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

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

<u> </u>	01 111	<del>C</del> 202			ax year begi	ıııııg			and e	liuliig	75.5			ation number		
<b>B</b> Ch	eck if ap	plicable:		organization								mpioyer id	entifica	ation number		
	Addre			· · · · · · · · · · · · · · · · · · ·	CORPORATE	D					1 .					
	chang	je	Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)  Room/suite									27-0988546  E Telephone number				
	Name	change	Number	and street (or F	2.O. box if mail is	s not delivered to	street addres	S)	Room/su	ııte						
	Initial	al return 10255 WEST HIGGINS ROAD, STE 900 City or town, state or province, country, and ZIP or foreign postal code										847)8	03-2	2000		
	Termi		City or to	own, state or pr	ovince, country,	and ZIP or forei	gn postal code	•								
	Amen return	1			60018-56						_	ross receip		11,948,289.		
	Applio pendi		F Name ar	nd address of p	rincipal officer:	QUINT	ON BAIL	Y				Is this a gro subordinates		n for Yes X No		
			10255	WEST HIG	GINS ROA	D, STE 9	, ROSEMO	ONT, IL	60018	3-563	H(b)	Are all subore	dinates inc	cluded? Yes No		
1 1	Гах-ех	empt st	atus: X	501(c)(3)	501(c) (	) <b>《</b> (ins	ert no.)	4947(a)(1) d	or	527		If "No," atta	ch a list.	(see instructions)		
J 1	Nebsi	te: 🕨	WWW.GE	ENYOUTHNO	W.ORG						H(c)	Group exem	ption nu	ımber <b>&gt;</b>		
K F	orm o	of organ	nization: X	Corporation	Trust	Association	Other <b>&gt;</b>	•	L Ye	ear of forma	ation: 2	009 <b>M</b>	State o	of legal domicile: DC		
Pa	rt I	Sui	mmary													
	1	Briefly	describe t	the organizati	on's mission o	or most signific	cant activities	SEE S	CHEDU	LE O.						
9																
Governance																
le.	2	Check	this box	if the	organization of	discontinued	its operation	s or dispose	d of mor	e than 25%	% of its	net asset	s.			
ő	3	Numb	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of Number of voting members of the governing body (Part VI, line 1a)											13		
∞ ∞	4	Numb	er of indep	endent voting	members of	the governing							4	13		
Activities &					nployed in cal								5	NONE		
Ė					stimate if neces	,							6	13		
Ac				,	nue from Part \								7a	NONE		
					e income from								7b	NONE		
					<u> </u>			<u> </u>		<del></del>		r Year	1.2	Current Year		
	8	Contri	ibutions and	durants (Part	VIII line 1h)					_	15.	559.4	77	11,577,220.		
nue		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)					COPY F				15,559,477.			355,750.		
Revenue					column (A), lin			PUBLIC IN	ISPECTI	ON		18,2		270.		
					mn (A), lines 5					_		61,5		-953,149.		
					rough 11 (mus						17	347,0		10,980,091.		
$\overline{}$														5,824,854.		
			s and similar amounts paid (Part IX, column (A), lines 1-3) its paid to or for members (Part IX, column (A), line 4)								13,127,670. NONE					
					employee ber									NONE 988,365.		
a) I											871,437.					
)eu					Part IX, colum						NONE			NONE		
Ä			-		art IX, column			NONE			F 401 F00			2 146 415		
					mn (A), lines 1						5,481,500.			3,146,415.		
					17 (must equa					• •		480,60		9,959,634.		
$\overline{}$	19	Rever	iue less ex	penses. Subt	ract line 18 from	m line 12	<del></del>	<del></del>		Beni		133,54		1,020,457.		
Net Assets or Fund Balances										Begi		f Current		End of Year		
Sse				t X, line 16)								628,43		9,087,915.		
at A												918,6		1,357,680.		
					Subtract line 2	1 from line 20					6,	709,7	/8.	7,730,235.		
Pai			gnature B													
Und true,	er per , corre	nalties c ect, and	of perjury, I o complete. D	declare that I h eclaration of pre	ave examined the eparer (other tha	nis return, inclu in officer) is bas	iding accompa ed on all infor	anying schedu mation of whic	iles and s ch prepar	itatements, er has any l	and to knowled	the best o ge.	f my kı	nowledge and belief, it is		
Sig	2		0:	t - tt:									15/2	2022		
Her			Signature of	Tofficer								Date				
1101	C		QUINTON					CFO	)							
				t name and title		1-										
Paid		Print/	Type prepar	er's name		Preparer's sig	gnature		Date			Check	J '''	TIN		
Prep		AMBI	ER GAZ	ICA					11/	/15/20:	22	self-employ	/ed E	201391011		
Use		Firm's	name 🕨	ERNST &	YOUNG U.	S. LLP					Firm's	EIN 🕨	34	1-6565596		
	y	Firm's	address >	1101 NE	W YORK AV	E NW WAS	HINGTON	, DC 20	005		Phon	e no.	20	02-327-6000		
May	the II	RS dis	cuss this r	eturn with the	preparer shov	vn above? (se	e instructions	s)						X Yes No		
For I	Paper	rwork	Reduction	Act Notice,	see the separa	te instruction	s.							Form <b>990</b> (2021)		

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1	Check if Schedule O contains a response or note to any line in this Part III	
1	riefly describe the organization's mission:	
	SEE SCHEDULE O.	
	bid the organization undertake any significant program services during the year which were not listed on the rior Form 990 or 990-EZ?	Yes X No
	"Yes," describe these new services on Schedule O.  vid the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?	YesX No
	rescribe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allowed to the expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$2,964,582 including grants of \$2,433,422 ) (Revenue \$SEE SCHEDULE O.	130,750.
4b	Code:) (Expenses \$4,137,316. including grants of \$3,291,931. ) (Revenue \$SEE SCHEDULE O.	NONE )
4c	Code:) (Expenses \$394,086. including grants of \$NONE ) (Revenue \$SEE SCHEDULE O.	225,000.
4d	Other program services (Describe on Schedule O.)	
	Expenses \$ 726,362. including grants of \$ 99,500. ) (Revenue \$ NONE )	

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Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.14		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
• • •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	"	- 23	
	If "Yes," complete Schedule G, Part III	19		Х
20 2	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			3.7
04-	employees? If "Yes," complete Schedule J.	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	0.4-		3.7
L	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		- 2
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			21
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		37
22	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 1
34	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
4 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	$See instructions for filing \ requirements for \ FinCEN \ Form \ 114, Report of \ Foreign \ Bank \ and \ Financial \ Accounts \ (FBAR).$	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	۵.		
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<b>-</b> -		37
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		77
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	70		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1 =		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		Λ
17				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	detivities that would result in the imposition of an excise tax under section 4951, 4952 of 4955?	· · ·		

Form **990** (2021)

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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 of note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		V	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Cod€		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450	37	
a	The organization's CEO, Executive Director, or top management official	15a	X	- V
b	Other officers or key employees of the organization	15b		X
40.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		Х
L	with a taxable entity during the year?	104		- 21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	1.02		
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 (sec	tion 5	(01(c)
. •	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. (500		J (U)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
	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 reco	ds 🕨		
	QUINTON BAILY 10255 WEST HIGGINS RD, SUITE 900 ROSEMONT, IL 60018-5638			

847-803-2000

0235AP 1143

# 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.s
- 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.

(list any hours for related organizations below dotted line)	NONE		
(1) AUDREY DONAHUE 1.00	NONE		
DIRECTOR NONE X	1,01,2	NONE	NONE
(2) CARLA HALL 1.00		1101112	1,01,1
DIRECTOR NONE X	NONE	NONE	NONE
(3) CLARESSA SHIELDS 1.00	-	-	
DIRECTOR NONE X	NONE	NONE	NONE
(4) DEMAURICE SMITH 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(5) DONALD PAONI 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(6) HON. TOM VILSACK 1.00			
DIRECTOR (THRU 03/21) NONE X	NONE	NONE	NONE
(7) HOWIE LONG 1.00			
DIRECTOR (THRU 06/21) NONE X	NONE	NONE	NONE
(8) JAMES BROWN 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(9) JEFF MILLER 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(10) RICHARD EDELMAN 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(11) ROGER GOODELL 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(12) RUSSELL WEINER 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(13) SELWYN VICKERS 1.00			
DIRECTOR NONE X	NONE	NONE	NONE
(14) STEVE H NELSON 1.00			
DIRECTOR NONE X	NONE	NONE	NONE 990 (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (c	Page <b>8</b> Ontinued)
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more erson	e than or is both a or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) KYLE RUDOLPH	1.00									
DIRECTOR (TERM START 7/2021)	NONE	X						NONE	NONE	NONE
16) THOMAS GALLAGHER	1.00									
CHAIRMAN (THRU 11/21)	NONE			Χ				NONE	NONE	NONE
17) ALEXIS GLICK	40.00									
CEO	NONE			Х				NONE	NONE	NONE
18) ANN MARIE KRAUTHEIM	40.00									
PRESIDENT AND CWO	NONE			Χ				NONE	NONE	NONE
19) QUINTON BAILY	1.00									
CFO	NONE			Χ				NONE	NONE	NONE
20) BARBARA O'BRIEN	1.00									
CHAIRMAN	NONE			Х				NONE	NONE	NONE
	<del> </del>									
1b Sub-total							<b>•</b>	NONE	NONE	NONE
c Total from continuation sheets to Part VII, S	ection A		• •		• •		•	NONE		NONE
d Total (add lines 1b and 1c)	_						<b></b>	NONE	NONE	NONE
2 Total number of individuals (including but not	limited to t			d al	bove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organizatio	n ►				NO:	NE				Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	lividi	ual						3 X
4 For any individual listed on line 1a, is the organization and related organizations grandividual.	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu		4 X
									an ar individual	7 1
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization. Report of year.										

(B) Description of services	(C) Compensation
	(B) Description of services

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 12

## Part VIII Statement of Revenue

		Check if Schedule O contains a respon	nse or note to an				
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c	3,028,801.				
	d	Related organizations 1d					
	е	Government grants (contributions) 1e					
Sin	f	All other contributions, gifts, grants,					
e E		and similar amounts not included above . 1f	8,548,419.				
듗	g	Noncash contributions included in					
a E			\$				
နှင့်	h	Total. Add lines 1a-1f		11,577,220.			
			Business Code				
9	2a	PROGRAM SERVICES	900099	355,750.	355,750.		
ه چَ	b						
Program Service Revenue	C						
am	d						
PS	e						
<u> </u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		355,750.			
	3	Investment income (including dividends,					
		other similar amounts)		270.			270.
	4	Income from investment of tax-exempt bond	. [	NONE			
	5	Royalties		15,049.			15,049.
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c NONI	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
evenue		and sales expenses 7b					
ě	С	Gain or (loss) 7c					
Z.	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
Ö		events (not including \$ <sup>3,028,801</sup> .					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	968,198.				
	С	Net income or (loss) from fundraising events	<u></u> ▶	-968,198.			-968,198.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances10a	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.	▶	NONE			
<u>s</u>			Business Code				
eor re	11a						
lan	b						
Miscellaneous Revenue	С						
ĕĬ	d	All other revenue					
	е	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 resp	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	69,620.	28,080.	41,540.	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,327.	23,122.	34,205.	
10	Payroll taxes	57,243.	23,088.	34,155.	
	Fees for services (nonemployees):				
а	Management	NONE			
b	Legal	118,991.	46,082.	72,909.	
	Accounting	32,869.	12,729.	20,140.	
d	Lobbying	NONE			
е	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	SEE SCHE O	1 655 000	000 001	
	(A), amount, list line 11g expenses on Schedule O.)	2,581,214.	1,657,283.	923,931.	
	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	25 701	F.C. C.0.7	
	Occupancy	92,418.	35,791.	56,627.	
	Travel	14,638.	5,904.	8,734.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NTONTE:			
		NONE	15 000	17 101	
	Conferences, conventions, and meetings	32,123.	15,022.	17,101.	
	Interest	NONE NONE			
	Payments to affiliates	9,949.	3,853.	6,096.	
	Depreciation, depletion, and amortization Insurance	7,493.	2,902.	4,591.	
	Other expenses. Itemize expenses not covered	7,100.	2,002.	1,351.	
24	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.)				
9	CONTRACTOR EXPENSES	85,153.	53,404.	31,749.	
	OTHER EXPENSES	13,880.	11,503.	2,377.	
		13,000.	11,303.	2,5,7,	
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	9,959,634.	8,222,346.	1,737,288.	NONE
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	2,232,031.	0,222,310.	2,.07,200.	1,011
	fundraising solicitation. Check here   if following SOP 98-2 (ASC 958-720)				

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	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
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	4,000.	8	3,200.
ğ	9	Prepaid expenses and deferred charges	43,809.	9	163,414.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 34, 267.			
	b	Less: accumulated depreciation	19,603.	10c	14,159.
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11	NONE		NONE
	14	Intangible assets	NONE		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.
	17	Accounts payable and accrued expenses	1,734,218.	17	696,878.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	184,440.	19	660,802.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		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.		1,357,680.
ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	2772070001		27337,3331
anc	27		2 407 772	27	2 500 512
Bal	27 28	Net assets without donor restrictions	3,407,773.	27	3,529,513.
힏	20		3,302,005.	28	4,200,722.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
s o	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
let	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.
					Form <b>990</b> (2021)

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OIIII J	70 (2021)				1 0	.gc - =
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	1	0,	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				<u></u>	Щ
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	xplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	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?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

#### **SCHEDULE A** (Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 27-0988546

GEN	IYOU	TH,	INCORPORATED					27-0	988546
Pa	t I	Re	eason for Public Cha	arity Status. (All	organizations must	complet	te this p	art.) See instructions	S.
The	he 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 sc	hool described in <b>sect</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3	=		spital or a cooperative	•					
4		A me	edical research organi	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
			oital's name, city, and s						
5			organization operated		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
	$\overline{}$		ion 170(b)(1)(A)(iv). (						
6	=		deral, state, or local go				•	, , , , , , ,	
7			organization that norm	=	•	ipport fr	om a go	vernmental unit or fro	om the general public
_			cribed in section 170(b			5			
8	=		mmunity trust describe			-			
9			gricultural research or	-			-	-	
			niversity or a non-land	-grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	t the college or
10			ersity: rganization that norma	ally receives (1) me	oro than 224/29/ of its	cupport	from cor	atributions momborch	in food, and groce
		rece supp acqu	ipts from activities relations from gross investrations in the organization in the org	ated to its exempt finent income and upon after June 30, 1	functions, subject to controlated business tax 1975. See <b>section 509</b> 0	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	n 331/3 % of its
11			rganization organized	•	•	•			
12			rganization organized	•	•				• • •
			or more publicly suppo	-					
		٦ .	oox on lines 12a through	-				·	
а		-	pe I. A supporting org	•				• , ,	
			supported organization				ajority of	the directors or truste	ees of the
		٦.	pporting organization.	•					(-) hhi
b		-	pe II. A supporting org	•				• • •	. , ,
			ntrol or management	• • • •	=	the sam	e persor	is that control of man	lage the supported
_			ganization(s). You mus pe III functionally inte	-		atod in c	onnoctio	n with and functional	lly intograted with
С			supported organization						ny integrated with,
d			pe III non-functionally						ted organization(s)
<b>.</b>		-	at is not functionally int					• •	• ,
			quirement (see instruc	-	= -	-		•	a an attorniveness
е			eck this box if the org	•	-				II. Type III
			nctionally integrated, o						, ,,,
f	Ente		e number of supported						
g	Pro	vide	the following informati	on about the suppo	orted organization(s).				
	<b>(i)</b> Na	ıme of	supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					, , , , , , , , , , , , , , , , , , , ,	Yes	No	,	,
(A)									
(B)									
(C)									
<del>(</del>									
(D)									
(E)									
\ <del>-</del> /									
Tota	ıl								

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	NONE	11,089,435.	7,658,115.	15,559,477.	11,577,220.	45,884,247.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	NONE	11,089,435.	7,658,115.	15,559,477.	11,577,220.	45,884,247.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,421,368.
6	Public support. Subtract line 5 from line 4						30,462,879.
	tion B. Total Support						30,102,073.
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	NONE	11,089,435.	7,658,115.	15,559,477.	11,577,220.	45,884,247.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	NONE	226,198.	261,483.	79,834.	15,319.	582,834.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						46,467,081.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	146,630.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
14	Public support percentage for 2021 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	%
15	Public support percentage from 2020					15	%
16a	331/3% support test - 2021. If the org	janization did n	ot check the bo	x on line 13, an	d line 14 is 33	1/3 % or more, ch	neck this
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2020. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or mor	e, check
	this box and <b>stop here.</b> The organization			_			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	ipported
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz					-	-
	in Part VI how the organization meets			•	•	•	
	organization						
18	Private foundation. If the organization						
	instructions						▶ 🔲

#### 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.)

				, , , , , , , , , , , , , , , , , , ,	•	,	
	tion A. Public Support	(-) 0047	(h) 0040	(-) 0040	(4) 0000	(-) 0004	(6) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ıa	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
13	(Explain in Part VI.)  Total support. (Add lines 9, 10c, 11,		+				
13	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	ion's first secon	l third fourth	or fifth tay ve	ar as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2020 Schee	dule A, Part III, lii	ne 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin			13, column (f))		17	%
18	Investment income percentage from 2020 S					18	%
	331/3% support tests - 2021. If the org						
	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b.	, check this bo	x and see instru	uctions >

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#### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	TIC		
	on D. Type i capper and or game and the		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		\ <u>\</u>	
			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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	-		
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		Yes	No
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	structio	ons).	
C	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	e instr	uctions	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Vos." describe in <b>Part VI</b> the role played by the organization in this regard	2 h		

Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S					
1								
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Se	ection 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						
	ection 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						
	Fair market value of other non-exempt-use assets	1c						
C	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in <b>Part VI</b> ):							
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						
	Multiply line 5 by 0.035.	6						
7		7						
8		8						
Se	ection 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		lly integra	ited Type III supporting	g organization				
	(see instructions).	-		· <del>-</del>				

Schedule A (Form 990) 2021

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Page **7** Schedule A (Form 990) 2021

Ochicac	IIC 77 (1 01111 330) 2021				i age i
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		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 resp	onsive		
	(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) Underdistribution Pre-2021	าร	(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				
а	From 2016				
b	From 2017				

Schedule A (Form 990) 2021

From 2020 Total of lines 3a through 3e

Applied to underdistributions of prior years Applied to 2021 distributable amount

Carryover from 2016 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

# 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** 

**Employer identification number** Name of the organization GENYOUTH, INCORPORATED 27-0988546 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

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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

Name of organization GENYOUTH, INCORPORATED

Employer identification number 27-0988546

noncash contributions.)

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

Person Payroll

Noncash

(d)

Type of contribution

(d)

Type of contribution

Χ

Χ

(c)

**Total contributions** 

(c)

**Total contributions** 

833,333.

550,000.

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	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4_	N/A	\$\$.	Person X Payroll Noncash (Complete Part II for				

\$

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(a)

No.

(a)

No.

6

5

N/A

N/A

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Name of organization GENYOUTH, INCORPORATED Employer identification number 27-0988546

art I	Contributors (	(see instructions)	Use duplicate copies of	f Part Lif additional	habaan si ahana
arti	Continuators (	366 111211 00110112).	Use auplicate copies o	i Fait i ii auulliullai	space is needed.

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 Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	N/A	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9	N/A	\$383,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10	N/A	\$333,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	N/A	\$333,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	N/A	\$315,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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Name of organization

GENYOUTH, INCORPORATED

Employer identification number 27-0988546

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$\$ 303,235.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GENYOUTH, INCORPORATED 27-0988546

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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 **Employer identification number** 27-0988546 GENYOUTH, INCORPORATED 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 (c) Use of gift (b) Purpose 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 (a) No. from (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

0235AP 1143

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

GEN	YOUTH, INCORPORATED		27-0988546
Pa	rt   Organizations Maintaining Donor Adv	vised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line	6.
		(a) Donor advised funds	(b) Funds and other accounts
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 dono	r advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (for example	e, recreation or education) Preserv	ation of a historically important land area
	Protection of natural habitat		ation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribut	tion in the form of a conservation
	easement on the last day of the tax year.	·	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not or	na 📗
	historic structure listed in the National Register		
3	Number of conservation easements modified, tra		
	tax year		
4	Number of states where property subject to cons	ervation easement is located ▶	
5	Does the organization have a written policy re	garding the periodic monitoring, in	spection, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting, handling of violations, and enfo	orcing conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforc	cing conservation easements during the year
	<b>&gt;</b> \$		
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)?		Yes No
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text	of the footnote to the organization's f	inancial statements that describes the
	organization's accounting for conservation easeme		
Pa	rt III Organizations Maintaining Collection		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line b	8.
1a	If the organization elected, as permitted under F	ASB ASC 958, not to report in its re	evenue statement and balance sheet works
	of art, historical treasures, or other similar assessing, provide in Part XIII the text of the footnote	ets neid for public exhibition, educate to its financial statements that descri	ation, or research in furtherance of public libes these items.
b	If the organization elected, as permitted under F		
-	art, historical treasures, or other similar assets he provide the following amounts relating to these ite	eld for public exhibition, education, o	
	(i) Revenue included on Form 990, Part VIII, line	1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under l		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

Pa	rt    Organizations Maintain	ing Collections of	of Art, Histo	rical Tre	asure	s, or	Other	Similar Ass	ets (c	ontinue	d)	
3	Using the organization's acquisition	on, accession, and	d other recor	ds, check	k any o	of the	follow	ing that mak	e sign	ificant u	se of its	
	collection items (check all that app	ly):										
а	Public exhibition		d	Loan	or exch	ange	progran	m				
b	Scholarly research		e	Other								
С	Preservation for future gene	rations										
4	Provide a description of the orga	nization's collectio	ns and expla	ain how t	they fu	rther	the org	ganization's e	exempt	purpos	e in Part	
	XIII.											
5	During the year, did the organization	on solicit or receive	e donations o	of art, histo	orical tr	easu	res, or o	other similar	_	_		
	assets to be sold to raise funds rath		ntained as pa	art of the o	organiza	ation'	s collec	ction?		Yes	No	
Pa	Part IV Escrow and Custodial Arrangements.											
	Complete if the organiza	ation answered "`	Yes" on For	m 990, F	Part IV,	line	9, or re	eported an a	amoun	t on Fo	rm	
	990, Part X, line 21.											
1 a	Is the organization an agent, trus			-					not			
	included on Form 990, Part X?								L	Yes	No	
b	If "Yes," explain the arrangement i	n Part XIII and cor	mplete the fo	llowing tab	ole:							
								Ar	mount			
С.	Beginning balance					1c						
d	Additions during the year					1d						
e	Distributions during the year					1e						
f	Ending balance					1f	ata dial	a a a a unt li a bili		Yes	No	
	Did the organization include an am If "Yes," explain the arrangement i											
	rt V Endowment Funds.	II Fait Alli. Check	nere ii tile e	λριαι ιατιοι ι	i ilas be	en pi	ovided	UITTAIL AIII .			<u> </u>	
Га	Complete if the organization	ation answered "	Yes" on For	m 990 F	Part IV	line	10					
	Complete ii the organize	(a) Current year	(b) Pric			o year		(d) Three years	back	(e) Four	ears back	
4.	Designing of year belones	(4) 5 411 5 111 7 5 411	(,	, ,	. ,			(-,		(-,		
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships Other expenditures for facilities											
е	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage		r end halanc	e (line 1a	column	n (a))	held as					
a	Board designated or quasi-endown			o (iiilo 19,	oolallii	ι (α))	noia ao	•				
b	Permanent endowment >	%										
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c should equa	al 100%.									
3a	Are there endowment funds not in	the possession of	the organiza	ation that	are hel	d and	d admir	istered for the	)	_		
	organization by:										es No	
	(i) Unrelated organizations									3a(i)		
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	•	•			₹?				3b		
4	Describe in Part XIII the intended		zation's endo	wment fur	nds.							
Pa	Land, Buildings, and Equation Complete if the organiz	u <b>ipment.</b> ation answered "	Yes" on Fo	rm 990. l	Part IV	Line	11a. S	See Form 99	0. Pa	rt X. line	10.	
	Description of property	(a) Cost	or other basis	(b) Cost	or other ba		(c) Acc	cumulated		) Book valu		
	Lond	,	restment)	(0	ther)		depr	eciation				
1a	Land					_						
b	Buildings					-+						
C	Leasehold improvements					-						
d	Equipment		21 267	-	ħT/	ONTE		20 100		1 .	1 1 5 0	
Tota	Other  II. Add lines 1a through 1e. (Columr		34 , 267 . orm 990. Part			ONE ne 10		20,108.			<del>1,159.</del> 4,159.	

Schedule D (Form 990) 2021

Investments - Other Securities.	8546 Page
(Including name of security)  (In Financial derivatives	
(2) Closely held equity interests	
(2) Closely held equity interests	
(3) Other (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	
(A) (B) (C) (C) (D) (E) (F) (G) (H) (Folial, (Column (b) must equal Form 990, Part X, col. (B) line 12.). ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) must equal Form 990, Part X (col. (B) line 13.)	
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.) . ▶  Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (77) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) must equal Form 990, Part X (b) line 13.) . ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, line 25.  (a) Description of liability (b) (b) Federal income taxes	
(D) (E) (E) (F) (G) (H) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	
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(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶  Part Viii Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X (e) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) must equal Form 990, Part X (b) line 13.) . ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (b) line 13.) . ▶  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) . ▶  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, line 25.	
(G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .    Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X (a) Description (b) must equal Form 990, Part X (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, line 25.  Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, line 25.	
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶    Part IX	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  (a) Description (b) (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ▶  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, line 25.  1. (a) Description of liability (b)	
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
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(1) Federal income taxes	Part X,
(1) Federal income taxes	Book value
(2)	
(3)	
(4)	
(5)	

(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 .

JSA 1E1270 1.000

Part	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:							
а	Net unrealized gains (losses) on investments							
b	Donated services and use of facilities							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	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:							
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a							
b	Other (Describe in Part XIII.)							
С	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	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu 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:							
а	Donated services and use of facilities							
b	Prior year adjustments							
C	Other losses							
d	Other (Describe in Part XIII.)	2e	065 656					
e	Add lines 2a through 2d	3	965,656. 10,927,832.					
3	Subtract line <b>2e</b> from line <b>1</b>	3	10,927,032.					
4	Investment expenses not included on Form 990, Part VIII, line 7b							
a b	Other (Describe in Part XIII.)							
C	Add lines 4a and 4b	4c	-968,198.					
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> ).	5	9,959,634.					
Part	XIII Supplemental Information.							
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform							
SEE	SUPPLEMENTAL PAGE							
-								

## Part XIII Supplemental Information (continued)

SCHEDULE D, PARTS XI & XII, LINE 4B

FUNDRAISING EXPENSES (968,198)

Schedule D (Form 990) 2021

#### **SCHEDULE G** (Form 990)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

	YOUTH, INCORPORATED					27-098854					
Part					Yes" on Form 9	90, Part IV, line 1	7.				
	Form 990-EZ filers are not re	·									
1	Indicate whether the organization rais	_		_							
a	Mail solicitations	е			non-government (	-					
	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
C	Phone solicitations	g	Spe	cial fundra	ising events						
d	In-person solicitations										
	Did the organization have a written o or key employees listed in Form 990 If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	ction with p	rofessional fundra	aising services?	Yes No fundraiser is to be				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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		55 (4)					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
Total 3	List all states in which the organizar				contributions or	has been notified	it is exempt from				
3	registration or licensing.	lion is registered t	JI IICETISE	a to solicit	CONTINUITIONS OF	nas been notined	it is exempt from				

Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising every gross receipts greater than \$5,000	ent contributions and g			
			(a) Event #1  MADDEN '21 (event type)	(b) Event #2 TNFL '21 (event type)	(c) Other events  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,300,000.	1,728,801.		3,028,801.
<u>~</u>	3	Less: Contributions Gross income (line 1 minus line 2)	1,300,000.	1,728,801.		3,028,801.
	4	Cash prizes				
	5	Noncash prizes				
<b>Direct Expenses</b>	6	Rent/facility costs				
Expe	7	Food and beverages		7,500.		7,500.
Direct	8	Entertainment				
	9	Other direct expenses	218,352.	684,682.	57,664.	960,698.
Pa	11		ne 10 from line 3, colu anization answered "	ımn (d)	<b>&gt;</b>	968,198. -968,198. reported more than
		\$15,000 on Form 990-EZ, lin	(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		bingo/progressive bingo		oo. (a) an oagn oo. (b)
ses		Cash prizes				
xpen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 8	1	Enter the state(s) in which the orgils the organization licensed to con If "No," explain:		in each of these state	os?	Yes No
10 a		Were any of the organization's gamino				Yes No

Sched	dule G (Form 990 or 990-EZ) 2021 GENYOUTH, INCORPORATED	27-098	38546	Page 3
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 entit			
	formed to administer charitable gaming?	<u> </u>	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book			,,,
• •	records:			
	Name ▶			
	Name ▶			
	Address ►			
	7.001000 P			
15 a	Does the organization have a contract with a third party from whom the organization receives	naming		
	revenue?	_	Yes	No
b		and the		
	amount of gaming revenue retained by the third party ► \$	and the		
С	If "Yes," enter name and address of the third party:			
·	in 165, enter hame and address of the time party.			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pro	ceeds to_		
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt orga	anizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio	nal informa	ation	
	(see instructions).			

## SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е					
<ul><li>Does the organization maintain records to the selection criteria used to award the gra</li><li>Describe in Part IV the organization's process.</li></ul>	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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) ARCHIDIOCESE OF PHILADELPHIA SCHOOLS							END STUDENT HUNGER
2027 CHESTNUT ST PHILADELPHIA, PA 19103	23-1903647	501 (C) (3)	8,000.	10,658.	FMV	EQUIPMENT	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) an	d government o	organizations lis	sted in the line 1 tal	ole			268
3 Enter total number of other organizations I	listed in the line	1 table					NONE

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number			
GENYOUTH, INCORPORATED						27-0988546				
Part I General Information on Grants and Assistance										
1 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?										
Part IV, line 21, for any recipient  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can I	(e) Amount of non- cash assistance	additional space is  (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		(0) (0)	==,,,,,,,							
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							END STUDENT HUNGER			
9610 PULASKI PARK DR., STE 219	52-6000886	501 (C) (3)	10,000.	14,133.	FMV	EQUIPMENT	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	d government	organizations lis	sted in the line 1 tal	ole						
3 Enter total number of other organizations l	isted in the line	1 table								

## SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificat	ion number			
GENYOUTH, INCORPORATED						27-0988546				
Part I General Information on Grants and	d Assistanc	e				'				
<ul> <li>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?</li></ul>										
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) BOURNEDALE 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			
2 Enter total number of section 501(c)(3) and	government	organizations lis	sted in the line 1 tal	ole		<del> </del>				
3 Enter total number of other organizations lis	ted in the line	1 table								

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's processor</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistand edures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organi	zation answered "\	Yes No
Part IV, line 21, for any recipient  1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	,000. Part II can I	(e) Amount of non- cash assistance	additional space is  (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(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
2 Enter total number of section 501(c)(3) and	d government	organizations lis	sted in the line 1 tal	ole			
3 Enter total number of other organizations li	isted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Schedule I (Form 990) 2021

Employer identification number

GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the grant award to award the grant award the grant award to award the grant award</li></ol>	ants or assistand	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipien		_					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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) 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

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

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistand	ce?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_			additional space is r		es" on Form 990,
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) 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							END STUDENT HUNGER /
2400 HIGHWAY 160 NEWPORT, TN 37821	62-6000539	501 (C) (3)	5,300.	7,470.	FMV	EQUIPMENT	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
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	•	•					

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Part I General Information on Grants and Assistance  1 Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance  2 Describe in Part IV the organization's procedures for mon  Part II Grants and Other Assistance to Domestic Organization	e amount of the e? itoring the use	of grant funds in the	e United States.	nplete if the organiz	zation answered "Y	Yes No  No  No  No  No  No  No  No  No  No
Does the organization maintain records to substantiate the the selection criteria used to award the grants or assistance     Describe in Part IV the organization's procedures for mon  Part II Grants and Other Assistance to Domestic Organization	e amount of the e?	of grant funds in the nd Domestic Gov, 000. Part II can I (d) Amount of cash grant	e United States.  vernments. Combe duplicated if a	nplete if the organizadditional space is	zation answered "Yneeded.	es" on Form 990,
the selection criteria used to award the grants or assistance  2 Describe in Part IV the organization's procedures for mon  Part II Grants and Other Assistance to Domestic Organization  Part IV, line 21, for any recipient that received  1 (a) Name and address of organization or government  (b) EIN  (1) CORONADO HIGH SCHOOL	e?	of grant funds in the nd Domestic Gov, 000. Part II can I (d) Amount of cash grant	e United States.  vernments. Combe duplicated if a	nplete if the organizadditional space is	zation answered "Yneeded.	es" on Form 990,
1 (a) Name and address of organization or government (b) EIN  (1) CORONADO HIGH SCHOOL	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-	<u> </u>	(g) Description of	
5260 GEIGER BLVD COLORADO SPRINGS, CO 80915 84-6001179						
	501 (C) (3)	5,100.				FUTP 60
(2) CRAWFORD COUNTY MIDDLE SCHOOL	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	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
2 Enter total number of section 501(c)(3) and government of	organizations lis	sted in the line 1 tal	ble		<del> </del>	

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

1 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?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  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 (b) EIN (c) EIN (d) Amount of cost of 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.  1 (a) Name and address of organization or government.  (b) EIN (c)	Name of the organization						Employer identificat	ion number
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ward the grants or assistance?	GENYOUTH, INCORPORATED						27-0988546	
the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  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  (b) EIN  (c) IRC section (if applicable)  (if applicable)  (if applicable)  (if applicable)  (if applicable)  (if applicable) (if applicable)  (if applicable) (if applic	Part I General Information on Grants an	d Assistanc	е				•	
1 (a) Name and address of organization or government  (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (c) Amount of non-cash assistance (d) Amount of non-cash assistance (d) Cook, Non-protect (d) Purpose of grant or government  (1) DESERT MIRAGE HIGH SCHOOL  (2) DOSS HIGH SCHOOL  (3) 3-0-765218 501 (C) (3) 16,000.  (4) Amount of non-cash assistance (d) Amount of cash grant (d) Cook, Non-protect (d)	the selection criteria used to award the gran  2 Describe in Part IV the organization's proces  Part II Grants and Other Assistance to D	ts or assistand dures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	mplete if the organiz	zation answered "\	Yes No
33-0765218   501 (C) (3)   16,000.   END STUDENT HUNGER	1 (a) Name and address of organization		(c) IRC section	(d) Amount of cash	(e) Amount of non-	<u> </u>	(g) Description of	
33-0765218   501 (C) (3)   16,000.   END STUDENT HUNGER	(1) DESERT MIRAGE HIGH SCHOOL							
7601 SAINT ANDREWS CHURCH RD 61-6001316 501 (C) (3) 28,000.	86150 AVENUE 66 THERMAL, CA 92274	33-0765218	501 (C) (3)	16,000.				END STUDENT HUNGER
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 HIGHINDS 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 LEG CIGARROA H S 1702 HOUSTON ST. LAREDO, TX 78040 74-6001580 501 (C) (3) 13,500. FUTP 60  (7) DUBLIN COFFMAN HIGH SCHOOL (8) DUBLIN, OH 43017 31-6401089 501 (C) (3) 5,980. FMV EQUIPMENT FUTP 60  (8) DUBLIN UNIFIED SCHOOL DISTRICT (9) DUVAL CO PSD-ELEMENTARY REGION 13333 LANIER RD JACKSONVILLE, PL 32226 59-6000589 501 (C) (3) 7,195. FUTP 60  (10) EARNS 15D CHILD NUTRITION DEPARTMENT (10) EARNS 15D CHILD NUTRITION DEPARTMENT (11) EAST JEFFERSON HIGH SCHOOL 4600 RIVER ROAD MARRERO, LA 70072 72-6000512 501 (C) (3) 49,000.	(2) DOSS HIGH SCHOOL							
### 3501 POSTON PKWY HGHLNDS RANCH, CO 80126	7601 SAINT ANDREWS CHURCH RD	61-6001316	501 (C) (3)	28,000.				END STUDENT HUNGER
### 3501 POSTON PKWY HGHLNDS RANCH, CO 80126	(3) DOUGLAS CO SCHOOL DIST RE-1							
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	3501 POSTON PKWY HGHLNDS RANCH, CO 80126	84-6011446	501 (C) (3)	11,520.	15,108.	FMV	EQUIPMENT	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  (8) DUBLIN, OH 43017  (8) DUBLIN UNIFIED SCHOOL DISTRICT  (9) DUVAL CO PSD-ELEMENTARY REGION  13333 LANIER RD JACKSONVILLE, FL 32226  59-6000589  501 (C) (3)  5,361. FMV  EQUIPMENT  FUTP 60  (10) EANES ISD CHILD NUTRITION DEPARTMENT  601 CAMP CRAFT RD AUSTIN, TX 78746  74-6024067  72-6000512  501 (C) (3)  49,000.  FUTP 60	(4) DOUGLAS COUNTY SCHOOL NUTRITION							
137 MONUMENT STREET HAVERHILL, MA 01832  30-0796364  501 (C) (3)  10,000.  END STUDENT HUNGER  (6) DR LEO CIGARROA H S  74-6001580  501 (C) (3)  13,500.  FUTP 60  (7) DUBLIN COFFMAN HIGH SCHOOL  6780 COFFMAN RD DUBLIN, OH 43017  31-6401089  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  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)  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	11490 VETERAN MEMORIAL HWY	58-6000232	501 (C) (3)	14,000.				FUTP 60
(6) DR LEO CIGARROA H S	(5) DR ALBERT CONSENTINO ELEM SCHOOL							
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	137 MONUMENT STREET HAVERHILL, MA 01832	30-0796364	501 (C) (3)	10,000.				END STUDENT HUNGER
(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.	(6) DR LEO CIGARROA H S							
6780 COFFMAN RD DUBLIN, OH 43017  (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  74-6024067  74-6024067  72-6000512  501 (C) (3)  49,000.  FUTP 60	1702 HOUSTON ST. LAREDO, TX 78040	74-6001580	501 (C) (3)	13,500.				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	(7) DUBLIN COFFMAN HIGH SCHOOL							
2100 E CANTARA DR DUBLIN, CA 94568 94-1742440 501 (C) (3) 5,361. FMV EQUIPMENT FUTP 60  (9) DUVAL CO PSD-ELEMENTARY REGION 44,297. FMV EQUIPMENT FUTP 60  (10) EANES ISD CHILD NUTRITION DEPARTMENT 501 (C) (3) 7,195. FUTP 60  (11) EAST JEFFERSON HIGH SCHOOL 44,007 501 (C) (3) 49,000. FUTP 60	6780 COFFMAN RD DUBLIN, OH 43017	31-6401089	501 (C) (3)		5,980.	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.	(8) DUBLIN UNIFIED SCHOOL DISTRICT							
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	2100 E CANTARA DR DUBLIN, CA 94568	94-1742440	501 (C) (3)		5,361.	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	(9) DUVAL CO PSD-ELEMENTARY REGION							
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	13333 LANIER RD JACKSONVILLE, FL 32226	59-6000589	501 (C) (3)		44,297.	FMV	EQUIPMENT	FUTP 60
(11) EAST JEFFERSON HIGH SCHOOL 4600 RIVER ROAD MARRERO, LA 70072 72-6000512 501 (C) (3) 49,000.	(10) EANES ISD CHILD NUTRITION DEPARTMENT							
4600 RIVER ROAD MARRERO, LA 70072 72-6000512 501 (C) (3) 49,000.	601 CAMP CRAFT RD AUSTIN, TX 78746	74-6024067	501 (C) (3)	7,195.				FUTP 60
	(11) EAST JEFFERSON HIGH SCHOOL							
'12) EAST LAURENS PRIMARY 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							END STUDENT HUNGER
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	. , , ,	•	•					

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

1E1288 1.000

Department of the Treasury

Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization						Employer identification	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gratical Describe in Part IV the organization's process.</li> <li>Part II Grants and Other Assistance to</li> </ol>	nts or assistand edures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient		_					,
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) 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
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations li</li></ul>	•	•					

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's processor</li> <li>Part II Grants and Other Assistance to</li> </ol>	ants or assistand cedures for mor	ce?	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient	t that received	more than \$5	,000. Part II can I	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) 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) an	d government	organizations lis	sted in the line 1 tal	ole		<del>. •</del>	
3 Enter total number of other organizations	listed in the line	1 table					

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization						Employer identification	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	ınd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's process.</li> <li>Part II Grants and Other Assistance to</li> </ol>	ants or assistand edures for mor	e? nitoring the use	of grant funds in th	e United States.			Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					res on Form 990,
(a) Name and address of organization or government	<b>(b)</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) 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
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations</li></ul>	•	•					

Department of the Treasury

Internal Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants ar	nd Assistanc	е					
<ol> <li>Does the organization maintain records to state the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's process</li> <li>Part II Grants and Other Assistance to I</li> </ol>	nts or assistand edures for mor	ee?	of grant funds in th	e United States.			Yes No
Part IV, line 21, for any recipient		•					00 0111 01111 000,
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) 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) KCSD 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
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lie</li></ul>	•	•				<b>.</b>	

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proceed to the part III.</li> </ol> Grants and Other Assistance to the part III.	nts or assistand edures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organiz	zation answered "Y	Yes No
Part IV, line 21, for any recipient  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) KEPPEL 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							END STUDENT HUNGER
4800 LIBERTY BLVD PENITAS, TX 78576	74-6001550	501 (C) (3)	9,328.	10,234.	FMV	EQUIPMENT	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
2 Enter total number of section 501(c)(3) and	d government of	organizations lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations li	isted in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	ınd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistand	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		•			additional space is		es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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) 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							END STUDENT HUNGER
19871 W. FREMONT ROAD BUCKEYE, AZ 85326	86-6000493	501 (C) (3)	6,000.	6,006.	FMV	EQUIPMENT	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							END STUDENT HUNGER
2745 S 22ND ST LINCOLN, NE 68502	47-6003955	501 (C) (3)	27,911.	26,269.	FMV	EQUIPMENT	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

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro-</li> </ol>	ants or assistand	e?					Yes No
Part   Grants and Other Assistance to	Domestic Or	ganizations ai	nd Domestic Gov	vernments. Con	nplete if the organiz	zation answered "Y	es" on Form 990,
Part IV, line 21, for any recipien	t that received	more than \$5	.000. Part II can b	e 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) 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							ADVENTURE CAPITAL
1450 NE 2ND AVE MIAMI, FL 33132	59-6000572	501 (C) (3)	14,000.	75,469.	FMV	EQUIPMENT	FUTP 60
(12) MIDLAND PUBLIC SCHOOLS							
600 E CARPENTER STREET MIDLAND, MI 48640	38-6002734	501 (C) (3)	8,000.				FUTP 60

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Open to Public Inspection

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Name of the organization						Employer identifica	tion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е				'	
<ol> <li>Does the organization maintain records to the selection criteria used to award the graze</li> <li>Describe in Part IV the organization's process.</li> <li>Part II Grants and Other Assistance to Part IV, line 21, for any recipient.</li> </ol>	edures for mor	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organi	zation answered "	Yes No
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) 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
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations l</li></ul>	J	•				<del> </del>	

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identification	ion number		
GENYOUTH, INCORPORATED							27-0988546		
Part I General Information on Grants a	nd Assistanc	е							
<ul><li>Does the organization maintain records to the selection criteria used to award the gra</li><li>Describe in Part IV the organization's proc</li></ul>	nts or assistand	e?					Yes No		
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_			additional space is		es" on Form 990,		
(a) Name and address of organization or government	<b>(b)</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	•	•							
3 Enter total number of other organizations I	isted in the line	1 table							

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's procement</li> <li>Part II Grants and Other Assistance to Part IV, line 21, for any recipient</li> </ol>	nts or assistance dures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organi	zation answered "Y	Yes No
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) 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
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations I</li></ul>	•	•					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Inspection

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Open to Public** ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е				'	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's processor</li> <li>Part II Grants and Other Assistance to Part IV, line 21, for any recipient</li> </ol>	nts or assistand edures for mor <b>Domestic Or</b>	ee? nitoring the use ganizations ar	of grant funds in the	e United States.	nplete if the organi	zation answered "\	Yes No
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
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations li</li></ul>	•	•				<del> </del>	

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

Or government (if applicable)  (1) SCHOOL DISTRICT OF PALM BEACH  3300 FOREST HILL BLVD 59-6000783 501 (C) (3)  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117 91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)  (7) STONE ELEMENTARY SCHOOL	t funds in the Unit nestic Governr Part II can be du	ments. Compuplicated if ac	plete if the organiza dditional space is no (f) Method of valuation (book, FMV, appraisal, other)	ation answered "Yeeded.  (g) Description of noncash assistance	(h) Purpose of grant or assistance
1 Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance?	nestic Governr Part II can be du nount of cash grant (e) A cas	ments. Compuplicated if ac	plete if the organiza dditional space is no (f) Method of valuation (book, FMV, appraisal, other)	ation answered "Yeeded.  (g) Description of noncash assistance	(h) Purpose of grant or assistance
the selection criteria used to award the grants or assistance?	nestic Governr Part II can be du nount of cash grant (e) A cas	ments. Compuplicated if ac	plete if the organiza dditional space is no (f) Method of valuation (book, FMV, appraisal, other)	ation answered "Yeeded.  (g) Description of noncash assistance	(h) Purpose of grant or assistance
Part IV, line 21, for any recipient that received more than \$5,000. F  1 (a) Name and address of organization or government  (b) EIN  (c) IRC section (if applicable)  (d) An orgovernment  (1) SCHOOL DISTRICT OF PALM BEACH  3300 FOREST HILL BLVD  59-6000783 501 (C) (3)  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117  91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340  58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296  38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037  52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL	Part II can be du nount of cash grant (e) A cas	Amount of non- ash assistance	dditional space is not the distribution of the distribution (f) Method of valuation (book, FMV, appraisal, other) other)	eeded.  (g) Description of noncash assistance	(h) Purpose of grant or assistance
1 (a) Name and address of organization or government  (b) EIN (c) IRC section (if applicable)  (1) SCHOOL DISTRICT OF PALM BEACH  3300 FOREST HILL BLVD 59-6000783 501 (C) (3)  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117 91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)	nount of cash grant (e) A cas	Amount of non- ash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance
1 (a) Name and address of organization or government  (b) EIN (c) IRC section (if applicable)  (1) SCHOOL DISTRICT OF PALM BEACH  3300 FOREST HILL BLVD 59-6000783 501 (C) (3)  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117 91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)	nount of cash grant (e) A cas	Amount of non- ash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance
3300 FOREST HILL BLVD  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296  38-3463353  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL		·		-	
3300 FOREST HILL BLVD  (2) SEATTLE SCHOOL DISTRICT 1  144 NW 80TH ST SEATTLE, WA 98117  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296  38-3463353  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL		·		-	FUTP 60
144 NW 80TH ST SEATTLE, WA 98117 91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)	6,000.	45,810. FI	PMV E	OUTDMENT	
144 NW 80TH ST SEATTLE, WA 98117 91-6001541 501 (C) (3)  (3) SEQUOYAH MIDDLE SCHOOL  3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)	6,000.	45,810. F	PMV E	'∩IIT DMENT	1
3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)  (7) STONE ELEMENTARY SCHOOL	6,000.			QUIPMENT	FUTP 60
3456 AZTEC ROAD DORAVILLE, GA 30340 58-6000227 501 (C) (3)  (4) SOUTH POINTE HIGH SCHOOL  1515 S VAL VISTA DR GILBERT, AZ 85296 38-3463353 501 (C) (3)  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)  (7) STONE ELEMENTARY SCHOOL	6,000.				
1515 S VAL VISTA DR GILBERT, AZ 85296  (5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL					FUTP 60
(5) SOUTH RIVER SENIOR HIGH SCHOOL  201 CENTRAL AVE E EDGEWATER, MD 21037  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL					
201 CENTRAL AVE E EDGEWATER, MD 21037 52-6000882 501 (C) (3)  (6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)  (7) STONE ELEMENTARY SCHOOL	7,200.				FUTP 60
(6) SOUTHAVEN INTERMEDIATE SCHOOL  5 EAST SOUTH STREET HERNANDO, MS 38632  (7) STONE ELEMENTARY SCHOOL					
5 EAST SOUTH STREET HERNANDO, MS 38632 64-6000320 501 (C) (3)  (7) STONE ELEMENTARY SCHOOL	7,000.				END STUDENT HUNGER
(7) STONE ELEMENTARY SCHOOL					
	24,000.				FUTP 60
50,000,500					
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. FI	rmv e	QUIPMENT	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

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. **Open to Public** ► Attach to Form 990. Inspection ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants	and Assistanc	е				•	
<ol> <li>Does the organization maintain records to the selection criteria used to award the gr</li> <li>Describe in Part IV the organization's pro</li> </ol>	ants or assistand	e?					Yes No
Part II Grants and Other Assistance to		~					es" on Form 990,
Part IV, line 21, for any recipien	it that received	more than \$5	,000. Part II can I	be duplicated if a		needed.	
(a) Name and address of organization or government	<b>(b)</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) 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
2 Enter total number of section 501(c)(3) a	nd government	organizations lis	sted in the line 1 tal	ole		<del> </del>	
3 Enter total number of other organizations	listed in the line	1 table	<u> </u>	<u> </u>	<u></u>	<u>. <b>.</b> </u>	

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificat	ion number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	and Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's prod</li> </ol>	ants or assistand	e?					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		_					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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
2 Enter total number of section 501(c)(3) ar	nd government o	organizations lis	sted in the line 1 tal	ole			·
3 Enter total number of other organizations	listed in the line	1 table					

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

2021

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization						Employer identificati	on number
GENYOUTH, INCORPORATED						27-0988546	
Part I General Information on Grants a	nd Assistanc	е					
<ul><li>Does the organization maintain records to the selection criteria used to award the gra</li><li>Describe in Part IV the organization's proc</li></ul>	nts or assistand	e?				·	Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		•					es" on Form 990,
(a) Name and address of organization or government	<b>(b)</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)							
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations l</li></ul>	-	-					

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
<u>.</u>	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.

### 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

27-0988546

GENYOUTH, INCORPORATED

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

### 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

FUEL UP TO PLAY 60 IS THE LARGEST IN-SCHOOL NUTRITION AND PHYSICAL

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,

73,000 SCHOOLS WITH THE POTENTIAL TO REACH 38 MILLION STUDENTS.

### 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.

OMB No. 1545-0047

2021

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Employer identification number

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.

### 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

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

### 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

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.

	<u> </u>
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							
GENYOUTH, INCORPORATED							
(A)	(B)	(C)	(D)				
TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING				
FEES	SERVICE EXP.	AND GENERAL	EXPENSES				
2,581,214.	1,657,283.	923,931.					
2,581,214.	1,657,283.	923,931.					
	TOTAL FEES 2,581,214.	TOTAL PROGRAM FEES SERVICE EXP 2,581,214. 1,657,283.	TOTAL PROGRAM MANAGEMENT FEES SERVICE EXP. AND GENERAL 2,581,214. 1,657,283. 923,931.				

### Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB	NIA	1545-0047	

Internal Revenue Service

Under penalties of perjury, I declare that

For calendar year 2021, or tax year beginning

Department of the Treasury 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 **EIN or SSN** GENYOUTH, INCORPORATED 27-0988546 Type of Return and Return Information

#### Part I 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. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here h Total tax (Form 1120-POL line 22) Form 1120 POL check here

Ja	TOTAL TIZO-TOL CHECK HOLD		10tal tax (1011111120-1012, 1111022)	JU		
4a	Form 990-PF check here ▶	b	Taxed based on investment income (Form 990-PF, Part VI, line 5)	4b		
5a	Form 8868 check here ►	b	Balance due (Form 8868, line 3c)	5b		
6a	Form 990-T check here ▶	b	Total tax (Form 990-T, Part III, line 4)	6b		
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	7b		
8a	Form 5227 check here ▶	b	FMV of assets at end of tax year (Form 5227, Item D)	8b		
9a	Form 5330 check here ▶	b	<b>Tax due</b> (Form 5330, Part II, line 19)	9b		
10a	Form 8039-CP check here ▶	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b		
Part II Declaration of Officer or Person Subject to Tax						
11a			designated Financial Agent to initiate an Automated Clearing House (ACI	,		

al (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). I am the person subject to tax with respect to X I am an officer of the above named entity or

(name of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of

Part III	Declaration of Electronic Return Originat	or (FRO) and Paid Prep	arer (see instructions)	
Here <b>P</b>	Signature of officer or person subject to tax	Date	Title, if applicable	
Sign	Quinton Baily	11/15/2022	► CFO	
any refund.				

turn originator (ERO) and Faid Preparer (Se

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. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, 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. This Paid Preparer declaration is based on all

mormatio	n or which i have any kao	wied	ge.						
						Date			ERO's SSN or PTIN
ERO's	ERO's	- 1	1 /	- 0		11/15/2022	Check if also	Check if self	
Jse	signature /	x 1/	/_ \	X		11/13/2022	paid preparer X	employed	P01391011
Ose Only	Firm's name (or yours if self-employed),	ERI	IST & Y	риис	U.S. LLP				EIN 34-6565596
Jilly				YQRK	RK AVE NW WASHINGTON DC 20005				Phone no. 202-327-6000
				$\overline{}$					

Under penalties of periury. 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.

•				• •	,	-
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self employed	PTIN	
	Firm's name ▶	Firm's EIN				
	Firm's address ▶	Phone no.				

For Privacy Act and Paperwork Reduction Act Notice, see back of form. .ISA

Form 8453-TE (2021)