

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GENYOUTH, INCORPORATED			D Employer identification number 27-0988546	
	Doing Business As			E Telephone number (847) 803-2000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10255 WEST HIGGINS ROAD, STE 900				
	City or town, state or province, country, and ZIP or foreign postal code ROSEMONT, IL 60018-5638				
F Name and address of principal officer: QUINTON BAILY 10255 WEST HIGGINS ROAD, STE 9, ROSEMONT, IL 60018-563			G Gross receipts \$ 11,948,289.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
J Website: WWW.GENYOUTHNOW.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2009 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 NONE
	6	Total number of volunteers (estimate if necessary) 6 13
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a NONE
7b	Net unrelated business taxable income from Form 990-T, line 34 7b NONE	
Revenue	8	Contributions and grants (Part VIII, line 1h) 8 15,559,477. 11,577,220.
	9	Program service revenue (Part VIII, line 2g) 9 1,707,747. 355,750.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 18,249. 270.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 61,585. -953,149.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 17,347,058. 10,980,091.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 871,437. 988,365.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 16a NONE NONE
16b		Total fundraising expenses (Part IX, column (D), line 25) 16b NONE
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 5,481,500. 3,146,415.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 19,480,607. 9,959,634.	
19	Revenue less expenses. Subtract line 18 from line 12 19 -2,133,549. 1,020,457.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 20 8,628,436. 9,087,915.
	21	Total liabilities (Part X, line 26) 21 1,918,658. 1,357,680.
	22	Net assets or fund balances. Subtract line 21 from line 20 22 6,709,778. 7,730,235.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	QUINTON BAILY CFO		11/15/2022		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	AMBER GAZICA		11/15/2022		P01391011
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶	34-656596		
Firm's address ▶ 1101 NEW YORK AVE NW WASHINGTON, DC 20005	Phone no.	202-327-6000			
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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? Yes No

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 \$ 2,964,582. including grants of \$ 2,433,422.) (Revenue \$ 130,750.)

SEE SCHEDULE O.

4b (Code:) (Expenses \$ 4,137,316. including grants of \$ 3,291,931.) (Revenue \$ NONE)

SEE SCHEDULE O.

4c (Code:) (Expenses \$ 394,086. including grants of \$ NONE) (Revenue \$ 225,000.)

SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 726,362. including grants of \$ 99,500.) (Revenue \$ NONE)

4e Total program service expenses ▶ 8,222,346.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No

Table with 3 main columns: Question, Yes, No. Rows include 2a (employees), 2b (federal employment tax returns), 3a (unrelated business gross income), 3b (Form 990-T), 4a (foreign account), 5a (prohibited tax shelter), 6a (charitable contributions), 7 (organizations receiving deductible contributions), 8 (sponsoring organizations), 9 (sponsoring organizations), 10 (Section 501(c)(7) organizations), 11 (Section 501(c)(12) organizations), 12a (Section 4947(a)(1) non-exempt charitable trusts), 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 14a (indoor tanning services), 15 (section 4960 tax), 16 (section 4968 excise tax), 17 (Section 501(c)(21) organizations).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, IL, NY,
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.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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, 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY DONAHUE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(2) CARLA HALL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(3) CLARESSA SHIELDS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(4) DEMAURICE SMITH DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(5) DONALD PAONI DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(6) HON. TOM VILSACK DIRECTOR (THRU 03/21)	1.00 NONE	X						NONE	NONE	NONE
(7) HOWIE LONG DIRECTOR (THRU 06/21)	1.00 NONE	X						NONE	NONE	NONE
(8) JAMES BROWN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(9) JEFF MILLER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) RICHARD EDELMAN DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(11) ROGER GOODELL DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) RUSSELL WEINER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(13) SELWYN VICKERS DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(14) STEVE H NELSON DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KYLE RUDOLPH DIRECTOR (TERM START 7/2021)	1.00 NONE	X						NONE	NONE	NONE
(16) THOMAS GALLAGHER CHAIRMAN (THRU 11/21)	1.00 NONE			X				NONE	NONE	NONE
(17) ALEXIS GLICK CEO	40.00 NONE			X				NONE	NONE	NONE
(18) ANN MARIE KRAUTHEIM PRESIDENT AND CWO	40.00 NONE			X				NONE	NONE	NONE
(19) QUINTON BAILY CFO	1.00 NONE			X				NONE	NONE	NONE
(20) BARBARA O'BRIEN CHAIRMAN	1.00 NONE			X				NONE	NONE	NONE
1b Sub-total								NONE	NONE	NONE
c Total from continuation sheets to Part VII, Section A								NONE	NONE	NONE
d Total (add lines 1b and 1c)								NONE	NONE	NONE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **NONE**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **12**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	3,028,801.				
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	8,548,419.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			11,577,220.			
Program Service Revenue	2a	PROGRAM SERVICES	Business Code	900099	355,750.	355,750.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			355,750.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			270.		270.	
	4	Income from investment of tax-exempt bond proceeds . .			NONE			
	5	Royalties			15,049.		15,049.	
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	NONE	NONE			
	d	Net rental income or (loss)				NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)				NONE		
8a	Gross income from fundraising events (not including \$ 3,028,801. of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b		968,198.				
c	Net income or (loss) from fundraising events				-968,198.	-968,198.		
9a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities				NONE			
10a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory				NONE			
Miscellaneous Revenue	11a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				NONE		
12	Total revenue. See instructions			10,980,091.	355,750.		-952,879.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,824,854.	5,824,854.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	NONE			
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	804,175.	368,214.	435,961.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,620.	28,080.	41,540.	
9 Other employee benefits	57,327.	23,122.	34,205.	
10 Payroll taxes	57,243.	23,088.	34,155.	
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	118,991.	46,082.	72,909.	
c Accounting	32,869.	12,729.	20,140.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	SEE SCHE O 2,581,214.	1,657,283.	923,931.	
12 Advertising and promotion	21,271.	14,178.	7,093.	
13 Office expenses	125,766.	92,213.	33,553.	
14 Information technology	10,650.	4,124.	6,526.	
15 Royalties	NONE			
16 Occupancy	92,418.	35,791.	56,627.	
17 Travel	14,638.	5,904.	8,734.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	32,123.	15,022.	17,101.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	9,949.	3,853.	6,096.	
23 Insurance	7,493.	2,902.	4,591.	
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.)				
a CONTRACTOR EXPENSES	85,153.	53,404.	31,749.	
b OTHER EXPENSES	13,880.	11,503.	2,377.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,959,634.	8,222,346.	1,737,288.	NONE
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments	6,111,204.	2	7,888,487.
	3 Pledges and grants receivable, net	2,352,005.	3	1,008,727.
	4 Accounts receivable, net	563.	4	1,308.
	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	NONE	5	NONE
	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)	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	4,000.	8	3,200.
	9 Prepaid expenses and deferred charges	43,809.	9	163,414.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,267.		
	b Less: accumulated depreciation	10b 20,108.		
	11 Investments - publicly traded securities	NONE	11	NONE
	12 Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	97,252.	15	8,620.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,628,436.	16	9,087,915.	
Liabilities	17 Accounts payable and accrued expenses	1,734,218.	17	696,878.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	184,440.	19	660,802.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties	NONE	24	NONE
	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	NONE	25	NONE
	26 Total liabilities. Add lines 17 through 25	1,918,658.	26	1,357,680.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,407,773.	27	3,529,513.
	28 Net assets with donor restrictions	3,302,005.	28	4,200,722.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,709,778.	32	7,730,235.
33 Total liabilities and net assets/fund balances	8,628,436.	33	9,087,915.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,980,091.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,959,634.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,020,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,709,778.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,730,235.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

GENYOUTH, INCORPORATED

Employer identification number

27-0988546

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021; 15 Public support percentage from 2020 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2021; 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 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) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2021, 2020. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2021, 2020. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a 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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part 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 the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

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

[X] 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 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), 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 GENYOUTH, INCORPORATED	Employer identification number 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	N/A	\$ 1,780,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 1,680,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 1,017,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 833,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GENYOUTH, INCORPORATED

Employer identification number

27-0988546

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	N/A 	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A 	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A 	\$ 383,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A 	\$ 333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A 	\$ 333,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A 	\$ 315,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <p style="text-align: center;">GENYOUTH, INCORPORATED</p>	Employer identification number <p style="text-align: center;">27-0988546</p>
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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	N/A <hr/> <hr/> <hr/>	\$ 303,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A <hr/> <hr/> <hr/>	\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A <hr/> <hr/> <hr/>	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

GENYOUTH, INCORPORATED

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
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization <p style="text-align: center;">GENYOUTH, INCORPORATED</p>	Employer identification number <p style="text-align: center;">27-0988546</p>
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, followed by rows (2) through (9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	12,913,945.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	965,656.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	965,656.
3	Subtract line 2e from line 1		3	11,948,289.
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.)	4b	-968,198.	
c	Add lines 4a and 4b		4c	-968,198.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	10,980,091.

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	11,893,488.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	965,656.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	965,656.
3	Subtract line 2e from line 1		3	10,927,832.
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	-968,198.	
c	Add lines 4a and 4b		4c	-968,198.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,959,634.

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; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PARTS XI & XII, LINE 4B

FUNDRAISING EXPENSES (968,198)

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

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

GENYOUTH, INCORPORATED

27-0988546

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		MADDEN '21 (event type)	TNFL '21 (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,300,000.	1,728,801.	3,028,801.	
	2	Less: Contributions	1,300,000.	1,728,801.	3,028,801.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages		7,500.	7,500.	
	8	Entertainment				
	9	Other direct expenses	218,352.	684,682.	57,664.	960,698.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				968,198.
11	Net income summary. Subtract line 10 from line 3, column (d)				-968,198.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

GENYOUTH, INCORPORATED

Employer identification number

27-0988546

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACERO CS-INES DE LA CRUZ 2845 W BARRY AVE CHICAGO, IL 60618	36-4235934	501 (C) (3)	10,000.				END STUDENT HUNGER
(2) ALCORN CENTRAL HIGH SCHOOL 31 CR 401 CORINTH, MS 38834	64-6000019	501 (C) (3)	12,000.				FUTP 60
(3) ALLENSTOWN ELEMENTARY SCHOOL 30 MAIN ST ALLENSTOWN, NH 03275	02-6000008	501 (C) (3)	10,000.				END STUDENT HUNGER
(4) ALLIANCE HIGH SCHOOL 400 GLAMORGAN ST ALLIANCE, OH 44601	34-6000040	501 (C) (3)	6,000.				END STUDENT HUNGER
(5) ALTOONA INTERMEDIATE SCHOOL 1903 BARTLETT AVE. ALTOONA, WI 54720	39-6000672	501 (C) (3)	10,000.				FUTP 60
(6) ARCHDIOCESE OF PHILADELPHIA SCHOOLS 2027 CHESTNUT ST PHILADELPHIA, PA 19103	23-1903647	501 (C) (3)	8,000.	10,658.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(7) ARCHIE CLAYTON PRE-AP ACADEMY 1295 WYOMING AVENUE RENO, NV 89503	26-2800962	501 (C) (3)		6,992.	FMV	EQUIPMENT	FUTP 60
(8) ARKANSAS SCHOOL FOR THE DEAF 2400 W MARKHAM ST LITTLE ROCK, AR 72205	71-6006449	501 (C) (3)	6,000.				END STUDENT HUNGER
(9) ARLAND D WILLIAMS ELEM SCHOOL 1709 S 9TH ST MATTOON, IL 61938	37-3002688	501 (C) (3)	6,036.				END STUDENT HUNGER
(10) ARLINGTON IND SCHOOL DISTRICT 1203 W PIONEER PARKWAY ARLINGTON, TX 76013	75-6000119	501 (C) (3)	51,073.				FUTP 60
(11) ARMSTRONG JR SR HIGH SCHOOL 181 HERITAGE PARK DR #2 KITTANNING PA 16201	25-1155031	501 (C) (3)	15,763.				FUTP 60
(12) AURORA PUBLIC SCHOOLS 15700 EAST 1ST AVE ESC #3 AURORA, CO 80011	84-6000870	501 (C) (3)	10,000.				FUTP 60

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 268

3 Enter total number of other organizations listed in the line 1 table ▶ NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AVESON GLOBAL LEADERSHIP ACADEMY 575 W ALTADENA DR ALTADENA, CA 91001	20-2937518	501 (C) (3)	12,000.				END STUDENT HUNGER
(2) B W TINKER ELEMENTARY SCHOOL 562 CPT NEVILLE DR. WATERBURY, CT 06705	06-6001900	501 (C) (3)	32,000.				END STUDENT HUNGER
(3) BALTIMORE CITY PUBLIC SCHOOL DISTRICT 2501 SEABURY RD BALTIMORE, MD 21225	52-2064235	501 (C) (3)		7,864.	FMV	EQUIPMENT	FUTP 60
(4) BALTIMORE COUNTY PUBLIC SCHOOLS 9610 PULASKI PARK DR., STE 219	52-6000886	501 (C) (3)	10,000.	14,133.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(5) BARGERTON ELEMENTARY SCHOOL 6141 POPLAR SPGS BARGERTON, LEXINGTON TN	62-6000664	501 (C) (3)	6,000.				END STUDENT HUNGER
(6) BARRE CITY ELEM MIDDLE SCHOOL 120 AYERS ST BARRE, VT 05641	35-2650739	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) BAYSIDE ELEMENTARY SCHOOL 202 CHESTERFIELD AVE, CENTREVILLE, MD 21617	52-6001005	501 (C) (3)	7,000.				FUTP 60
(8) BEAUMONT ELEMENTARY 575 BEAUMONT ROAD DEVON, PA 19333	23-1715231	501 (C) (3)		6,426.	FMV	EQUIPMENT	FUTP 60
(9) BECKER ELEMENTARY 10821 HENSON DEARBORN, MI 48126	38-6004193	501 (C) (3)		7,955.	FMV	EQUIPMENT	FUTP 60
(10) BEEMAN MEMORIAL PRIMARY SCHOOL 2 BLACKBURN DRIVE GLOUCESTER, MA 01930	04-6001390	501 (C) (3)	15,000.				END STUDENT HUNGER
(11) BELMONT ELEMENTARY SCHOOL 31 MACNAUGHTON ROAD PUEBLO, CO 81001	84-6001882	501 (C) (3)		10,225.	FMV	EQUIPMENT	FUTP 60
(12) BELTON MIDDLE SCHOOL 110 W WALNUT BELTON, MO 64012	44-6001808	501 (C) (3)	10,170.				END STUDENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Department of the Treasury
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Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENTON HIGH SCHOOL 925 FELIX ST SAINT JOSEPH, MO 64501	44-6001495	501 (C) (3)	6,000.				END STUDENT HUNGER
(2) BORREGO SPRINGS ELEM SCHOOL 1315 PALM CANYON DR BORREGO SPGS, CA 92004	95-6000319	501 (C) (3)	6,000.				END STUDENT HUNGER
(3) BOSE IKARD ELEMENTARY SCHOOL 100 IKARD LN WEATHERFORD, TX 76086	75-6002726	501 (C) (3)	6,000.				END STUDENT HUNGER
(4) BOURNE DALE ELEMENTARY SCHOOL 36 SANDWICH RD BOURNE, MA 02532	04-6001093	501 (C) (3)	10,000.				END STUDENT HUNGER
(5) BRASWELL HIGH SCHOOL 1303 NORTH ELM STREET DENTON, TX 76201	75-6001311	501 (C) (3)	9,534.				FUTP 60
(6) BRIGHTWOOD ELEMENTARY SCHOOL 712 N. EUGENE ST GREENSBORO, NC 27401	56-6000522	501 (C) (3)	6,937.				END STUDENT HUNGER
(7) BROWARD COUNTY PUBLIC SCHOOLS 7720 WEST OAKLAND PARK BLVD., SUNRISE FL	59-6000530	501 (C) (3)	17,000.	11,617.	FMV	EQUIPMENT	FUTP 60
(8) BROWNSVILLE AREA ELEM SCHOOL 7 FALCON DR BROWNSVILLE, PA 15417	25-1158094	501 (C) (3)	6,000.				END STUDENT HUNGER
(9) BUFFALO BOARD OF EDUCATION FOOD SERVICE DEP 1055 EAST DELAVAN AVE	16-6001554	501 (C) (3)	10,000.				FUTP 60
(10) BURGESS ELEMENTARY SCHOOL 45 BURGESS SCHOOL RD STURBRIDGE, MA 01566	04-6001314	501 (C) (3)	10,000.				END STUDENT HUNGER
(11) CALABASAS MIDDLE SCHOOL 131 CAMINO MARICOPA RIO RICO, AZ 85648	86-0498513	501 (C) (3)	12,000.				FUTP 60
(12) CALDWELL CO SCHOOL DISTRICT 200 ROY E COFFEY DR HUDSON, NC 28638	56-6000998	501 (C) (3)	11,720.	8,512.	FMV	EQUIPMENT	FUTP 60

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Schedule I (Form 990) 2021

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

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(1) CANTON HIGH SCHOOL 900 WASHINGTON ST CANTON, MA 02021	04-6001105	501 (C) (3)	10,000.				END STUDENT HUNGER
(2) CARLTON M VIVEIROS ELEMENTARY SCHOOL 525 SLADE ST FALL RIVER, MA 02724	04-6001387	501 (C) (3)		7,446.	FMV	EQUIPMENT	FUTP 60
(3) CAROLINA SPRINGS MIDDLE SCHOOL 6180 PLATT SPRINGS ROAD LEXINGTON, SC 29073	57-0670770	501 (C) (3)		5,936.	FMV	EQUIPMENT	FUTP 60
(4) CAROLS F. VIGIL MIDDLE SCHOOL PO BOX 1232 OHKAY OWINGEH, NM 87566	85-6000289	501 (C) (3)		16,115.	FMV	EQUIPMENT	FUTP 60
(5) CARSON MIDDLE SCHOOL PO BOX 603 CARSON CITY, NV 89702	88-6000130	501 (C) (3)	8,000.				FUTP 60
(6) CARVER ELEMENTARY SCHOOL 3 CARVER SQ BLVD CARVER, MA 02330	04-6001107	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) CARVER ELEMENTARY SCHOOL 603 N LAKEWAY DR GEORGETOWN, TX 78628	74-6000975	501 (C) (3)	6,000.				END STUDENT HUNGER
(8) CASTLE VALLEY CENTER 251 W 400 N PRICE, UT 84501	87-6000485	501 (C) (3)	5,683.				END STUDENT HUNGER
(9) CATLETTSBURG ELEMENTARY SCHOOL 1104 BOB MCCULLOUGH DRIVE ASHLAND, KY 41102	61-6001260	501 (C) (3)	7,500.				END STUDENT HUNGER
(10) CATTO ELEMENTARY SCHOOL 1033 CAMBRIDGE ST. CAMDEN, NJ 08105	21-6000154	501 (C) (3)	7,000.				END STUDENT HUNGER
(11) CEDAR RIVER ACAD AT TAYLOR 720 7TH AVE SW CEDAR RAPIDS, IA 52404	42-6023551	501 (C) (3)	8,000.				FUTP 60
(12) CENTRAL ELEMENTARY SCHOOL PO BOX 115186 CARROLLTON, TX 75011	75-6000328	501 (C) (3)	24,716.				FUTP 60

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(1) CHAMP COOPER ELEMENTARY SCHOOL 59656 PULESTON ROAD AMITE, LA 70422	72-6001372	501 (C) (3)	7,300.				END STUDENT HUNGER
(2) CHANDLER UNIFIED SCH DIST 80 1550 E CHANDLER HEIGHTS RD., CHANDLER AZ	86-6000515	501 (C) (3)		7,334.	FMV	EQUIPMENT	FUTP 60
(3) CHAPLIN WATTERS ELEMENTARY SCHOOL 24 346 CLAREMONT AVE JERSEY CITY, NJ 07305	22-6002012	501 (C) (3)	12,000.				END STUDENT HUNGER
(4) CHAPMAN ELEM. SCHOOL 435 S BRIDGE STREET SHERIDAN, OR 97378	93-6001127	501 (C) (3)	8,000.				FUTP 60
(5) CHARLES R DREW CHARTER SCHOOL 130 TRINITY AVE SW ATLANTA, GA 30303	58-6000134	501 (C) (3)	44,000.				END STUDENT HUNGER
(6) CHESTER ACADEMY 22 MURPHY DR CHESTER, NH 03036	02-6000143	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) CHICAGO PSD-AUSL 5400 S SAINT LOUIS AVE CHICAGO, IL 60632	36-6005821	501 (C) (3)		12,184.	FMV	EQUIPMENT	FUTP 60
(8) CHRISTA MCAULIFFE SCHOOL 38 LIBERTY STREET CONCORD, NH 03301	02-6000929	501 (C) (3)	15,000.				END STUDENT HUNGER
(9) CHRISTIANSBURG MIDDLE SCHOOL 208 COLLEGE DRIVE CHRISTIANSBURG, VA 24073	54-6001433	501 (C) (3)	8,000.				FUTP 60
(10) CICS-PRAIRIE 11 EAST ADAMS NO 600 CHICAGO, IL 60603	36-4141583	501 (C) (3)	24,000.				END STUDENT HUNGER
(11) CLARK CO SCHOOL DISTRICT 602 W BROOKS AVE N LAS VEGAS, NV 89030	88-6000030	501 (C) (3)	32,014.	21,523.	FMV	EQUIPMENT	FUTP 60
(12) CLASSICAL CENTER-BRANDENBURG 626 NICKENS RD GARLAND, TX 75043	75-6001650	501 (C) (3)	12,000.				END STUDENT HUNGER

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(1) CLEARWOOD JUNIOR HIGH SCHOOL 130 CLEARWOOD DRIVE SLIDELL, LA 70458	72-6001305	501 (C) (3)	18,700.				FUTP 60
(2) CLEMENTS HS 555 JULIE RIVER DR SUGARLAND, TX 77478	74-3025253	501 (C) (3)	23,986.				FUTP 60
(3) CLINTON HIGH SCHOOL 101 S MAIN ST, STE 470 CLINTON, TN 37716	62-6000474	501 (C) (3)	8,000.				END STUDENT HUNGER
(4) COCALICO SHS 800 S 4TH ST , PO BOX 800 DENVER, PA 17517	23-1672317	501 (C) (3)	8,000.				FUTP 60
(5) COCKE CO SCHOOL DISTRICT 2400 HIGHWAY 160 NEWPORT, TN 37821	62-6000539	501 (C) (3)	5,300.	7,470.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(6) COLIN POWELL ELEMENTARY SCHOOL 1500 NEW YORK AVE UNION CITY, NJ 07087	22-6002355	501 (C) (3)	16,000.				END STUDENT HUNGER
(7) COLLEGE HILL ELEM IB WORLD SCHOOL 1402 EAST 18TH ST TEXARKANA, AR 71854	71-6020729	501 (C) (3)	6,000.				FUTP 60
(8) COLLINS-RHODES ELEM SCHOOL 1 MAGNUM PASS MOBILE, AL 36618	63-6000774	501 (C) (3)	6,000.				FUTP 60
(9) COLONEL RICHARDSON HIGH SCHOOL 11348 GREENSBORO ROAD DENTON, MD 21629	52-6000907	501 (C) (3)	12,000.				END STUDENT HUNGER
(10) COMMUNITY SCHOOL DISTRICT 1 166 ESSEX ST NEW YORK, NY 10002	13-6400434	501 (C) (3)		6,823.	FMV	EQUIPMENT	FUTP 60
(11) CONEJO VALLEY UNIF SCH DIST 4200 KIMBER DR NEWBURY PARK, CA 91320	95-2868899	501 (C) (3)		8,081.	FMV	EQUIPMENT	FUTP 60
(12) CONN-WEST ELEMENTARY SCHOOL 13015 10TH ST GRANDVIEW, MO 64030	44-6002754	501 (C) (3)	6,000.				END STUDENT HUNGER

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(1) CORONADO HIGH SCHOOL 5260 GEIGER BLVD COLORADO SPRINGS, CO 80915	84-6001179	501 (C) (3)	9,485.				FUTP 60
(2) CRAWFORD COUNTY MIDDLE SCHOOL 190 E CRUSSELLE ST ROBERTA, GA 31078	58-6000220	501 (C) (3)	5,100.				FUTP 60
(3) CREST MID SCHOOL OF TECHNOLOGY 400 WEST MARION STREET SHELBY, NC 28150	56-6001010	501 (C) (3)	11,459.				FUTP 60
(4) CROSSROADS MIDDLE SCHOOL 650 N. NOLA RD. MERIDIAN, ID 83642	82-6001213	501 (C) (3)	10,880.				FUTP 60
(5) CURTIS CORNER MIDDLE SCHOOL 307 CURTIS CORNER RD WAKEFIELD, RI 02879	13-4226831	501 (C) (3)	10,000.				END STUDENT HUNGER
(6) CYPRESS FAIRBANKS INDEPENDENT SCHOOL DISTRI 11355 PERRY ROAD HOUSTON, TX 77064	74-6000654	501 (C) (3)	9,000.				FUTP 60
(7) DALLAS ISD 1515 GRAND AVE DALLAS, TX 75215	75-6001278	501 (C) (3)	13,332.				ADVENTURE CAPITAL
(8) DANNY JONES MIDDLE 1151 MANSFIELD-WEBB ROAD 75-6002005	75-6002005	501 (C) (3)	33,682.				FUTP 60
(9) DANVILLE MIDDLE SCHOOL 235 HWY 67 SOUTH DECATUR, AL 35603	63-6001000	501 (C) (3)	20,000.				FUTP 60
(10) DAVIS JOINT UNIFIED SCHOOL DISTRICT 1600 BIRCH LN DAVIS, CA 95618	68-0343640	501 (C) (3)		6,823.	FMV	EQUIPMENT	FUTP 60
(11) DC PUBLIC SCHOOLS-CLUSTER I 4201 MARTIN L KING AVE SW	53-6001131	501 (C) (3)		13,646.	FMV	EQUIPMENT	FUTP 60
(12) DEL VALLE MIDDLE SCHOOL 5301 ROSS RD STE 103 DEL VALLE, TX 78617	74-1472531	501 (C) (3)	6,000.				FUTP 60

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(1) DESERT MIRAGE HIGH SCHOOL 86150 AVENUE 66 THERMAL, CA 92274	33-0765218	501 (C) (3)	16,000.				END STUDENT HUNGER
(2) DOSS HIGH SCHOOL 7601 SAINT ANDREWS CHURCH RD	61-6001316	501 (C) (3)	28,000.				END STUDENT HUNGER
(3) DOUGLAS CO SCHOOL DIST RE-1 3501 POSTON PKWY HGHLNDS RANCH, CO 80126	84-6011446	501 (C) (3)	11,520.	15,108.	FMV	EQUIPMENT	FUTP 60
(4) DOUGLAS COUNTY SCHOOL NUTRITION 11490 VETERAN MEMORIAL HWY	58-6000232	501 (C) (3)	14,000.				FUTP 60
(5) DR ALBERT CONSENTINO ELEM SCHOOL 137 MONUMENT STREET HAVERHILL, MA 01832	30-0796364	501 (C) (3)	10,000.				END STUDENT HUNGER
(6) DR LEO CIGARROA H S 1702 HOUSTON ST. LAREDO, TX 78040	74-6001580	501 (C) (3)	13,500.				FUTP 60
(7) DUBLIN COFFMAN HIGH SCHOOL 6780 COFFMAN RD DUBLIN, OH 43017	31-6401089	501 (C) (3)		5,980.	FMV	EQUIPMENT	FUTP 60
(8) DUBLIN UNIFIED SCHOOL DISTRICT 2100 E CANTARA DR DUBLIN, CA 94568	94-1742440	501 (C) (3)		5,361.	FMV	EQUIPMENT	FUTP 60
(9) DUVAL CO PSD-ELEMENTARY REGION 13333 LANIER RD JACKSONVILLE, FL 32226	59-6000589	501 (C) (3)		44,297.	FMV	EQUIPMENT	FUTP 60
(10) EANES ISD CHILD NUTRITION DEPARTMENT 601 CAMP CRAFT RD AUSTIN, TX 78746	74-6024067	501 (C) (3)	7,195.				FUTP 60
(11) EAST JEFFERSON HIGH SCHOOL 4600 RIVER ROAD MARRERO, LA 70072	72-6000512	501 (C) (3)	49,000.				FUTP 60
(12) EAST LAURENS PRIMARY SCHOOL 467 FIRETOWER RD DUBLIN, GA 31021	58-6000275	501 (C) (3)	6,000.				END STUDENT HUNGER

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(1) EASTSIDE ELEMENTARY SCHOOL 8050 MOBLEY ROAD BROOKSVILLE, FL 34601	59-6000647	501 (C) (3)	6,000.				END STUDENT HUNGER
(2) ELEMENTARY SCH LEARNING CMTY 2120 WOOD AVE CHARLESTON, SC 29414	57-6000322	501 (C) (3)		5,006.	FMV	EQUIPMENT	FUTP 60
(3) ELMER A WOLFE ELEM SCHOOL 125 N. COURT STREET WESTMINSTER, MD 21157	52-6000911	501 (C) (3)	35,000.				END STUDENT HUNGER
(4) ELSIE SHANDS ELEMENTARY SCHOOL 3819 TOWNE CROSSING BLVD MESQUITE, TX 75150	75-0002054	501 (C) (3)	10,000.				END STUDENT HUNGER
(5) ESCAMBIA COUNTY HIGH SCHOOL 301 BELLEVILLE AVE. BREWTON, AL 36426	63-6000876	501 (C) (3)	11,550.				FUTP 60
(6) EUGENE BROOKS INTERMEDIATE SCHOOL 194 HAIGHT ROAD AMENIA, NY 12501	14-6010107	501 (C) (3)	6,000.				FUTP 60
(7) FEEDING AMERICA TAMPA BAY 4702 TRANSPORT DR BLDNG 6, TAMPA FL 33605	59-2116576	501 (C) (3)	10,000.				FUTP 60
(8) FIELDS STORE ELEMENTARY SCHOOL 1918 KEY STREET WALLER, TX 77484	74-6002539	501 (C) (3)	6,000.				END STUDENT HUNGER
(9) FOND DU LAC SCHOOL DISTRICT 109 E MERRILL AVE FOND DU LAC, WI 54935	39-1411371	501 (C) (3)		6,335.	FMV	EQUIPMENT	FUTP 60
(10) FOREST GLEN MIDDLE 3264 PRUDEN BLVD. SUFFOLK, VA 23434	54-1643533	501 (C) (3)	26,000.				FUTP 60
(11) FORT WORTH INDEPENDENT SCHOOL DISTRICT 601 E. NORTHSIDE DR. FORT WORTH, TX 76164	75-6001613	501 (C) (3)	22,863.				FUTP 60
(12) FRANK BORMAN ELEMENTARY SCHOOL-K-8 5220 W. INDIAN SCHOOL RD. PHOENIX, AZ 85031	86-6000517	501 (C) (3)	40,000.				FUTP 60

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FREEPORT HIGH SCHOOL 50 S BROOKSIDE AVE FREEPORT, NY 11520	11-6002021	501 (C) (3)	6,000.				END STUDENT HUNGER
(2) FT STEWART SCHOOL DISTRICT 1127 AUSTIN RD BLDG 7560	35-9990000	501 (C) (3)		5,361.	FMV	EQUIPMENT	FUTP 60
(3) GALLATIN CO ELEMENTARY SCHOOL 25 BOAZ DR WARSAW, KY 41095	61-6001373	501 (C) (3)	6,000.				FUTP 60
(4) GANADO PRIMARY SCHOOL PO BOX 1757 GANADO, AZ 86505	86-0394254	501 (C) (3)	6,000.				FUTP 60
(5) GAUGER-COBBS MIDDLE SCHOOL 925 BEAR CORBITT ROAD BEAR, DE 19701	51-6000279	501 (C) (3)	5,600.				END STUDENT HUNGER
(6) GEORGE WASHINGTON CARVER ES 12350 NORWAY RD NEOSHO, MO 64850	44-6003638	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) GIBSON ELEMENTARY SCHOOL 9865 WINKLER DR SAINT LOUIS, MO 63136	43-6003016	501 (C) (3)	18,000.				END STUDENT HUNGER
(8) GRANDVIEW ELEMENTARY SCHOOL 1020 MAIN STREET WINDSOR, CO 80550	84-6001185	501 (C) (3)	5,500.				END STUDENT HUNGER
(9) GRAYSIDE ELEMENTARY SCHOOL 510 GRAYSIDE AVE MAUSTON, WI 53948	39-6003318	501 (C) (3)	6,000.				FUTP 60
(10) GREENE CO TECH ELEMENTARY SCHOOL 5413 W KINGSHIGHWAY PARAGOULD, AR 72450	71-6037624	501 (C) (3)	8,000.				FUTP 60
(11) GREER ELEMENTARY SCHOOL 4404 GLYNCO PARKWAY BRUNSWICK, GA 31525	58-6000249	501 (C) (3)	8,580.				FUTP 60
(12) HALLS HIGH SCHOOL 321 ARMORY STREET RIPLEY, TN 38063	62-6000707	501 (C) (3)	10,000.				END STUDENT HUNGER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

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Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) HARLINGEN CISD 407 N. 77 SUNSHINE STRIP	74-6001053	501 (C) (3)	40,853.	8,258.	FMV	EQUIPMENT	FUTP 60
(2) HARRISBURG CLG & CAREER PREP 207 W ESTES ST HARRISBURG, AR 72432	71-6020535	501 (C) (3)	6,000.				END STUDENT HUNGER
(3) HASKELL ELEMENTARY SCHOOL 973-A RINGWOOD AVE HASKELL, NJ 07420	22-6002370	501 (C) (3)	14,000.				FUTP 60
(4) HAZLETON ELEMENTARY MIDDLE SCHOOL 1515 WEST 23RD STREET	23-1667968	501 (C) (3)	10,000.				END STUDENT HUNGER
(5) HIGHLAND HIGH SCHOOL 1627 HIGHWAY 62 412 HARDY, AR 72542	71-0362565	501 (C) (3)	6,000.				FUTP 60
(6) HILLSBOROUGH COUNTY SCHOOLS 9014 BRITTANY WAY TAMPA, FL 33619	59-6000660	501 (C) (3)	138,420.	37,892.	FMV	EQUIPMENT	FUTP 60
(7) HOLLIS ELEMENTARY SCHOOL 348 POND ST BRAINTREE, MA 02184	04-6001097	501 (C) (3)	10,000.				END STUDENT HUNGER
(8) HOLLY HARSHMAN ELEM SCHOOL 1000 GEYER DR MENA, AR 71953	71-6020824	501 (C) (3)	6,000.				FUTP 60
(9) HORACE H EPES ELEM SCHOOL 12465 WARWICK BLVD NEWPORT NEWS, VA 23606	54-1398784	501 (C) (3)	6,000.				FUTP 60
(10) IDEA ACADEMY-BRIDGE 1500 N AIRWAY DR BATON ROUGE, LA 70815	81-3194334	501 (C) (3)	8,000.				FUTP 60
(11) IDEA CLG PREP-RUNDBERG 2115 W. PIKE BLVD. WESLACO, TX 78596	74-2948339	501 (C) (3)	10,000.				END STUDENT HUNGER
(12) IDER SCHOOL 306 MAIN STREET WEST RAINSVILLE, AL 35986	63-6000850	501 (C) (3)	31,600.				FUTP 60

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(1) INDIAN AVE SCHOOL 515 BANK STREET BRIDGETON, NJ 08302	21-6000144	501 (C) (3)	10,000.				END STUDENT HUNGER
(2) IZARD COUNTY MIDDLE SCHOOL PO BOX 115 BROCKWELL, AR 72517	71-0616248	501 (C) (3)	6,000.				FUTP 60
(3) JAMES M QUINN ELEMENTARY SCHOOL 8 BUSH ST DARTMOUTH, MA 02748	04-6001127	501 (C) (3)	10,000.				END STUDENT HUNGER
(4) JEFFERSON PARISH PUB SCHOOL DISTRICT 600 W ESPLANADE AVE KENNER, LA 70065	72-6000592	501 (C) (3)		35,815.	FMV	EQUIPMENT	FUTP 60
(5) JESSIE MARIE RIDDLE ELEMENTARY 8201 ROBINSON RD PLANO, TX 75024	75-6001636	501 (C) (3)		15,323.	FMV	EQUIPMENT	FUTP 60
(6) JOHN J CORNWELL ELEM SCHOOL 111 SCHOOL ST ROMNEY, WV 26757	55-6000323	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) JOHNSTON ELEMENTARY SCHOOL 175 BINGHAM ROAD ASHEVILLE, NC 28806	56-6000994	501 (C) (3)	6,000.				FUTP 60
(8) JONES EARLY LITERACY CENTER 1600 WATERALL ST TEXARKANA, TX 75501	75-6002579	501 (C) (3)	6,000.				FUTP 60
(9) JOSEPH H GAUDET MIDDLE SCHOOL 58 GOODING AVE BRISTOL, RI 02809	05-6000235	501 (C) (3)	10,000.				END STUDENT HUNGER
(10) KANSAS CITY SCHOOL DISTRICT 33 8111 OAK ST KANSAS CITY, MO 64114	44-6003108	501 (C) (3)		13,175.	FMV	EQUIPMENT	FUTP 60
(11) KCSO FOOD SERVICE 300 E SOUTH ST KENNETT SQ, PA 19348	23-1668287	501 (C) (3)	10,000.				END STUDENT HUNGER
(12) KENNETT HIGH SCHOOL 176A MAIN STREET CONWAY, NH 03818	02-6000189	501 (C) (3)	10,000.				END STUDENT HUNGER

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(1) KEPEL ACADEMY 35118 82ND STREET EAST LITTLEROCK, CA 93543	95-6001756	501 (C) (3)	12,000.				END STUDENT HUNGER
(2) KIPP CORAZON ACADEMY 8616 LONG BEACH BLVD SOUTH GATE, CA 90280	95-6001908	501 (C) (3)		75,024.	FMV	EQUIPMENT	FUTP 60
(3) KLEIN FOREST HIGH SCHOOL 7500 FM 2920 SPRING, TX 77379	74-6002337	501 (C) (3)	16,359.				FUTP 60
(4) KOHALA HIGH SCHOOL 75-140 HUALALAI RD KAILUA KONA, HI 96740	99-0266482	501 (C) (3)	8,000.				FUTP 60
(5) LA CROSSE SCHOOL DISTRICT 1801 LOSEY BLVD S LA CROSSE, WI 54601	39-6002841	501 (C) (3)		6,823.	FMV	EQUIPMENT	FUTP 60
(6) LA JOYA IND SCHOOL DISTRICT 4800 LIBERTY BLVD PENITAS, TX 78576	74-6001550	501 (C) (3)	9,328.	10,234.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(7) LANIER MIDDLE 2600 WOODHEAD ST HOUSTON, TX 77098	74-6001255	501 (C) (3)		7,231.	FMV	EQUIPMENT	FUTP 60
(8) LAURENS ELEMENTARY SCHOOL 301 HILLCREST DR LAURENS, SC 29360	57-6001517	501 (C) (3)	8,000.				FUTP 60
(9) LAWRENCE COUNTY HIGH SCHOOL 1620 SPRINGER ROAD LAWRENCEBURG, TN 38464	62-1251850	501 (C) (3)	8,000.				END STUDENT HUNGER
(10) LAWRENCE ELEMENTARY SCHOOL 840 S. CLUFF LODI, CA 95240	94-1054700	501 (C) (3)	6,000.				END STUDENT HUNGER
(11) LAWRENCE-NELSON ELEM SCHOOL 411 E 2ND ST LAWRENCE, NE 68957	47-0832364	501 (C) (3)	6,000.				FUTP 60
(12) LEARN 10 CS NORTH CHICAGO 1811 MORROW AVE NORTH CHICAGO, IL 60064	36-4439074	501 (C) (3)	14,000.				END STUDENT HUNGER

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(1) LEE M. WAID ELEM. 25 BERNARD RD ROCKY MOUNT, VA 24151	54-6001288	501 (C) (3)	7,994.				END STUDENT HUNGER
(2) LEE'S SUMMIT SCHOOL DISTRICT 702 SE 291 HIGHWAY LEES SUMMIT, MO 64081	44-6004933	501 (C) (3)	9,800.	13,703.	FMV	EQUIPMENT	FUTP 60
(3) LIBERTY SCHOOL DISTRICT 19871 W. FREMONT ROAD BUCKEYE, AZ 85326	86-6000493	501 (C) (3)	6,000.	6,006.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(4) LINCOLN ELEMENTARY SCHOOL 545 W DAYTON ST. MADISON, WI 53703	39-6003202	501 (C) (3)	6,000.				END STUDENT HUNGER
(5) LINCOLN ELEMENTARY SCHOOL 3030 MORTON AVE PARSONS, KS 67357	48-6040371	501 (C) (3)	12,000.				END STUDENT HUNGER
(6) LINCOLN ELEMENTARY SCHOOL 191 S EAST ST FREDERICK, MD 21701	52-6000941	501 (C) (3)	15,000.				END STUDENT HUNGER
(7) LINCOLN PUB SCHOOL DISTRICT 1 2745 S 22ND ST LINCOLN, NE 68502	47-6003955	501 (C) (3)	27,911.	26,269.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(8) LIVINGSTON JUNIOR HIGH SCHOOL 1801 HIGHWAY 59 LOOP N LIVINGSTON, TX 77351	74-6001620	501 (C) (3)	6,000.				END STUDENT HUNGER
(9) LIVINGSTON PARISH PUBLIC SCHOOLS PO BOX 1130 LIVINGSTON, LA 70754	72-0882480	501 (C) (3)	11,079.				FUTP 60
(10) LOCUST GROVE PUBLIC SCHOOLS PO BOX 399 LOCUST GROVE, OK 74352	73-6060714	501 (C) (3)	8,000.				END STUDENT HUNGER
(11) LONGS PEAK MIDDLE SCHOOL 2929 CLOVER BASIN DR. LONGMONT, CO 80503	84-6014380	501 (C) (3)	7,280.				FUTP 60
(12) LONGWOOD MIDDLE SCHOOL 41 YAPHANK MIDDLE ISLAND RD.	11-6003332	501 (C) (3)	6,000.				END STUDENT HUNGER

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(1) LOUDOUN CO PUBLIC SCHOOL DISTRICT 23171 MINERVA DR ASHBURN, VA 20148	54-6001395	501 (C) (3)	10,000.	28,968.	FMV	EQUIPMENT	FUTP 60
(2) LUCILLE M. BROWN MIDDLE 1461 COMMERCE ROAD, SUITE B	54-1689909	501 (C) (3)	17,220.				FUTP 60
(3) MACARTHUR ELEMENTARY SCHOOL 63 E MAIN ST STE 101 MESA, AZ 85201	86-6000481	501 (C) (3)	6,005.				FUTP 60
(4) MANTON CONSOLIDATED MIDDLE S 105 5TH ST. MANTON, MI 49663	38-6029234	501 (C) (3)	12,000.				FUTP 60
(5) MATANUSKA-SUSITNA BOROUGH SD PO BOX 520049 BIG LAKE, AK 99652	92-6000034	501 (C) (3)		8,772.	FMV	EQUIPMENT	FUTP 60
(6) MCKINLEY-BRIGHTON MAGNET SCHOOL 600 ROBINSON ST SYRACUSE, NY 13206	15-6010157	501 (C) (3)	12,000.				END STUDENT HUNGER
(7) MEADOWDALE ELEMENTARY SCHOOL 2550 HARNISH DR ALGONQUIN, IL 60102	36-6004758	501 (C) (3)	6,000.				END STUDENT HUNGER
(8) MEMORIAL ELEMENTARY SCHOOL 31 WEST FOUNTAIN STREET MILFORD, MA 01757	04-6001224	501 (C) (3)	10,000.				END STUDENT HUNGER
(9) MERRILL COMMUNITY SCHOOLS 555 W ALICE ST MERRILL, MI 48637	38-6003444	501 (C) (3)	6,000.				END STUDENT HUNGER
(10) MERRIMACK HIGH SCHOOL 38 MCELWAIN ST MERRIMACK, NH 03054	02-6000547	501 (C) (3)	10,000.				END STUDENT HUNGER
(11) MIAMI-DADE COUNTY PUBLIC SCHOOLS 1450 NE 2ND AVE MIAMI, FL 33132	59-6000572	501 (C) (3)	14,000.	75,469.	FMV	EQUIPMENT	ADVENTURE CAPITAL / FUTP 60
(12) MIDLAND PUBLIC SCHOOLS 600 E CARPENTER STREET MIDLAND, MI 48640	38-6002734	501 (C) (3)	8,000.				FUTP 60

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(1) MILDRED C LAKEWAY ELEMENTARY SCHOOL 325 UNION ST LITTLETON, NH 03561	02-6000497	501 (C) (3)	10,000.				END STUDENT HUNGER
(2) MILLINGTON MIDDLE SCHOOL 5020 SECOND AVENUE MILLINGTON, TN 38053	46-4289512	501 (C) (3)	6,000.				FUTP 60
(3) MIMOSA ELEMENTARY SCHOOL 6201 POWERS FERRY ROAD NW ATLANTA, GA 30339	58-6000246	501 (C) (3)	5,874.				END STUDENT HUNGER
(4) MONOMOY REGIONAL HIGH SCHOOL 75 OAK ST HARWICH, MA 02645	45-1833513	501 (C) (3)	10,000.				END STUDENT HUNGER
(5) MONTESSORI SCHOOL OF ENGLEWOOD 6936 S HERMITAGE AVE CHICAGO, IL 60636	01-6299025	501 (C) (3)	8,000.				END STUDENT HUNGER
(6) MOORESVILLE HIGH SCHOOL 11 WEST CARLISLE ST., MOORESVILLE IN 46158	35-6006862	501 (C) (3)	18,000.				END STUDENT HUNGER
(7) MOOREVILLE HIGH SCHOOL P.O. BOX 1100 VERONA, MS 38879	64-6000601	501 (C) (3)	7,200.				END STUDENT HUNGER
(8) MSD OF WARREN TWP 1550 CUMBERLAND RD INDIANAPOLIS, IN 46229	35-6006000	501 (C) (3)		8,099.	FMV	EQUIPMENT	FUTP 60
(9) MUSCOGEE CO SCHOOL DISTRICT 2951 M L KING JR BLVD COLUMBUS, GA 31906	58-6000143	501 (C) (3)		14,863.	FMV	EQUIPMENT	FUTP 60
(10) NAVAJO ELEMENTARY SCHOOL 8500 E JACKRABBIT RD SCOTTSDALE, AZ 85250	86-6000535	501 (C) (3)	6,000.				END STUDENT HUNGER
(11) NEWBERRY MIDDLE SCHOOL P.O. BOX 718 NEWBERRY, SC 29108	57-6000388	501 (C) (3)	14,000.				END STUDENT HUNGER
(12) NORTH AUGUSTA HIGH SCHOOL 1163 ERGLE STREET GRANITEVILLE, SC 29829	57-6000300	501 (C) (3)	23,000.				FUTP 60

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTH EAST ISD SCHL NUTRITION 3623 HIGHPOINT SAN ANTONIO, TX 78217	74-6015301	501 (C) (3)		20,670.	FMV	EQUIPMENT	FUTP 60
(2) NORTH ELEMENTARY SCHOOL 580 WHETSTONE HILL RD SOMERSET, MA 02726	04-6001302	501 (C) (3)	10,000.				END STUDENT HUNGER
(3) NORTH PROVIDENCE HIGH SCHOOL 1828 MINERAL SPRING AVE	05-6000277	501 (C) (3)	10,000.				END STUDENT HUNGER
(4) NORTH SPENCER COUNTY SCHOOL CORPORATION 3720 E SR 162 LINCOLN CITY, IN 47552	35-1113233	501 (C) (3)	10,000.				FUTP 60
(5) NORTHEAST HS 1601 COTTMAN AVE PHILADELPHIA, PA 19111	23-6004102	501 (C) (3)	35,550.				FUTP 60
(6) NORTHVIEW ELEMENTARY SCHOOL 14140 S BLACKBOB RD	48-0697986	501 (C) (3)	8,000.				FUTP 60
(7) NORTHWEST MIDDLE SCHOOL 912 SOUTH GAY STREET KNOXVILLE, TN 37902	62-1514781	501 (C) (3)	6,000.				FUTP 60
(8) NORWOOD SENIOR HIGH SCHOOL 245 NICHOLS ST NORWOOD, MA 02062	04-6001254	501 (C) (3)	10,000.				END STUDENT HUNGER
(9) NUEVA CONTINUATION HIGH SCHOOL SUITE B BAKERSFIELD, CA 93307	95-6001764	501 (C) (3)	6,000.				END STUDENT HUNGER
(10) NYE CO SCHOOL DISTRICT PO BOX 1749 TONOPAH, NV 89049	88-6001054	501 (C) (3)		5,259.	FMV	EQUIPMENT	FUTP 60
(11) OLYMPIC MIDDLE SCHOOL 1302 4TH ST SW AUBURN, WA 98001	91-6001640	501 (C) (3)	6,000.				FUTP 60
(12) ORANGE COUNTY SCHOOL DISTRICT 445 W. AMELIA ST. ORLANDO, FL 32801	59-6000771	501 (C) (3)	6,999.	5,663.	FMV	EQUIPMENT	FUTP 60

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1) ORLEANS ELEMENTARY SCHOOL 78 ELDRIDGE PARK WAY ORLEANS, MA 02653	04-6006522	501 (C) (3)	10,000.				END STUDENT HUNGER
(2) OSHKOSH AREA SCHOOL DISTRICT 1600 HAZEL ST OSHKOSH, WI 54901	39-1414354	501 (C) (3)		9,259.	FMV	EQUIPMENT	FUTP 60
(3) PARK CITY ELEMENTARY SCHOOL 202 W. WASHINGTON STREET GLASGOW, KY 42141	61-6001283	501 (C) (3)	9,980.				FUTP 60
(4) PERES ELEMENTARY SCHOOL 750 BISSELL AVENUE RICHMOND, CA 94801	68-0000495	501 (C) (3)	33,463.				END STUDENT HUNGER
(5) PHOENIX ELEM SCHOOL DIST 1 707 W GRANT ST PHOENIX, AZ 85007	86-6000478	501 (C) (3)		6,335.	FMV	EQUIPMENT	FUTP 60
(6) PILGRIM HIGH SCHOOL 69 DRAPER AVENUE WARWICK, RI 02889	05-0462792	501 (C) (3)	10,000.				END STUDENT HUNGER
(7) PINE VIEW ELEMENTARY SCHOOL 5333 PARKWAY BLVD. LAND O LAKES, FL 34639	59-6000792	501 (C) (3)	35,000.				FUTP 60
(8) PITTSBURGH PUBLIC SCHOOL DISTRICT 8 SOUTH 13TH STREET	10-2027451	501 (C) (3)	10,000.				FUTP 60
(9) PITTSBURGH PUBLIC SCHOOL DISTRICT 1 ALGER ST PITTSBURGH, PA 15207	25-1157808	501 (C) (3)		15,922.	FMV	EQUIPMENT	FUTP 60
(10) PORTLAND SCHOOL DISTRICT 1J 2425 SW VISTA AVE PORTLAND, OR 97201	93-6000830	501 (C) (3)		5,848.	FMV	EQUIPMENT	FUTP 60
(11) PRAIRIE CENTRAL PRIMARY EAST 600 SOUTH FIRST STREET FAIRBURY, IL 61739	37-1180746	501 (C) (3)	6,000.				FUTP 60
(12) PRESCOTT SOUTH ELEMENTARY SCH 3860 PHIFER MOUNTAIN RD	62-6000796	501 (C) (3)	12,940.				FUTP 60

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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PSJA CHILD NUTRITION PROGRAM 800 S. STEWART RD. SAN JUAN, TX 78589	74-6001876	501 (C) (3)	26,350.				FUTP 60
(2) RECTOR A JONES MIDDLE SCHOOL 8330 US HIGHWAY 42 FLORENCE, KY 41042	61-6001252	501 (C) (3)	12,000.				FUTP 60
(3) RICHARDSON-OLMSTED SCHOOL 50 OLIVER STREET EASTON, MA 02356	04-6001142	501 (C) (3)	10,000.				END STUDENT HUNGER
(4) RICHLAND CO SCHOOL DISTRICT 1 3032 PINE BELT RD COLUMBIA, SC 29204	57-6000243	501 (C) (3)	10,000.	5,408.	FMV	EQUIPMENT	FUTP 60
(5) RIPLEY UNION LEWIS HUNTINGTON SCHOOL 502 SOUTH SECOND STREET RIPLEY, OH 45167	31-6000943	501 (C) (3)	11,000.				FUTP 60
(6) RIVERSIDE MIDDLE SCHOOL 2920 US HIGHWAY 17 WILLIAMSTON, NC 27892	56-6000652	501 (C) (3)		15,829.	FMV	EQUIPMENT	FUTP 60
(7) ROCKBRIDGE COUNTY PUBLIC SCHOOLS 2893 COLLIERSTOWN ROAD LEXINGTON, VA 24450	54-6001580	501 (C) (3)	5,500.				END STUDENT HUNGER
(8) ROSEHILL ELEMENTARY SCHOOL 8200 W 71ST ST SHAWNEE MSN, KS 66204	48-0764907	501 (C) (3)	6,000.				ADVENTURE CAPITAL
(9) RUTH FISHER ELEMENTARY SCHOOL 38201 W INDIAN SCHOOL RD TONOPAH, AZ 85354	86-6000521	501 (C) (3)	6,000.				FUTP 60
(10) SARA HARP MINTER ELEM SCHOOL 205 LAFAYETTE AVENUE FAYETTEVILLE, GA 30214	58-6000241	501 (C) (3)	15,000.				FUTP 60
(11) SCHENECTADY HIGH SCHOOL 108 EDUCATION DRIVE SCHENECTADY, NY 12303	14-6004188	501 (C) (3)	6,077.				END STUDENT HUNGER
(12) SCHOOL CITY OF HAMMOND 41 WILLIAMS ST HAMMOND, IN 46320	35-6002450	501 (C) (3)	10,000.				FUTP 60

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Schedule I (Form 990) 2021

**SCHEDULE I
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- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCHOOL DISTRICT OF PALM BEACH 3300 FOREST HILL BLVD	59-6000783	501 (C) (3)	16,461.	9,588.	FMV	EQUIPMENT	END STUDENT HUNGER / FUTP 60
(2) SEATTLE SCHOOL DISTRICT 1 144 NW 80TH ST SEATTLE, WA 98117	91-6001541	501 (C) (3)		45,810.	FMV	EQUIPMENT	FUTP 60
(3) SEQUOYAH MIDDLE SCHOOL 3456 AZTEC ROAD DORAVILLE, GA 30340	58-6000227	501 (C) (3)	6,000.				FUTP 60
(4) SOUTH POINTE HIGH SCHOOL 1515 S VAL VISTA DR GILBERT, AZ 85296	38-3463353	501 (C) (3)	7,200.				FUTP 60
(5) SOUTH RIVER SENIOR HIGH SCHOOL 201 CENTRAL AVE E EDGEWATER, MD 21037	52-6000882	501 (C) (3)	7,000.				END STUDENT HUNGER
(6) SOUTHAVEN INTERMEDIATE SCHOOL 5 EAST SOUTH STREET HERNANDO, MS 38632	64-6000320	501 (C) (3)	24,000.				FUTP 60
(7) STONE ELEMENTARY SCHOOL 3766 DUNBAR RD CROSSVILLE, TN 38572	62-0981539	501 (C) (3)	10,000.				END STUDENT HUNGER
(8) STRUBLE ELEMENTARY SCHOOL 3240 BANNING RD CINCINNATI, OH 45239	31-6000769	501 (C) (3)	5,355.				FUTP 60
(9) STUART PEPPER MIDDLE SCHOOL 1155 OLD EKRON RD BRANDENBURG, KY 40108	61-6001248	501 (C) (3)	7,500.				FUTP 60
(10) TACOMA PUBLIC SCHOOLS 601 S 8TH STREET TACOMA, WA 98405	91-6001553	501 (C) (3)		22,624.	FMV	EQUIPMENT	FUTP 60
(11) THE BOYS & GIRLS CLUBS OF KING COUNTY 603 STEWART STREET #300 SEATTLE, WA 98101	91-0532600	501 (C) (3)	9,397.				FUTP 60
(12) THOMAS JEFFERSON HIGH SCHOOL 33330 8TH AVE S FEDERAL WAY, WA 98003	91-6001624	501 (C) (3)	18,000.				END STUDENT HUNGER

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(1) TOK SCHOOL PO BOX 226 TOK, AK 99780	92-0058369	501 (C) (3)	8,000.				END STUDENT HUNGER
(2) TUCSON UNIFIED SCHOOL DISTRICT 101 W 25TH ST TUCSON, AZ 85713	86-6000551	501 (C) (3)	24,000.	24,912.	FMV	EQUIPMENT	FUTP 60
(3) UNIVERSITY MIDDLE SCHOOL 255 MYRTLE AVE IRVINGTON, NJ 07111	22-6000691	501 (C) (3)	8,000.				FUTP 60
(4) UPLIFT WISDOM PREP SEC SCHOOL 3000 PEGASUS PARK DRIVE	75-2659683	501 (C) (3)	6,000.				END STUDENT HUNGER
(5) VALLEY VIEW ELEMENTARY SCHOOL 800 S LEE HWY CLEVELAND, TN 37311	62-6000503	501 (C) (3)	7,400.				END STUDENT HUNGER
(6) VERNON JOHNS MIDDLE SCHOOL 920 E. WYTHE ST PETERSBURG, VA 23803	54-6001504	501 (C) (3)	8,000.				FUTP 60
(7) VIRGINIA ROCCA BARTON ELEM SCHOOL 155 BARDIN RD SALINAS, CA 93905	77-0201754	501 (C) (3)	11,002.				END STUDENT HUNGER
(8) W EDWARD BALMER ELEM SCHOOL 87 LINWOOD AVENUE WHITINSVILLE, MA 01588	04-6001250	501 (C) (3)	10,000.				END STUDENT HUNGER
(9) WACHUSETT REGIONAL HIGH SCHOOL 1745 MAIN STREET JEFFERSON, MA 01522	04-6006005	501 (C) (3)	10,000.				END STUDENT HUNGER
(10) WAHLUKE JUNIOR HIGH SCHOOL PO BOX 907 MATTAWA, WA 99349	91-6018970	501 (C) (3)	6,000.				END STUDENT HUNGER
(11) WARE ELEMENTARY SCHOOL PO BOX 3268 LONGVIEW, TX 75606	75-6001977	501 (C) (3)	6,000.				ADVENTURE CAPITAL
(12) WAREHAM HIGH SCHOOL 48 MARION ROAD WAREHAM, MA 02571	04-6001336	501 (C) (3)	12,000.				END STUDENT HUNGER

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WARREN CO SCHOOL DISTRICT 303 LOVERS LANE BOWLING GREEN, KY 42103	61-6001247	501 (C) (3)	14,000.				FUTP 60
(2) WASHOE CO SD-AREA 1/ACCEL ZONE 4800 NEIL RD RENO, NV 89502	88-6000919	501 (C) (3)		5,361.	FMV	EQUIPMENT	FUTP 60
(3) WATAUGA CO SCHOOL DISTRICT 361 JEFFERSON RD BOONE, NC 28607	56-6001130	501 (C) (3)		18,740.	FMV	EQUIPMENT	FUTP 60
(4) WAVERLY-SHELL ROCK MIDDLE SCHOOL 501 HERITAGE WAY WAVERLY, IA 50677	42-6039259	501 (C) (3)	8,000.				END STUDENT HUNGER
(5) WEST BATH ELEMENTARY SCHOOL 126 NEW MEADOWS RD WEST BATH, ME 04530	01-6000430	501 (C) (3)	10,000.				END STUDENT HUNGER
(6) WEST CENTRAL VALLEY HIGH SCHOOL 3299 WHITE POLE RD STUART, IA 50250	42-1516482	501 (C) (3)	5,600.				END STUDENT HUNGER
(7) WEST CHATHAM MIDDLE SCHOOL 208 BULL STREET RM 308 SAVANNAH, GA 31401	58-6000206	501 (C) (3)	8,000.				FUTP 60
(8) WEST CRAVEN HIGH SCHOOL 1822 HAZEL AVE NEW BERN, NC 28560	56-1286861	501 (C) (3)	10,000.				FUTP 60
(9) WESTWOOD HILLS ELEM. 301 PINE AVE WAYNESBORO, VA 22980	54-1942228	501 (C) (3)	11,000.				FUTP 60
(10) WHITESVILLE ELEMENTARY SCHOOL 1622 SOUTHEASTERN PARKWAY	61-6001338	501 (C) (3)	12,000.				FUTP 60
(11) WHITTIER ELEMENTARY SCHOOL 202 W BROADWAY ST MUSKOGEE, OK 74401	73-6069062	501 (C) (3)	19,000.				END STUDENT HUNGER
(12) WILLIAM SEACH PRIMARY SCHOOL 1 WILDCAT WAY WEYMOUTH, MA 02190	04-6001363	501 (C) (3)	10,000.				END STUDENT HUNGER

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WINDER BARROW HIGH SCHOOL 179 W ATHENS ST WINDER, GA 30680	58-6000187	501 (C) (3)	6,000.				FUTP 60
(2) WINDSOR ELEMENTARY SCHOOL 566 TOGUS RD CHELSEA, ME 04330	26-4345738	501 (C) (3)	5,089.				END STUDENT HUNGER
(3) WINTON WOODS ELEMENTARY SCHOOL 825 WAYCROSS RD STE A, CINCINNATI, OH 45240	31-6000809	501 (C) (3)	5,355.				END STUDENT HUNGER
(4) WOODFORD PAIDEIA SCHOOL 2315 IOWA AVE, 2ND FLOOR	31-6000758	501 (C) (3)	30,365.				END STUDENT HUNGER
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART I, LINE 2

GENYOUTH, INCORPORATED PROVIDES ALL GRANTS TO PUBLIC CHARITIES AND DOES NOT COMPLETE MONITORING AFTER PROVIDING ITS GRANTS.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GENYOUTH, INCORPORATED

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

GENYOUTH, INCORPORATED WAS INCORPORATED ON MAY 8, 2009, IN THE DISTRICT OF COLUMBIA UNDER THE NON-PROFIT CORPORATION ACT. ON JANUARY 24, 2011, THE ORGANIZATION OBTAINED A CERTIFICATE OF REGISTRATION TO OPERATE UNDER THE TRADE NAME GENYOUTH FOUNDATION (GENYOUTH).

GENYOUTH, INCORPORATED WAS FORMED FOR THE PURPOSE OF ENCOURAGING, MONITORING, AND ASSISTING ORGANIZATIONS IN IMPLEMENTING YOUTH-ORIENTED HEALTH PROGRAMS IN SCHOOLS AND PROMOTING HEALTHY DIET AND EXERCISE PROGRAMS. GENYOUTH, INCORPORATED SPECIALIZES IN A RANGE OF NATIONAL INITIATIVES, INCLUDING NOTABLY FUEL UP TO PLAY 60 (FUTP 60), THE NATION'S FOREMOST IN-SCHOOL WELLNESS PROGRAM IN PARTNERSHIP WITH THE NATIONAL DAIRY COUNCIL (NDC) AND THE NATIONAL FOOTBALL LEAGUE (NFL), AND ADVENTURE CAPITAL, AN INNOVATIVE YOUTH SOCIAL ENTREPRENEURSHIP PROGRAM. GENYOUTH, INCORPORATED COORDINATES AND ENLISTS NETWORKS OF PRIVATE AND PUBLIC PARTNERS, CONVENES DIALOGUES, GENERATES INSIGHTS, BUILDS AWARENESS, RAISES FUNDS, AND CHANNELS RESOURCES - ALL IN THE SERVICE OF EMPOWERING YOUTH TO BE STEWARDS OF THEIR GENERATION'S QUEST FOR HEALTHY, FULFILLED, AND PRODUCTIVE LIVES.

PROGRAM SERVICES

FORM 990, PART III, LINE 4A

COVID-19 EMERGENCY SCHOOL MEAL DELIVERY FUND HELPS SCHOOLS NATIONWIDE CLOSE THE GAP IN FUNDING TO ENSURE CONTINUITY OF SCHOOL MEALS. THE FUND

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

PROVIDES GRANTS OF UP TO \$3,000 PER SCHOOL TO SUPPLY MUCH-NEEDED
RESOURCES FOR MEAL DISTRIBUTION AND DELIVERY EFFORTS TO GET FOOD TO
STUDENTS DURING COVID-19. FROM SOFT-SIDED COOLERS, BAGS AND CONTAINERS
FOR INDIVIDUAL SERVINGS, TO PROTECTIVE GEAR FOR FOOD SERVICE SANITATION
AND SAFETY, THIS EQUIPMENT WILL HELP ENSURE CHILDREN CONTINUE TO RECEIVE
THE NUTRITIOUS MEALS THEY NEED.

LINE 4B, PROGRAM SERVICE

FUEL UP TO PLAY 60 IS THE LARGEST IN-SCHOOL NUTRITION AND PHYSICAL
ACTIVITY PROGRAM IN THE COUNTRY, LAUNCHED BY THE NATIONAL DAIRY COUNCIL
(NDC) AND THE NATIONAL FOOTBALL LEAGUE (NFL) IN COLLABORATION WITH THE
USDA. 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 38 MILLION STUDENTS.

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 38 MILLION STUDENTS.

LINE 4C, PROGRAM SERVICE

INSIGHTS IS A DATA-GATHERING PLATFORM THAT UNLOCKS MIDDLE AND HIGH SCHOOL
STUDENT INSIGHTS AND PERSPECTIVES ON SOME OF THEIR GENERATION'S GREATEST
HEALTH AND WELLNESS CONCERNS. MORE THAN JUST LISTENING TO YOUNG PEOPLE,

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THOUGHT LEADERSHIP TAKES THESE VALUABLE LEARNINGS AND TRANSLATES THEM INTO COMPELLING STORIES AND OPPORTUNITIES FOR ACTION. UNLIKE TRADITIONAL MARKET RESEARCH, THOUGHT LEADERSHIP ELEVATES THE YOUTH VOICE, STIMULATES THINKING, DIALOGUE, AND ENGAGEMENT AMONG HEALTH, WELLNESS, EDUCATION, BUSINESS AND YOUTH STAKEHOLDERS.

LEARNINGS AND TRANSLATES THEM INTO COMPELLING STORIES AND OPPORTUNITIES FOR ACTION. UNLIKE TRADITIONAL MARKET RESEARCH, THOUGHT LEADERSHIP ELEVATES THE YOUTH VOICE, STIMULATES THINKING, DIALOGUE, AND ENGAGEMENT AMONG HEALTH, WELLNESS, EDUCATION, BUSINESS AND YOUTH STAKEHOLDERS.

FORM 990, PART III, LINE 4D

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 NATIONWIDE. BY APPLYING THE PRINCIPLES OF ENTREPRENEURIAL THINKING 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 ALONG THE WAY.

DELEGATION OF CONTROL OF MANAGEMENT DUTIES

FORM 990, PART VI, LINE 3

MANAGEMENT DUTIES ARE DELEGATED TO DAIRY MANAGEMENT, INC. (DMI). RESPONSIBILITIES INCLUDE IMPLEMENTATION OF THE DAIRY PROMOTION PROGRAM, SUPERVISION OF EXEMPT PURPOSE AND ANNUAL BUDGET PREPARATION.

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ANN MARIE KRAUTHEM, PRESIDENT AND CWO OF GENYOUTH, IS AN EMPLOYEE OF DMI.
HER 2021 REPORTABLE COMPENSATION IS \$358,196 AND OTHER COMPENSATION IS
\$42,702. THIS COMPENSATION IS FOR SERVICES PROVIDED TO GENYOUTH.

QUINTON BAILY, CFO OF GENYOUTH, IS AN EMPLOYEE OF DMI AND HIS 2021
REPORTABLE COMPENSATION OF \$406,707 AND OTHER COMPENSATION OF \$64,927 IS
REPORTED ON DMI'S FORM 990. THIS COMPENSATION IS PARTIALLY FOR SERVICES
PROVIDED TO GENYOUTH.

THOMAS P. GALLAGHER, CHAIRMAN OF GENYOUTH UNTIL NOVEMBER 2021, IS AN
EMPLOYEE OF DMI AND HIS 2021 REPORTABLE COMPENSATION OF \$1,362,106 AND
OTHER COMPENSATION OF \$1,318,150 IS REPORTED ON DMI'S FORM 990. THOMAS P.
GALLAGHER HAD BEEN EMPLOYED BY DMI FOR OVER 30 YEARS. THOMAS'
LONG-STANDING EMPLOYMENT CONTRACT INCLUDED A PROVISION FOR TWO YEARS'
SALARY AND BENEFITS TOTALING \$1,700,049 UPON TERMINATION OF EMPLOYMENT.
THESE EXIT PAYMENTS ARE DUE TO THOMAS IN FOUR INSTALLMENTS, THE FIRST OF
WHICH WAS PAID TO HIM DECEMBER 2021 IN THE AMOUNT OF \$452,012. THIS
COMPENSATION IS PARTIALLY FOR SERVICES PROVIDED TO GENYOUTH.

BARBARA O'BRIEN, CHAIRMAN OF GENYOUTH FOR THE REMAINDER OF 2021, IS AN
EMPLOYEE OF DMI AND HER 2021 REPORTABLE COMPENSATION OF \$740,752 AND
OTHER COMPENSATION OF \$63,819 IS REPORTED ON DMI'S FORM 990. THIS
COMPENSATION IS PARTIALLY FOR SERVICES PROVIDED TO GENYOUTH.

ALEXIS GLICK, CEO OF GENYOUTH, RECEIVES COMPENSATION WITH RESPECT TO

**SCHEDULE O
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SERVICES RENDERED FOR DMI THROUGH WATKINSON MILLER. HER REPORTABLE
COMPENSATION FOR SERVICES PROVIDED TO GENYOUTH IS \$271,090.

PROCESS USED TO REVIEW THE FORM 990

FORM 990, PART VI, LINE 11B

THE FORM 990 IS REVIEWED BY THE CFO, AN OFFICER OF THE COMPANY, AND IS
AVAILABLE TO ALL CONTRIBUTORS AND THE GENERAL PUBLIC UPON REQUEST.

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF

INTEREST POLICY

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY IS REVIEWED IN DETAIL BY THE
ORGANIZATION'S OFFICERS AND CORPORATE ATTORNEYS ANNUALLY. THE OFFICERS
ARE REQUIRED TO COMPLETE AN ANNUAL CERTIFICATION OF COMPLIANCE WITH THE
CONFLICT OF INTEREST POLICY AND ARE ASKED TO RECUSE THEMSELVES FROM
VOTING IF THEY ARE PERSONALLY INVOLVED IN A MATTER THAT COULD GIVE RISE
TO CONFLICTS.

PROCESS FOR MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.

Name of the organization

Employer identification number

GENYOUTH, INCORPORATED**27-0988546**

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
DAIRY MANAGEMENT, INC. 10255 W HIGGINS ROAD ROSEMONT, IL 60018	CONSULTING SERVICES	1,157,762.
MMS EDUCATION INC. 1717 LANGHORNE-NEWTOWN ROAD, SUITE 301 LANGHORNE, PA 19047	CONSULTING SERVICES	1,056,448.
CUSTOMED, INC. 808 HADDON AVE. COLLINGSWOOD, NJ 08108	CONSULTING SERVICES	572,094.
THE DELISLE GROUP DBA CULINARY KICKOFF 3001 BRIDGEWAY BLVD STE K 168 SAUSALITO, CA 94965	CONSULTING SERVICES	534,621.
WATKINSON MILLER 1100 NEW JERSEY AVE, SE SUITE 910 WASHINGTON, DC 92262	CONSULTING SERVICES	403,440.

Name of the organization

Employer identification number

GENYOUTH, INCORPORATED

27-0988546

FORM 990, PART IX - OTHER FEES

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DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
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FEES FOR SERVICES	2,581,214.	1,657,283.	923,931.	
TOTALS	----- 2,581,214. =====	----- 1,657,283. =====	----- 923,931. =====	----- ----- =====

Tax Exempt Entity Declaration and Signature for Electronic Filing

2021

For calendar year 2021, or tax year beginning and ending

Department of the Treasury Internal Revenue Service For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

Name of filer GENYOUTH, INCORPORATED EIN or SSN 27-0988546

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8039-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 2 columns (b Total revenue, b Total tax, etc.) and 2 columns for amounts (1b-10b). Row 1a is checked with amount 10980091.

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal...
b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program...

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements...

Sign Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return.

Table with ERO's Use Only section containing signature, date, firm name (ERNST & YOUNG U.S. LLP), address, and EIN/SSN information.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Table with Paid Preparer Use Only section containing name, signature, date, firm name, and EIN/Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form 8453-TE (2021)