

Form **990-PF**

**Return of Private Foundation**

OMB No. 1545-0052

Department of the Treasury  
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation  
 ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2017**

**Open to Public Inspection**

For calendar year **2017** or tax year beginning , **2017**, and ending , **20**

Name of foundation <b>YOUTH IMPROVED, INCORPORATED</b>		<b>A Employer identification number</b> 27-0988546
D/B/A <b>GENYOUTH FOUNDATION</b>		<b>B Telephone number (see instructions)</b>  ( 847 ) 803 -2000
Number and street (or P.O. box number if mail is not delivered to street address)	Room/suite	
10255 WEST HIGGINS ROAD STE 900		<b>C</b> If exemption application is pending, check here. . . . . <input type="checkbox"/>
City or town, state or province, country, and ZIP or foreign postal code ROSEMONT, IL 60018-5638		
<b>G</b> Check all that apply:		<b>D</b> 1. Foreign organizations, check here. . . <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	2. Foreign organizations meeting the 85% test, check here and attach computation . . . . . <input type="checkbox"/>
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here . . . <input type="checkbox"/>
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . <input checked="" type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation		
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 10,500,348.	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)	

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) . . . . .	9,488,663.			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B. . . . .				
	3 Interest on savings and temporary cash investments . . . . .	20,213.	20,213.		
	4 Dividends and interest from securities . . . . .				
	5a Gross rents . . . . .				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2) . . . . .		0.		
	8 Net short-term capital gain. . . . .				
	9 Income modifications . . . . .			10,000.	
	10a Gross sales less returns and allowances . . . . .				
b Less: Cost of goods sold . . . . .					
c Gross profit or (loss) (attach schedule) . . . . .					
11 Other income (attach schedule) . . . . .					
12 <b>Total.</b> Add lines 1 through 11 . . . . .	9,508,876.	20,213.	10,000.		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc. . . . .	259,584.			259,584.
	14 Other employee salaries and wages . . . . .	525,845.			517,165.
	15 Pension plans, employee benefits . . . . .	110,026.			116,340.
	16a Legal fees (attach schedule) <u>ATCH 1</u> . . . . .	40,156.			34,932.
	b Accounting fees (attach schedule) <u>ATCH 2</u> . . . . .	78,784.			75,555.
	c Other professional fees (attach schedule) <u>[3]</u> . . . . .	2,286,189.			2,361,504.
	17 Interest . . . . .				
	18 Taxes (attach schedule) (see instructions). . . . .				
	19 Depreciation (attach schedule) and depletion . . . . .				
	20 Occupancy . . . . .	263,586.			276,040.
	21 Travel, conferences, and meetings . . . . .	698,813.			643,274.
	22 Printing and publications . . . . .	84,582.			78,450.
	23 Other expenses (attach schedule) <u>ATCH 4</u> . . . . .	570,545.	8,802.		465,172.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23. . . . .	4,918,110.	8,802.		4,828,016.
	25 Contributions, gifts, grants paid . . . . .	4,145,929.			4,684,806.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 . . . . .	9,064,039.	8,802.	0.	9,512,822.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements . . . . .	444,837.				
b <b>Net investment income</b> (if negative, enter -0-) . . . . .		11,411.			
c <b>Adjusted net income</b> (if negative, enter -0-) . . . . .			10,000.		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing . . . . .	806.		
	2	Savings and temporary cash investments . . . . .	6,592,930.	7,907,337.	7,907,337.
	3	Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ 2,428,345. Less: allowance for doubtful accounts ▶ _____	3,418,099.	2,428,345.	2,428,345.
	5	Grants receivable . . . . .			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . .			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use . . . . .	55,061.	46,173.	46,173.
	9	Prepaid expenses and deferred charges . . . . .	29,835.	21,241.	21,241.
	10a	Investments - U.S. and state government obligations (attach schedule). .			
	b	Investments - corporate stock (attach schedule) . . . . .			
	c	Investments - corporate bonds (attach schedule) . . . . .			
	11	Investments - land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12	Investments - mortgage loans . . . . .			
	13	Investments - other (attach schedule) . . . . .			
	14	Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15	Other assets (describe ▶ _____ ATCH 5 )	103,292.	97,252.	97,252.	
16	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) . . . . .	10,200,023.	10,500,348.	10,500,348.	
Liabilities	17	Accounts payable and accrued expenses . . . . .	2,128,081.	1,983,569.	
	18	Grants payable . . . . .			
	19	Deferred revenue . . . . .			
	20	Loans from officers, directors, trustees, and other disqualified persons. .			
	21	Mortgages and other notes payable (attach schedule) . . . . .			
	22	Other liabilities (describe ▶ _____ )			
23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	2,128,081.	1,983,569.		
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here</b> . . . . . <input checked="" type="checkbox"/> X <b>and complete lines 24 through 26, and lines 30 and 31.</b>				
	24	Unrestricted . . . . .	2,334,181.	2,571,610.	
	25	Temporarily restricted . . . . .	5,737,761.	5,945,169.	
	26	Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> _____ <b>and complete lines 27 through 31.</b>				
	27	Capital stock, trust principal, or current funds . . . . .			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund. . . . .			
29	Retained earnings, accumulated income, endowment, or other funds . .				
30	<b>Total net assets or fund balances</b> (see instructions) . . . . .	8,071,942.	8,516,779.		
31	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	10,200,023.	10,500,348.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	8,071,942.
2	Enter amount from Part I, line 27a . . . . .	2	444,837.
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3 . . . . .	4	8,516,779.
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 . . . .	6	8,516,779.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1 a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)			
<b>a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))			
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any				
<b>a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			<b>2</b>		
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . .	{ If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 . . . . . }			<b>3</b>		

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2016	9,201,140.	6,408,649.	1.435738
2015	8,918,551.	7,065,135.	1.262333
2014	5,164,046.	6,421,126.	0.804227
2013	7,023,091.	3,743,305.	1.876174
2012	5,970,297.	2,002,520.	2.981392
<b>2</b> Total of line 1, column (d) . . . . .			<b>2</b> 8.359864
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years . . . . .			<b>3</b> 1.671973
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 . . . . .			<b>4</b> 6,527,859.
<b>5</b> Multiply line 4 by line 3. . . . .			<b>5</b> 10,914,404.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b). . . . .			<b>6</b> 114.
<b>7</b> Add lines 5 and 6. . . . .			<b>7</b> 10,914,518.
<b>8</b> Enter qualifying distributions from Part XII, line 4. . . . . If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			<b>8</b> 9,512,822.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, and credits/payments. Total tax due is 0, with 0 overpayment and 0 refunded.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political influence, expenditures, and reporting requirements. Marked 'Yes' or 'No' for each item.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and foreign country interests.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interests.

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

<b>5a</b>	During the year, did the foundation pay or incur any amount to:		<b>Yes</b>	<b>No</b>
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.			<b>5b</b>
	Organizations relying on a current notice regarding disaster assistance, check here			<input type="checkbox"/>
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>6b</b>
	If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			<b>7b</b>

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 6		259,584.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
ATCH 7		443,403.	80,773.	0.

**Total number of other employees paid over \$50,000.** 0.

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ATCH 8		1,476,966.
Total number of others receiving over \$50,000 for professional services . . . . .		2

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 FUEL UP TO PLAY 60 (SEE FOOTNOTE - ATTACHMENT 13)	5,388,463.
2 (SEE FOOTNOTE - ATTACHMENT 14)	2,803,259.
3 ADVENTURE CAPITAL (SEE FOOTNOTE - ATTACHMENT 15)	720,011.
4 YOUTH IMPROVED HOSTS EVENTS FORUMS AND SURVEYS DESIGNATED TO HELP MAP THE CONNECTIONS THAT PHYSICAL ACTIVITY AND NUTRITION HAVE TO LEARNING AND BEHAVIOUR	117,625.

**Part IX-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2 NONE	
All other program-related investments. See instructions. 3 NONE	
Total. Add lines 1 through 3 . . . . .	

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities . . . . .	<b>1a</b>	
<b>b</b>	Average of monthly cash balances . . . . .	<b>1b</b>	6,627,268.
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c) . . . . .	<b>1d</b>	6,627,268.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) . . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets . . . . .	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d . . . . .	<b>3</b>	6,627,268.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	99,409.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	6,527,859.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5 . . . . .	<b>6</b>	326,393.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6 . . . . .	<b>1</b>	326,393.
<b>2a</b>	Tax on investment income for 2017 from Part VI, line 5 . . . . .	<b>2a</b>	
<b>b</b>	Income tax for 2017. (This does not include the tax from Part VI.) . . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b . . . . .	<b>2c</b>	
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1 . . . . .	<b>3</b>	326,393.
<b>4</b>	Recoveries of amounts treated as qualifying distributions . . . . .	<b>4</b>	10,000.
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	336,393.
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	336,393.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 . . . . .	<b>1a</b>	9,512,822.
<b>b</b>	Program-related investments - total from Part IX-B . . . . .	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes . . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required) . . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule) . . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	9,512,822.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions . . . . .	<b>5</b>	0.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 . . . . .	<b>6</b>	9,512,822.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7 . . . . .				336,393.
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only. . . . .				
<b>b</b> Total for prior years: 20 <u>15</u> , 20 <u>14</u> , 20 <u>13</u> . . . . .				
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012 . . . . .	5,870,191.			
<b>b</b> From 2013 . . . . .	6,809,682.			
<b>c</b> From 2014 . . . . .	4,838,002.			
<b>d</b> From 2015 . . . . .	8,516,828.			
<b>e</b> From 2016 . . . . .	8,879,531.			
<b>f</b> <b>Total</b> of lines 3a through e . . . . .	34,914,234.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ <u>9,512,822.</u>				
<b>a</b> Applied to 2016, but not more than line 2a . . . . .				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) . . . . .				
<b>d</b> Applied to 2017 distributable amount. . . . .				336,393.
<b>e</b> Remaining amount distributed out of corpus. . . . .	9,176,429.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 . . . . .	44,090,663.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions . . . . .				
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instructions . . . . .				
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018. . . . .				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . .				
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . . . .	5,870,191.			
<b>9</b> <b>Excess distributions carryover to 2018.</b> Subtract lines 7 and 8 from line 6a . . . . .	38,220,472.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013 . . . . .	6,809,682.			
<b>b</b> Excess from 2014 . . . . .	4,838,002.			
<b>c</b> Excess from 2015 . . . . .	8,516,828.			
<b>d</b> Excess from 2016 . . . . .	8,879,531.			
<b>e</b> Excess from 2017 . . . . .	9,176,429.			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling . . . . .

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

Table with 5 columns: (a) 2017, (b) 2016, (c) 2015, (d) 2014, (e) Total. Rows include 2a-2e (Qualifying distributions) and 3a-3d (Alternative tests).

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

ATCH 9

b The form in which applications should be submitted and information and materials they should include:

ATCH 10

c Any submission deadlines:

ATCH 11

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ATCH 12

**Part XV** Supplementary Information *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> ATTACHMENT 16				4,674,806.
<b>Total</b> ..... ► <b>3a</b>				4,674,806.
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> ..... ► <b>3b</b>				





**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( ) (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 or 990-EZ), 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, 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 totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 46,506.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 98,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 117,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 5,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ 21,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____ _____ _____	\$ 118,699.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____ _____ _____	\$ 280,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	_____ _____ _____	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ 1,530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ 18,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ 227,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 7,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 383,334.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____ _____ _____	\$ 87,818.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____ _____ _____	\$ 73,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____ _____ _____	\$ 132,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 38,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	_____ _____ _____	\$ 29,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	_____ _____ _____	\$ 267,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	_____ _____ _____	\$ 23,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ 44,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ 1,514,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ 310,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	_____ _____ _____	\$ _____ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	_____ _____ _____	\$ _____ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	_____ _____ _____	\$ _____ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	_____ _____ _____	\$ _____ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	_____ _____ _____	\$ _____ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ 11,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ 444,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ 122,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	_____ _____ _____	\$ 242,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ 359,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	_____ _____ _____	\$ 92,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____ _____ _____	\$ 784,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____ _____ _____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____ _____ _____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	_____ _____ _____	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ 59,806.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ 8,955.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUTH IMPROVED, INCORPORATED  
D/B/A GENYOUTH FOUNDATION

Employer identification number  
27-0988546

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	DESKS & FOOD	\$ 15,318.	
	FOOTBALLS	\$ 8,955.	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

<b>Name of organization</b> YOUTH IMPROVED, INCORPORATED D/B/A GENYOUTH FOUNDATION	<b>Employer identification number</b> 27-0988546
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

ATTACHMENT 1

FORM 990PF, PART I - LEGAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
LEGAL FEES	40,156.			34,932.
TOTALS	<u>40,156.</u>			<u>34,932.</u>

ATTACHMENT 2

FORM 990PF, PART I - ACCOUNTING FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>ADJUSTED NET INCOME</u>	<u>CHARITABLE PURPOSES</u>
AUDIT SERVICES	19,716.			13,868.
BOOKKEEPING SERVICES	59,068.			61,687.
TOTALS	<u>78,784.</u>			<u>75,555.</u>

ATTACHMENT 3FORM 990PF, PART I - OTHER PROFESSIONAL FEES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>CHARITABLE PURPOSES</u>
CONSULTING FEES	1,871,908.	2,030,800.
CONSULTING-CONTRACTOR EXPENSES	367,751.	294,224.
IT SERVICES	46,530.	36,480.
TOTALS	<u>2,286,189.</u>	<u>2,361,504.</u>

ATTACHMENT 4FORM 990PF, PART I - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>REVENUE AND EXPENSES PER BOOKS</u>	<u>NET INVESTMENT INCOME</u>	<u>CHARITABLE PURPOSES</u>
BAD DEBT EXPENSES	89,950.		
PLACEMENT AND SEARCH	34,773.		34,760.
STAFF TRAINING	23,036.		19,555.
TELEPHONE	17,211.		21,685.
SOFTWARE LICENSE	16,563.		1,928.
BANK FEES	16,023.		5,068.
POSTAGE AND DELIVERY	14,777.		13,968.
SUPPLIES	14,065.		12,553.
DUES AND SUBSCRIPTIONS	12,314.		11,156.
PROGRAM EXPENSES	265,848.		271,326.
REPAIRS AND MAINTENANCE	9,498.		8,774.
STORAGE	9,027.		8,664.
INVENTORY DISTRIBUTIONS	8,888.		8,888.
MISCELLANEOUS EXPENSES	8,802.	8,802.	18,395.
INSURANCE	6,973.		5,276.
IT EQUIPMENT LEASE	4,156.		3,987.
FUNDRAISING	4,010.		5,110.
INTERNET ACCESS	2,180.		2,456.
EQUIPMENT & FURNITURE	1,039.		211.
ILLINOIS ANNUAL FILING FEE	15.		15.
SUPPLIES	11,397.		11,397.
TOTALS	<u>570,545.</u>	<u>8,802.</u>	<u>465,172.</u>

ATTACHMENT 5

FORM 990PF, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>ENDING FMV</u>
SECURITY DEPOSIT	97,252.	97,252.
TOTALS	<u>97,252.</u>	<u>97,252.</u>

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
THOMAS GALLAGHER 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	CHAIRMAN 1.00	0.	0.	0.
SKYLAR DIGGINS 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
PATRICK DOYLE 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
RICHARD EDELMAN 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
ROGER GOODELL 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
CARLA HALL 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
CURT KOLCUN 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
HOWIE LONG 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
JEFF MILLER 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
LOUIS M. NANNI 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
JAMES J. PHILLIPS 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
DR. DAVID SATCHER 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEESATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
DEMAURICE SMITH 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
LALLY WEYMOUTH 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
JENNIFER MORGAN 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
STEVE H. NELSON 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
CHRIS POLICINSKI 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.
HON. TOM VILSACK 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR 1.00	0.	0.	0.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 6 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
LAURA BAY 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638	DIRECTOR (ENDED JUNE 2017) 1.00	0.	0.	0.
ALEXIS GLICK 10255 W. HIGGINS ROAD, SUITE 900 ROSEMONT, IL 60018-5638 *THE INDIVIDUAL IDENTIFIED ABOVE WAS COMPENSATED FOR SERVICES PROVIDED TO THE FOUNDATION UNDER AN INDEPENDENT CONTRACTOR AGREEMENT.	CEO 40.00	259,584.	0.	0.
ANN MARIE KRAUTHEIM 10255 WEST HIGGINS ROAD STE 900 ROSEMONT, IL 60018-5638 *THE INDIVIDUAL IDENTIFIED WAS NOT COMPENSATED BY THE FOUNDATION FOR SERVICES PROVIDED AS AN OFFICER. RESPONSIBILITIES AS AN OFFICER ARE DEEMED TO BE DONATED SERVICES TO THE FOUNDATION.	PRESIDENT/CWO 40.00	0.	0.	0.
QUINTON BAILY 10255 WEST HIGGINS ROAD STE 900 ROSEMONT, IL 60018-5638 *THE INDIVIDUAL IDENTIFIED WAS NOT COMPENSATED BY THE FOUNDATION FOR SERVICES PROVIDED AS AN OFFICER. RESPONSIBILITIES AS AN OFFICER ARE DEEMED TO BE DONATED SERVICES TO THE FOUNDATION.	CFO 25.00	0.	0.	0.
	GRAND TOTALS	<u>259,584.</u>	<u>0.</u>	<u>0.</u>

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 7

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT AND OTHER ALLOWANCES</u>
MARK A. BLOCK 10255 WEST HIGGINS ROAD SUITE 900 ROSEMONT, IL 60018-5638	VICE PRESIDENT 40.00	190,050.	31,027.	0.
JORDAN BOWLES 10255 WEST HIGGINS ROAD SUITE 900 ROSEMONT, IL 60018-5638	DEVELOPMENT AND EA 40.00	39,840.	12,334.	0.
EDWARD M. KULL 10255 WEST HIGGINS ROAD SUITE 900 ROSEMONT, IL 60018-5638	SENIOR VP 40.00	59,176.	14,729.	0.
JEAN I. LEE 10255 WEST HIGGINS ROAD SUITE 900 ROSEMONT, IL 60018-5638	VP DEVELOPMENT 40.00	82,109.	13,864.	0.
LAUREN IZZO 10255 WEST HIGGINS ROAD SUITE 900 ROSEMONT, IL 60018-5638	SPECIALIST/ANALYST 40.00	72,228.	8,819.	0.
	TOTAL COMPENSATION	<u>443,403.</u>	<u>80,773.</u>	<u>0.</u>

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALSATTACHMENT 8

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
MMS EDUCATION INC. 105 TERRY DRIVE, SUITE 120 NEWTOWN, PA 18940	CONSULTING SERVICES	607,653.
CUSTOMED, INC. 808 HADDON AVE. COLLINGSWOOD, NJ 08108	CONSULTING SERVICES	243,983.
CHRISTINA GARZA 5532 W CULLOM AVE CHICAGO, IL 60641	CONSULTING SERVICES	120,000.
MKTG LLC 2095 TANGERINE COURT PALM SPRINGS, CA 92262	CONSULTING SERVICES	345,600.
COURTNEY DUBIN, INC. 360 E. 55TH STREET, APT 10M NEW YORK, NY 10022	CONSULTING SERVICES	159,730.
	TOTAL COMPENSATION	<u>1,476,966.</u>

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

ANN MARIE KRAUTHEIM  
10255 WEST HIGGINS ROAD, SUITE 900  
ROSEMONT, IL 60018  
847-803-2000

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990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

ANN MARIE KRAUTHEIM

GENYOUTH FOUNDATION SUPPORTS THE FUEL UP TO PLAY 60 PROGRAM WHICH IS DESIGNED TO INCENTIVIZE SCHOOLS THROUGH GRANT AWARDS TO PROVIDE HEALTHIER NUTRITION AND INCREASED PHYSICAL ACTIVITY FOR STUDENTS. GRANT APPLICATIONS WITH INSTRUCTIONS CAN BE SUBMITTED ONLINE AT [WWW.FUELUPTOPLAY60.COM](http://WWW.FUELUPTOPLAY60.COM). ON THE HOME PAGE SELECT THE TAB "FUNDING" AND "GENERAL INFORMATION" FROM THE DROP DOWN MENU. THIS SECTION DESCRIBES THE FUEL UP TO PLAY 60 GRANT APPLICATION PROCESS ALONG WITH RELATED SUBMISSION DATES AND PROGRAM RULES. ADDITIONAL FUNDING OPPORTUNITIES SUCH AS BREAKFAST GRANTS, ETC. CAN BE ACCESSED FROM THIS SECTION. GENYOUTH FOUNDATION IS NOT RELATED, THROUGH BOARD OVERLAP, TO ANY DONEES/GRANT RECIPIENTS.

990PF, PART XV - SUBMISSION DEADLINES

ANN MARIE KRAUTHEIM

SUBMISSION DEADLINES MAY VARY

990PF, PART XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

ANN MARIE KRAUTHEIM  
NONE

FEDERAL FOOTNOTES

## ATTACHMENT 13

FUEL UP TO PLAY 60 IS AN IN-SCHOOL NUTRITION AND PHYSICAL ACTIVITY PROGRAM LAUNCHED BY THE NATIONAL DAIRY COUNCIL (NDC) AND THE NATIONAL FOOTBALL LEAGUE (NFL). THE PROGRAM ENCOURAGES YOUTH TO CONSUME NUTRIENT-RICH FOODS (LOW-FAT OR FAT-FREE DAIRY, FRUITS, VEGETABLES AND WHOLE GRAINS) AND ACHIEVE AT LEAST 60 MINUTES OF PHYSICAL ACTIVITY EACH DAY. FUEL UP TO PLAY 60 IS CURRENTLY ACTIVE IN MORE THAN 73,000 SCHOOLS WITH THE POTENTIAL TO REACH 36.6 MILLION STUDENTS NATIONWIDE.

AS FUEL UP TO PLAY 60 WAS DEVELOPED, YOUTH WERE ACTIVELY PLACED IN THE DRIVER SEAT TO ENCOURAGE SHARED OWNERSHIP AND RESPONSIBILITY. YOUTH TESTED AND APPROVED ALL COMPONENTS, ENSURING THAT THE PROGRAM REMAINED AUTHENTIC AND WOULD BE EMBRACED BY THEIR PEERS.

AS THE LARGEST OF ITS KIND, GENYOUTH SUPPORTS AND ADVISES THIS WELL-ESTABLISHED PROGRAM - FOR YOUTH, BY YOUTH - WITH THE RESOURCES IT NEEDS TO IMPROVE KIDS' HEALTH AND WELLNESS IN SCHOOLS. WITH THE PARTICIPATION OF THE NFL, NFL OWNERS AND THE NFL PLAYERS AND ALUMNI, THIS PROGRAM HAS CHANGED THE FACE OF HEALTH AND WELLNESS IN SCHOOLS. STUDENT PARTICIPATION IS FUNDAMENTAL TO EVERYTHING THEY DO.

FEDERAL FOOTNOTES

ATTACHMENT 14

ENCOURAGING, MONITORING, AND ASSISTING ORGANIZATIONS TO IMPLEMENT YOUTH-ORIENTED HEALTHY PROGRAMS IN SCHOOLS, PROMOTING HEALTHY DIET AND EXERCISE PROGRAMS. INCLUDING FUNDRAISING TO HELP SUPPORT THIS.

FEDERAL FOOTNOTES

## ATTACHMENT 15

ADVENTURE CAPITAL IS AN INNOVATIVE PROGRAM CREATED TO INSPIRE, EMPOWER AND FUND YOUTH-DRIVEN INITIATIVES THAT IMPROVE NUTRITION, PHYSICAL ACTIVITY, AND STUDENT ACHIEVEMENT IN SCHOOLS AND COMMUNITIES. BY APPLYING THE PRINCIPLES OF ENTREPRENEURIAL INVESTMENT TO THE CHALLENGE OF SCHOOL WELLNESS, ADVENTURE CAPITAL GIVES STUDENTS THE OPPORTUNITY TO "PITCH" THEIR IDEAS TO BUSINESS AND HEALTH AND WELLNESS LEADERS FOR POTENTIAL FUNDING AND IMPLEMENTATION, AND DEVELOP LIFE-LONG SKILLS.