I Type II Type III		
·		functionally integrated, or Type				• •	i, type ii, type iii		
f	_	nter the number of supported organ			•				
		rovide the following information abo		· · · · · · · · · · · · · · · · · · ·					
g					Calle the a		(.) (6.0	A
	,	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary support (see		Amount of support (see
				above (see instructions))	docum		instructions)	1	structions)
					V	NI-	_		
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
\ - /									
Total									

18

Schedule A (Form 990) 2023 GENANAW FOUNDATION INC 85-3541102 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 55,000 30,000 51,110 24,454 160,564 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 3 55,000 30,000 51,110 24,454 160,564 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) 356,244 Public support. Subtract line 5 from line 4. (195,680)Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total Amounts from line 4 7 55,000 30,000 51,110 24,454 160,564 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business 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 10 160,564 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 0.00 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

instructions EEA Schedule A (Form 990) 2023

b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

85-3541102

(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	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the 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 or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is 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 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	rd, fourth, or fi	fth tax year as	a section 501(d	(3)
	organization, check this box and stop her	•				•	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8			13, column (f))		15	%
16	Public support percentage from 2022 Scho		•			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			y line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati	=	-				
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization did	-	_			-	
			,	,			

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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).
3.3	Did the organization have a supported organization described in section 501(c)(4) (5) or (6)2 If "Ves." answer

- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c 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.
- 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 lines 4b and 4c 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 lines 5b and 5c 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).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 supporting organizations)? *If "Yes," answer line 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		
3с		
4a		
4b		
4D		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9c		
10a		
10b		

85-3541102

Part I	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,	2		
Soction	supervised, or controlled the supporting organization. on C. Type II Supporting Organizations	2		
Section	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		103	140
•	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		
Section	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			
	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 line 2, above, 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			
04	supported organizations played in this regard.	3		
	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 The organization satisfied the Activities Test. Complete line 2 below.	; msu	ructic	ons).
a b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctione		
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	Juoris)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No," 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		

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Schedul	e A (Form 990) 2023 GENANAW FOUNDATION INC		85-35411	.02 Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970 <i>(explair</i>	n in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi	izati	ons must complete Section	s A through E.
•	A A P de INIdian es		(A) D: .V	(B) Current Year
Secti	on A - Adjusted Net Income		(A) Prior 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		
0			(A) Drien Vern	(B) Current Year
Secti	on B - Minimum Asset Amount		(A) Prior 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		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

EEA Schedule A (Form 990) 2023

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Schedu	ıle A (Form 990) 2023 GENANAW FOUNDATION INC		85-3	3541	102 Page '
Part	V Type III Non-Functionally Integrated 509(a)	3) Supporting Organ	izations (continue	ed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	ed			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(:)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution	ns	Distributable
		Excess Distributions	Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions if any for years prior to 2023				

10	Line o amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

EEA Schedule A (Form 990) 2023 Schedule A (Form 990) 2023 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.)

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990, 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** GENANAW FOUNDATION INC 85-3541102 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number
GENANAW FOUNDATION INC 85-3541102

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DEREJE GENANAW 21821 GAITHERS MEADOW LANE BROOKEVILLE MD 20833	\$\$\$	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

<u>GENAI</u>	NAW F	OUNDATION INC		85-	3541102
Pa	rt I	Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts	
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 6.		
			(a) Donor advised funds		(b) Funds and other accounts
1	Total r	number at end of year			
2	Aggre	gate value of contributions to (during year)			
3	Aggre	gate value of grants from (during year)			
4	Aggre	gate value at end of year			
5	Did th	e organization inform all donors and donor advisors in	writing that the assets held in donor advise	d	
	funds	are the organization's property, subject to the organization	ation's exclusive legal control?		Yes No
6		e organization inform all grantees, donors, and donor a			
		or charitable purposes and not for the benefit of the do			
		ring impermissible private benefit?			Yes No
Par		Conservation Easements			
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.		
1	Purpo	se(s) of conservation easements held by the organizar			
		eservation of land for public use (for example, recreation		historically	important land area
	_	otection of natural habitat	Preservation of a	-	
	=	eservation of open space	_		
2		ete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservat	tion
		nent on the last day of the tax year.			Held at the End of the Tax Year
а		number of conservation easements		2a	
b	Total a	acreage restricted by conservation easements			
С		er of conservation easements on a certified historic str		_	
d		er of conservation easements included on line 2c, acq			
		istoric structure listed in the National Register		2d	
3		er of conservation easements modified, transferred, re		L	during the
	tax ye		,	J	3
4	-	er of states where property subject to conservation ea	sement is located		
5		the organization have a written policy regarding the pe			
		ons, and enforcement of the conservation easements i			☐ Yes ☐ No
6		and volunteer hours devoted to monitoring, inspecting, I			
		3. 1			Ç ,
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easemen	ts during the year
					G ,
8	Does	each conservation easement reported on line 2d abov	e satisfy the requirements of section 170(h)	(4)(B)(i)	
					Yes No
9	In Par	t XIII, describe how the organization reports conserva	tion easements in its revenue and expense	statement a	nd balance
		and include, if applicable, the text of the footnote to the			
	organi	zation's accounting for conservation easements	-		
Par	t III	Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Sir	nilar Assets
		Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.		
1a	If the o	organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement ar	nd balance s	heet works
	of art,	historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fur	therance of p	oublic
	servic	e, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items		
b	If the o	organization elected, as permitted under FASB ASC 9	58, to report in its revenue statement and b	alance sheet	t works of
	art, his	storical treasures, or other similar assets held for public	c exhibition, education, or research in furthe	rance of pul	olic service,
	provid	e the following amounts relating to these items:		•	
	•	evenue included on Form 990, Part VIII, line 1			. \$
		ssets included in Form 990, Part X			
2		organization received or held works of art, historical tre			-
		ng amounts required to be reported under FASB ASC		1	
а		uue included on Form 990, Part VIII, line 1	_		. \$
b		s included in Form 990, Part X			

Par	t III Organizations Maintaining Co	Directions of F	art, His	storicai i	reasures, c	or Other Sil	niiar Ass	ets (cc	ntini	uea)
3	Using the organization's acquisition, accession,	, and other records	, check	any of the fo	ollowing that ma	ιke significant ι	use of its			
	collection items (check all that apply):									
а	Public exhibition		d	Loan o	r exchange pro	gram				
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ections and explain	how the	ey further the	e organization's	exempt purpo	se in Part			
	XIII.									
5	During the year, did the organization solicit or re							_	_	
	assets to be sold to raise funds rather than to be		art of the	e organization	on's collection?.			Yes	<u> </u>	No
Par			_	5					_	
	Complete if the organization an 990, Part X, line 21.	iswered "Yes"	on For	m 990, P	art IV, line 9	, or reporte	d an amou	ant on	-orm	1
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for co	ontributions	or other assets	not				
	included on Form 990, Part X?							Yes	;	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the following	lowing ta	able.						
							Amou	ınt		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance	. .				1f				
2a	Did the organization include an amount on Forn	n 990, Part X, line	21, for e	scrow or cu	stodial account	liability?		Yes	: 🗌	No
b	If "Yes," explain the arrangement in Part XIII. C	check here if the ex	cplanatio	n has been	provided on Pa	rt XIII		<u></u>		
Par										
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two years ba	ack (d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current	t year end balance	(line 1g	, 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									
3a	Are there endowment funds not in the possess	sion of the organiza	ition that	are held an	d administered	for the		г		
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		
	(ii) Related organizations?							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati	•				· • • • • • • •	. 	3b		
4	Describe in Part XIII the intended uses of the o		wment f	unds.						
Par	t VI Land, Buildings, and Equipm		_	065 =						_
	Complete if the organization an	swered "Yes"	on For	m 990, P	art IV, line 1	1a. See Fo	<u>rm 990, P</u>	art X, I	ne 1	0.
	Description of property	(a) Cost or other		1 ' '	r other basis	(c) Accumulate	ed	(d) Book	value	
		(investmer	nt)	(0	other)	depreciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				2,162				2,1	162
<u>е</u>	Other	<u> </u>			(2)					
ı otal.	Add lines 1a through 1e. (Column (d) must equ	ıaı ⊢orm 990. Part	X. line	ıuc. column	(B)		1		2.3	162

		n of security or category		(b) Book value	(c) N	lethod of valuation:
	,	ng name of security)			Cost or er	nd-of-year market value
•	erivatives					
	ld equity interests	• • • • • • • • •				
(A) Other						
(A) (B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n (b) must equal Form :					
Part VIII	Investments - P Complete if the o			m 990, Part IV, lin	e 11c. See Forr	n 990, Part X, line 13.
	(a) Descri	ption of investment		(b) Book value	, ,	lethod of valuation: nd-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(8) (9)	o (h) must equal Form 9	190 Part X line 13	col (B))			
(8) (9) Fotal. (Column	n (b) must equal Form s	990, Part X, line 13,	col. (B))			
(8) (9)	Other Assets			m 990, Part IV, lin	e 11d. See Forr	n 990, Part X, line 15.
(8) (9) Fotal. (Column	Other Assets			m 990, Part IV, lin	e 11d. See Forr	m 990, Part X, line 15.
(8) (9) Fotal. (Column Part IX	Other Assets	rganization ansv	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value
(8) (9) Fotal. (Column Part IX (1) UNFINIH:	Other Assets Complete if the o	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)UNFINIH	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)UNFINIH: (2)POWER D: (3) (4)	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)JNFINIH: (2POWER D: (3) (4) (5)	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1) JNFINIH: (2) OWER D: (3) (4) (5) (6)	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)JNFINIH: (2)POWER D: (3) (4) (5) (6) (7)	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forn	(b) Book value 188,09
(8) (9) Total. (Column Part IX (1) INFINIH: (2) OWER D: (3) (4) (5) (6) (7) (8)	Other Assets Complete if the complete in the c	rganization ans	wered "Yes" on For	m 990, Part IV, lin	e 11d. See Forr	(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)UNFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the c	rganization ansv	wered "Yes" on For (a) Description D			(b) Book value 188,09 10,54
(8) (9) Fotal. (Column Part IX (1)UNFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9)	Other Assets Complete if the constant of the c	FOR 7&8 GRAIR FOR SCHOOL	wered "Yes" on For (a) Description D			(b) Book value 188,09
(8) (9) Fotal. (Column Part IX (1)UNFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column	Other Assets Complete if the c	FOR 7&8 GRAIN STATE OF SCHOOL STATE OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL S	wered "Yes" on For (a) Description (b) col. (B))			(b) Book value 188,09 10,54
(8) (9) Fotal. (Column Part IX (1)INFINIH: (2POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets Complete if the coline 25. (a) Description of liabilities	FOR 7&8 GRAIN STATE OF SCHOOL STATE OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL S	wered "Yes" on For (a) Description D			(b) Book value 188,09 10,54
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(8) (9) Fotal. (Column Part IX (1)INFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3)	Other Assets Complete if the coline 25. (a) Description of liabilities	FOR 7&8 GRAIN STATE OF SCHOOL STATE OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL S	wered "Yes" on For (a) Description (b) col. (B))			(b) Book value 188,09 10,54
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(8) (9) Fotal. (Column (1)INFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets Complete if the coline 25. (a) Description of liabilities	FOR 7&8 GRAIN STATE OF SCHOOL STATE OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL S	wered "Yes" on For (a) Description (b) col. (B))			(b) Book value 188,09 10,54
(8) (9) Fotal. (Column Part IX (1)INFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Assets Complete if the coline 25. (a) Description of liabilities	FOR 7&8 GRAIN STATE OF SCHOOL STATE OF SCHOOL STATE OF SCHOOL SCHOOL STATE OF SCHOOL S	wered "Yes" on For (a) Description (b) col. (B))			(b) Book value 188,09 10,54
(8) (9) Fotal. (Column Part IX (1)INFINIH: (2)POWER D: (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X I. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets Complete if the coline 25. (a) Description of liabilities	FOR 7&8 GRAIN FOR SCHOOL 990, Part X, line 15 organization answers	wered "Yes" on For (a) Description (b) Book (c)			(b) Book value 188,09 10,54

	Part		-	Return	
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 7 Total expenses and losses per audited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other (Describe in Part XIII.) 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part IX, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Fart XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line		Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
a Net unrealized gains (losses) on investments. b Donated services and use of facilities . 2b c Recoveries of prior year grants . 2c d Other (Describe in Part XIII.) . 2d 3 Subtract line 2e from line 1 . 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIII.) . 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities . 2a b Prior year adjustments . 1 c Other losses . 2c d Other (Describe in Part XIII.) . 2d Add lines 2a through 2d . 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25; but not on line 1: a Investment expenses had facilities . 2a 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	1	Total revenue, gains, and other support per audited financial statements		1	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Other losses a Donated services and use of facilities c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25. a Investment expenses not included on Form 990, Part IV, line 12a. 2 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Dother (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
C Recoveries of prior year grants 2c 2d 2d 2d 2d 2d 2d 2d	а	Net unrealized gains (losses) on investments	2a		
Other (Describe in Part XIII.) 2d 2e 3 3 3 4 4 3 3 4 4 4	b	Donated services and use of facilities	2b		
e Add lines 2a through 2d	С	Recoveries of prior year grants	2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)	2d		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses and losses per audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) c Other (Describe in Part XIII.) c Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part XIII.) 5 Other (Describe in Part XIII.) 5 Other (Describe in Part XIII.) 5 Other (Describe in Part XIII.) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 2 Cother losses 4 Cother losses 5 Cother losses 6 Cother losses 7 Cother losses 8 Cother losses 9 Cother	3	Subtract line 2e from line 1	, ,	3	
b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2b 2a b Prior year adjustments 2b 2c c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	b	Other (Describe in Part XIII.)	4b		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	С	Add lines 4a and 4b		4c	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses p	er Return	
Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities		Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.		
a Donated services and use of facilities	1	Total expenses and losses per audited financial statements		1	
b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
c Other losses	а	Donated services and use of facilities	2a		
d Other (Describe in Part XIII.) e Add lines 2a through 2d	b	Prior year adjustments	2b		
e Add lines 2a through 2d	С	Other losses	2c		
3 Subtract line 2e from line 1	d	Other (Describe in Part XIII.)	2d		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b	е	Add lines 2a through 2d		2e	
a Investment expenses not included on Form 990, Part VIII, line 7b	3	Subtract line 2e from line 1		3	
a Investment expenses not included on Form 990, Part VIII, line 7b	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
c Add lines 4a and 4b	а		4a		
c Add lines 4a and 4b	b	Other (Describe in Part XIII.)	4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	С	· · · · · · · · · · · · · · · · · · ·		4c	
Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	5			5	
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	Part				
	Provide		ines 1b and 2b; Part V, line 4;	Part X, line	
	•				

EEA Schedule D (Form 990) 2023

SERON ACCOUNTING LLC 15316 SPENCERVILLE CT STE 202 BURTONSVILLE, MD 20866

GENANAW FOUNDATION INC 21821 GAITHERS MEADOW LANE BROOKEVILLE, MD 20833

SCHEDULE O (Form 990)

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 Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

GENANAW FOUNDATION INC	85-3541102						
01. Form 990 governing body review (Part VI, line 11)							
FORM 990 WAS PROVIDED TO THE BOARD OF THE FOUNDATION FOR REVIEWING BEFORE	FORM 990 IS						
'ILED.							
02. Governing documents, etc, available to public (Part VI, line 19)							
ALL THE GOVERNING DOCUMENT WILL BE AVAILABLE TO PUBLIC WHEN THE ALL THE F	INANCIAL						
STATEMENTS ARE FINALIZED AND THE BOARD APPORVES THEM.							
03. Explanation of other changes in net assets or fund balances (Part XI,	line 9)						
THE OTHER CHANGES IN NET ASSETS IS THE UNFINISHED SCHOOL BUILDING WHICH W	ILL BE DONATED TO						
THE SCHOOL ONCE THE CONSTRUCITON IS FINISHED.							

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print GENANAW FOUNDATION INC 85-3541102 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 21821 GAITHERS MEADOW LANE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions BROOKEVILLE MD 20833 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application Is For** Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 80 Form 1041-A After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of seron accounting LLC, 15316 spencerville ct ste 202 burtonsvi md 20866 Telephone No. 240-342-2203 Fax No. 240-722-6179 • If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 11–15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____, 20 ____, and ending _____, 20 ____, 2 If the tax year entered in line 1 is for less than 12 months, check reason:

Initial return

Final return ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a | \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b

Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

using EFTPS (Electronic Federal Tax Payment System). See instructions.

3c

Form 990 Worksheet		Schedule A	, Line 5 - Exc	cess 2% Limi	tation Contri	butors			
Worksneet		(This pa	ge is not filed with th	e retum. It is for your	records only.)		2023		
Name(s) as shown on return	Tax ID Number								
GENANAW FOUNDATIO	N INC						85-354110	2	
2% of the amount on Schedule A, Part II, line 11, column (f)									
Name		(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions	
								(col. (f) minus	

_____356,244

30,000

50,000

224,455

55,000

DEREJE GENANAW

the 2% limitation)

356,244

359,455