

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **2022**, and ending **2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **GENYOUTH, INCORPORATED**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10255 WEST HIGGINS ROAD, STE 900
 City or town, state or province, country, and ZIP or foreign postal code
ROSEMONT, IL 60018-5638

D Employer identification number
27-0988546

E Telephone number
(847) 803-2000

F Name and address of principal officer: **QUINTON BAILY**
10255 WEST HIGGINS ROAD, STE 9, ROSEMONT, IL 60018-5638

G Gross receipts \$ **10,083,793**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.GENYOUTHNOW.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009**

M State of legal domicile: **DC**

H(c) Group exemption number

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	15
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,577,220	Current Year 9,831,534
	9	Program service revenue (Part VIII, line 2g)	355,750	104,400
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	270	57,338
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(953,149)	(2,340,079)
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,980,091	7,653,193
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,824,854	5,526,536
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	988,365	980,548
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,146,415	2,987,739
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	9,959,634	9,494,823
19	Revenue less expenses. Subtract line 18 from line 12	1,020,457	(1,841,630)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 9,087,915	End of Year 7,493,636
	21	Total liabilities (Part X, line 26)	1,357,680	1,605,031
	22	Net assets or fund balances. Subtract line 21 from line 20	7,730,235	5,888,605

Part II Signature Block

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

Sign Here

Signature of officer: **QUINTON BAILY, CFO** Date: _____

Type or print name and title: _____

Paid Preparer Use Only

Print/Type preparer's name: **AMBER N. DOANE** Preparer's signature: _____ Date: _____

Check if self-employed PTIN: **P01391011**

Firm's name: **ERNST & YOUNG US LLP** Firm's EIN: **34-6565596**

Firm's address: **1101 NEW YORK AVENUE NW, WASHINGTON, DC 20005** Phone no.: **(202) 327-6000**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,373,612 including grants of \$ 3,668,349) (Revenue \$ 0)

FUEL UP TO PLAY 60 IS A NUTRITION AND PHYSICAL ACTIVITY IN-SCHOOL PROGRAM, 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 HAS REACHED MORE THAN 73,000 SCHOOLS WITH PROGRAMMING THAT HAS BEEN AVAILABLE TO OVER 38 MILLION STUDENTS. HIGHLIGHTING 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.

4b (Code:) (Expenses \$ 1,967,491 including grants of \$ 1,526,291) (Revenue \$ 0)

GENYOUTH'S END STUDENT HUNGER FUND HAS ASSISTED SCHOOLS NATIONWIDE WITH CLOSING THE GAP IN FUNDING TO ENSURE CONTINUITY OF SCHOOL MEALS. SINCE THE FUND'S INCEPTION DURING THE ONSET OF COVID-19, THE FUND HAS PROVIDED GRANTS OF UP TO \$3,000 PER SCHOOL TO SUPPLY MUCH-NEEDED RESOURCES FOR MEAL DISTRIBUTION AND DELIVERY EFFORTS TO GET FOOD TO STUDENTS. INCLUSIVE OF 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.

4c (Code:) (Expenses \$ 614,685 including grants of \$ 11,000) (Revenue \$ 104,400)

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.

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

(Expenses \$ 707,448 including grants of \$ 320,896) (Revenue \$ 0)

4e Total program service expenses 7,663,236

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 13		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 13		
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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA, IL, NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
QUINTON BAILY, 10255 WEST HIGGINS RD, SUITE 900, ROSEMONT, IL 60018-5638, (847) 803-2000

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AUDREY DONAHUE ----- DIRECTOR	1.0 0.0	✓						0	0	0
(2) CARLA HALL ----- DIRECTOR	1.0 0.0	✓						0	0	0
(3) CLARESSA SHIELDS ----- DIRECTOR (THRU 12/22)	1.0 0.0	✓						0	0	0
(4) DEMAURICE SMITH ----- DIRECTOR	1.0 0.0	✓						0	0	0
(5) DONALD PAONI ----- DIRECTOR	1.0 0.0	✓						0	0	0
(6) DONNA MARTIN ----- DIRECTOR	1.0 0.0	✓						0	0	0
(7) JAMES BROWN ----- DIRECTOR	1.0 0.0	✓						0	0	0
(8) JEFF MILLER ----- DIRECTOR	1.0 0.0	✓						0	0	0
(9) JOE JORDAN ----- DIRECTOR	1.0 0.0	✓						0	0	0
(10) KYLE RUDOLPH ----- DIRECTOR	1.0 0.0	✓						0	0	0
(11) RICHARD EDELMAN ----- DIRECTOR	1.0 0.0	✓						0	0	0
(12) ROGER GOODELL ----- DIRECTOR	1.0 0.0	✓						0	0	0
(13) RUSSELL WEINER ----- DIRECTOR (THRU 6/22)	1.0 0.0	✓						0	0	0
(14) SELWYN VICKERS ----- DIRECTOR	1.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) STEVE NELSON DIRECTOR	1.0 0.0	✓						0	0	0
(16) ALEXIS GLICK CEO (THRU 6/22)	40.0 0.0			✓				0	0	0
(17) ANN MARIE KRAUTHEIM PRESIDENT AND CWO; CEO (START 7/22)	40.0 0.0			✓				0	0	0
(18) BARBARA O'BRIEN CHAIRMAN	1.0 0.0			✓				0	0	0
(19) QUINTON BAILY CFO	1.0 0.0			✓				0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAIRY MANAGEMENT, INC., 10255 W HIGGINS ROAD, ROSEMONT, IL 60018	CONSULTING	1,351,879
THE DELISLE GROUP DBA CULINARY KICKOFF, 3001 BRIDGEWAY BLVD STE K 168, SAUSALITO, CA 94965	CONSULTING	879,873
CHOURA EVENTS, 540 HAWAII AVENUE, TORRENCE, CA 90503	CONSULTING	608,066
MMS EDUCATION INC., 1717 LANGHORNE-NEWTOWN ROAD., SUITE 301, LANGHORNE, PA 19047	CONSULTING	474,273
CUSTOMED, INC., 808 HADDON AVE, COLLINGSWOOD, NJ 08108	CONSULTING	470,600

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 11

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	3,239,023				
	1d	Related organizations					
	1e	Government grants (contributions)					
	1f	All other contributions, gifts, grants, and similar amounts not included above	6,592,511				
	1g	Noncash contributions included in lines 1a-1f	\$				
	h	Total. Add lines 1a-1f		9,831,534			
	Program Service Revenue	2a	PROGRAM SERVICES	Business Code 900099	104,400	104,400	
b		-----					
c		-----					
d		-----					
e		-----					
f		All other program service revenue . .		0	0	0	
g		Total. Add lines 2a-2f		104,400			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,338		57,338	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		32,221		32,221	
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7b	Less: cost or other basis and sales expenses					
	7c	Gain or (loss)	0	0			
	d	Net gain or (loss)					
8a	Gross income from fundraising events (not including \$ 3,239,023 of contributions reported on line 1c). See Part IV, line 18	58,300					
8b	Less: direct expenses	2,430,600					
c	Net income or (loss) from fundraising events		(2,372,300)		(2,372,300)		
9a	Gross income from gaming activities. See Part IV, line 19						
9b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	-----	Business Code				
	b	-----					
	c	-----					
	d	All other revenue		0	0	0	
	e	Total. Add lines 11a-11d		0			
12	Total revenue. See instructions		7,653,193	104,400	0	(2,282,741)	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,526,536	5,526,536		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	800,851	429,020	371,831	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,206	31,448	34,758	
9 Other employee benefits	55,579	26,400	29,179	
10 Payroll taxes	57,912	27,508	30,404	
11 Fees for services (nonemployees):				
a Management				
b Legal	668,667	263,455	405,212	
c Accounting	32,220	12,695	19,525	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,708,508	946,533	761,975	0
12 Advertising and promotion	21,725	16,444	5,281	
13 Office expenses	246,795	205,985	40,810	
14 Information technology	6,246	2,461	3,785	
15 Royalties				
16 Occupancy	29,462	11,608	17,854	
17 Travel	85,563	48,425	37,138	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,897	21,727	26,170	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,769	3,061	4,708	
23 Insurance	7,985	3,146	4,839	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CONTRACTOR EXPENSES	121,737	85,118	36,619	
b OTHER EXPENSES	3,165	1,666	1,499	
c				
d				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	9,494,823	7,663,236	1,831,587	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	7,888,487	2	5,180,250
	3 Pledges and grants receivable, net	1,008,727	3	1,494,687
	4 Accounts receivable, net	1,308	4	183,143
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,200	8	8,200
	9 Prepaid expenses and deferred charges	163,414	9	611,346
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 34,267		
	b Less: accumulated depreciation	10b 27,877	14,159	10c 6,390
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,620	15	9,620
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,087,915	16	7,493,636	
Liabilities	17 Accounts payable and accrued expenses	696,878	17	1,175,031
	18 Grants payable		18	
	19 Deferred revenue	660,802	19	430,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	1,357,680	26	1,605,031
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,529,513	27	2,742,473
	28 Net assets with donor restrictions	4,200,722	28	3,146,132
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	7,730,235	32	5,888,605	
33 Total liabilities and net assets/fund balances	9,087,915	33	7,493,636	

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	7,653,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,494,823
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,841,630)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,730,235
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,888,605

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization GENYOUTH, INCORPORATED	Employer identification number 27-0988546
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,089,435	7,658,115	15,559,477	11,577,220	9,831,534	55,715,781
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	11,089,435	7,658,115	15,559,477	11,577,220	9,831,534	55,715,781
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)						19,363,824
6 Public support. Subtract line 5 from line 4						36,351,957

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	11,089,435	7,658,115	15,559,477	11,577,220	9,831,534	55,715,781
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	226,198	261,483	79,834	15,319	89,559	672,393
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						56,388,174
12 Gross receipts from related activities, etc. (see instructions)					12	204,929
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . .

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
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.		
3b	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.		
3c	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.		
4b	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.		
4c	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).		
5b	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?		
5c	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 .		
9b	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 .		
9c	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 .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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 Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

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

2022

Name of the organization

GENYOUTH, INCORPORATED

Employer identification number

27-0988546

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[x] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization GENYOUTH, INCORPORATED	Employer identification number 27-0988546
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 1,845,001	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,590,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 675,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 625,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GENYOUTH, INCORPORATED	Employer identification number 27-0988546
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 426,613	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GENYOUTH, INCORPORATED	Employer identification number 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) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	-----
-----	-----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

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

Form for Conservation Easements with multiple sections for purpose, monitoring, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with reporting requirements.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment%
 - b** Permanent endowment%
 - c** Term endowment%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	25,314		18,924	6,390
e Other	8,953		8,953	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,390

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(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, line 13.

(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)		
Total. (Column (b) must equal Form 990, Part X, col. (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, line 15.

(a) Description	(b) Book value
(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, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(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 .

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	11,200,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	1,116,507
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	1,116,507
3	Subtract line 2e from line 1	3	10,083,793
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	(2,430,600)
c	Add lines 4a and 4b	4c	(2,430,600)
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,653,193

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	13,041,930
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,116,507
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	1,116,507
3	Subtract line 2e from line 1	3	11,925,423
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	(2,430,600)
c	Add lines 4a and 4b	4c	(2,430,600)
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,494,823

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	FUNDRAISING EXPENSE	- 2,430,600
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	FUNDRAISING EXPENSE	- 2,430,600

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization

GENYOUTH, INCORPORATED

Employer identification number

27-0988546

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		TNFL'22 (event type)	GALA (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,326,222	971,101		3,297,323
	2 Less: Contributions	2,326,222	912,801		3,239,023
	3 Gross income (line 1 minus line 2)	0	58,300	0	58,300
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	94,853	6,039		100,892
	6 Rent/facility costs	96,650	134,523		231,173
	7 Food and beverages	297,769	76,170		373,939
	8 Entertainment	65,000	3,000		68,000
	9 Other direct expenses	1,284,901	260,450	111,245	1,656,596
	10 Direct expense summary. Add lines 4 through 9 in column (d)				2,430,600
11 Net income summary. Subtract line 10 from line 3, column (d)				(2,372,300)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name

Address

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

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

Director/officer Employee Independent contractor

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

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

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GENYOUTH, INCORPORATED

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

27-0988546

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	95-6001908	501 (C) (3)	250,000	9,556	FMV	EQUIPMENT	END STUDENT HUNGER/FUTP60
(2) (SEE STATEMENT)	95-3443276	501 (C) (3)	150,000				END STUDENT HUNGER FUND
(3) BROWARD COUNTY PUBLIC SCHOOLS 600 S.E. THIRD AVE, FORT LAUDERDALE, FL 33301	59-6000530	501 (C) (3)	105,500	6,827	FMV	NFL FLAG KITS	END STUDENT HUNGER/FUTP60
(4) HILLSBOROUGH COUNTY PUBLIC SCHOOL 901 EAST KENNEDY BLVD, TAMPA, FL 33602	59-6000660	501 (C) (3)	105,000	15,511	FMV	(SEE STATEMENT)	END STUDENT HUNGER/FUTP60
(5) (SEE STATEMENT)	22-2514422	501 (C) (3)	75,000				FUTP60
(6) BROWNSVILLE IND. SCHOOL DIST 1888 E PRICE RD, BROWNSVILLE, TX 78521	74-6000418	501 (C) (3)	47,880				END STUDENT HUNGER FUND
(7) UNITED INDEPENDENT SCHOOL DISTRICT 201 LINDENWOOD, LAREDO, TX 78045	74-6028859	501 (C) (3)	44,373	23,429	FMV	NFL FLAG KITS	FUTP60
(8) SPECIAL SCHOOL DISTRICT #1 1098 ANDERSEN LN, MINNEAPOLIS, MN 55407	41-0851980	501 (C) (3)	35,620				END STUDENT HUNGER FUND
(9) CLAYTON CO PUBLIC SCHOOLS 6237 GARDEN WALK BLVD, RIVERDALE, GA 30274	58-6000212	501 (C) (3)	33,440				FUTP60
(10) COLBERT COUNTY SCHOOLS CNP 1305 NORTH PIKE, CHEROKEE, AL 35616	63-6000823	501 (C) (3)	32,000				FUTP60
(11) TUALATIN SCHOOL DISTRICT 6960 SW SANDBURG ST, TIGARD, OR 97223	93-0572833	501 (C) (3)	32,000				FUTP60
(12) (SEE STATEMENT)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	148
3	Enter total number of other organizations listed in the line 1 table	0

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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.

(SEE STATEMENT)

Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(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 non-cash assistance	(h) Purpose of grant or assistance
(12) LAREDO INDEPENDENT SCHOOL DISTRICT 2400 SAN BERNARDO AVE, LAREDO, TX 78040	74-6001580	501 (C) (3)	28,000	13,958	FMV	NFL FLAG KITS	END STUDENT HUNGER/FUTP60
(13) PENDERGAST ELEMENTARY SCHOOL DISTRICT 10730 W CAMPBELL AVE, PHOENIX, AZ 85037	86-6000522	501 (C) (3)	27,959				END STUDENT HUNGER/FUTP60
(14) FT BEND IND SCHOOL DISTRICT 555 JULIE RIVER DR., SUGARLAND, TX 77478	74-3025253	501 (C) (3)	27,307				FUTP60
(15) WEST CLERMONT LOCAL SCHOOLS 4350 AICHOLTZ ROAD, CINCINNATI, OH 45245	31-6009172	501 (C) (3)	20,000				FUTP60
(16) GREATER LA EDUCATION FOUNDATION 9300 IMPERIAL HIGHWAY NO EC 106, DOWNEY, CA 90242	47-4426889	501 (C) (3)	20,000				FUTP60
(17) TUCSON UNIFIED SCHOOL DISTRICT SCHOOL DISTRICT 1010 E TENTH ST, TUCSON, AZ 85719	86-6000551	501 (C) (3)	19,000	88,428	FMV	NFL FLAG KITS	END STUDENT HUNGER/FUTP60
(18) AUBURN SCHOOL DISTRICT 408 915 4TH ST NE, AUBURN, WA 98002	91-6001640	501 (C) (3)	18,605	21,395	FMV	EQUIPMENT	FUTP60
(19) ARLINGTON INDEPENDENT SCHOOL DISTRICT 2675 FAIRMONT DR, GRAND PRAIRIE, TX 75052	75-6000119	501 (C) (3)	18,500				END STUDENT HUNGER FUND
(20) AUDUBON PARK SCHOOL 1500 FALCON DR, ORLANDO, FL 32803	59-6000771	501 (C) (3)	17,000				END STUDENT HUNGER FUND/ADVENTURE CAPITAL
(21) COPIAH COUNTY SCHOOL DISTRICT 213 NEWTON STREET, CRYSTAL SPRINGS, MS 39059	64-6000291	501 (C) (3)	16,000				FUTP60
(22) CORPUS CHRISTI ISD 5301 WEBER RD, CORPUS CHRISTI, TX 78401	74-6000581	501 (C) (3)	15,264				FUTP60
(23) NCLUSD 890 MAIN ST, NEWMAN, CA 95360	30-0848771	501 (C) (3)	15,000				END STUDENT HUNGER FUND
(24) TURLOCK UNIFIED SCHOOL DISTRICT 312 S ROSELAWN AVE, TURLOCK, CA 95380	35-2370860	501 (C) (3)	15,000				END STUDENT HUNGER FUND
(25) NUTRITION SERVICES DEPARTMENT 9275 GLACIER POINT DR, STOCKTON, CA 95212	94-1054700	501 (C) (3)	15,000				END STUDENT HUNGER FUND
(26) MANTECA UNIFIED SCHOOL DISTRICT 3939 EWS WOODS BLVD, STOCKTON, CA 95206	94-1054800	501 (C) (3)	15,000				END STUDENT HUNGER FUND
(27) SAN MARCOS UNIFIED SCHOOL DISTRICT 1 E MISSION HILLS CT, SAN MARCOS, CA 92069	95-2939365	501 (C) (3)	15,000				END STUDENT HUNGER FUND

(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 non-cash assistance	(h) Purpose of grant or assistance
(28) KERN HIGH SCHOOL DISTRICT 900 VARSITY RD, ARVIN, CA 93203	95-6001764	501 (C) (3)	15,000				END STUDENT HUNGER FUND
(29) GUILFORD COUNTY SCHOOLS 501 W. WASHINGTON ST., GREENSBORO, NC 27401	56-6000522	501 (C) (3)	14,500				FUTP60
(30) CHEROKEE COUNTY BOARD OF EDUCATION - SCHOOL NUTRITION 135 MTN BROOK DR, CANTON, GA 30115	58-6011458	501 (C) (3)	14,000				FUTP60
(31) HUMBLE ISD 20200 EASTWAY VILLAGE DR., HUMBLE, TX 77338	74-6001421	501 (C) (3)	14,000				FUTP60
(32) PFLUGERVILLE HIGH SCHOOL 1301 W PECAN ST, PFLUGERVILLE, TX 78660	74-6001874	501 (C) (3)	13,500				END STUDENT HUNGER FUND
(33) CHESTER SHELL ELEM SCHOOL 21633 SE 65TH AVE, HAWTHORNE, FL 32640	59-6000500	501 (C) (3)	13,000				END STUDENT HUNGER FUND
(34) EAST BATON ROUGE PARISH SCHOOL SYSTEM CHILD NUTRITION PROGRAM 3000 N. SHERWOOD FOREST DRIVE, BLDG A, BATON ROUGE, LA 70814	72-6000353	501 (C) (3)	13,000				FUTP60
(35) MESQUITE IND SCHOOL DISTRICT 405 E. DAVIS ST, MESQUITE, TX 75149	75-0002054	501 (C) (3)	13,000				FUTP60
(36) AIKEN COUNTY SCHOOLS 4552 AUGUSTA RD., CLEARWATER, SC 29842	57-6000300	501 (C) (3)	12,700				FUTP60
(37) FORT WORTH INDEPENDENT SCHOOL DISTRICT 601 E. NORTHSIDE DR., FORT WORTH, TX 76164	75-6001613	501 (C) (3)	12,000				END STUDENT HUNGER FUND
(38) REEF-SUNSET UNIFIED SCHOOL DISTRICT 601 E.MARIPOSA ST, AVENAL, CA 93204	91-2128876	501 (C) (3)	12,000				END STUDENT HUNGER FUND
(39) NORTHEAST HIGH SCHOOL 1601 COTTMAN AVE, PHILADELPHIA, PA 19111	23-6004102	501 (C) (3)	11,000				ADVENTURE CAPITAL
(40) ELMORE ELEMENTARY SCHOOL 615 ETHEL AVE, GREEN BAY, WI 54303	39-6002329	501 (C) (3)	10,500				END STUDENT HUNGER FUND
(41) ENLARGED CITY SCHOOL DISTRICT OF MIDDLETOWN 30 GARDNER AVE EXT, MIDDLETOWN, NY 10940	07-0960414	501 (C) (3)	10,000				FUTP60
(42) PITTSBURGH PUBLIC SCHOOL DISTRICT-FOOD SERVICE FUND 8 SOUTH 13TH STREET, PITTSBURGH, PA 15203-1230	10-2027451	501 (C) (3)	10,000				FUTP60
(43) SCHENECTADY CITY SCHOOL DISTRICT 108 EDUCATION DRIVE, SCHENECTADY, NY 12303	14-6004188	501 (C) (3)	10,000				FUTP60
(44) SWEET HOME CSD 1741 SWEET HOME ROAD, AMHERST, NY 14228	16-6001476	501 (C) (3)	10,000				FUTP60

(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 non-cash assistance	(h) Purpose of grant or assistance
(45) EUCLID CITY SD 651 E. 222ND STREET, EUCLID, OH 44123	34-6000963	501 (C) (3)	10,000				FUTP60
(46) YOUNGSTOWN CITY SCHOOLS 200 E. WOOD STREET, YOUNGSTOWN, OH 44503	34-6003190	501 (C) (3)	10,000				FUTP60
(47) ZIONSVILLE COMMUNITY SCHOOLS 350 N 6TH ST, ZIONSVILLE, IN 46077	35-1168812	501 (C) (3)	10,000				FUTP60
(48) ADDISON SCHOOL DISTRICT 400 S. MICHIGAN AVE., ADDISON, IL 60101	36-6004477	501 (C) (3)	10,000				FUTP60
(49) WAYNE- WESTLAND COMMUNITY SCHOOL DISTRICT 36745 MARQUETTE, WESTLAND, MO 48185	38-6004180	501 (C) (3)	10,000	9,156	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
(50) MO-HUNT FAMILY FOUNDATION 1 ARROWHEAD DRIVE, KANSAS CITY, MT 64129	41-1299453	501 (C) (3)	10,000				FUTP60
(51) JORDAN PUBLIC SCHOOLS 500 SUNSET DRIVE SUITE #1, JORDAN, MN 55352	41-6003790	501 (C) (3)	10,000				FUTP60
(52) WICOMICO COUNTY PUBLIC SCHOOLS 2424 NORTHGATE DRIVE , SALISBURY, MD 21801	52-6001052	501 (C) (3)	10,000	7,317	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
(53) EASTON AREA SCHOOL DISTRICT 6480 INDUSTRIAL RD, SPRINGFIELD, VA 22151	54-0805373	501 (C) (3)	10,000				FUTP60
(54) PASCO COUNTY SCHOOLS 20430 GATOR LANE, LAND O'LAKES, FL 34638	59-6000792	501 (C) (3)	10,000				FUTP60
(55) MURFREESBORO CITY ELEM SCH DIS 2552 SOUTH CHURCH STREET, MURFREESBORO, TN 37127	62-1823874	501 (C) (3)	10,000				FUTP60
(56) KLEIN INDEPENDENT SCHOOL DISTRICT 7200 SPRING CYPRESS RD, SPRING , TX 77379	74-6002337	501 (C) (3)	10,000	8,877	FMV	NFL FLAG KITS	FUTP60
(57) DETROIT RENAISSANCE HIGH SCHOOL 19280 APPELTON ST, DETROIT, MO 48219	81-2847693	501 (C) (3)	10,000				FUTP60
(58) JEFFERSON COUNTY R-1 809 QUAIL STREET, LAKEWOOD, CO 80215	84-6002817	501 (C) (3)	10,000				FUTP60
(59) CULVER CITY UNIFIED SCH DIST 4034 IRVING PL, CULVER CITY, CA 90232	85-6000957	501 (C) (3)	10,000				FUTP60
(60) BISBEE USD 519 W. MELODY LANE, BISBEE, AZ 85603	86-0398788	501 (C) (3)	10,000				FUTP60
(61) POQUOSON CITY PUBLIC SCHOOLS 1033 POQUOSON AVE., POQUOSON, VA 23662	54-0993691	501 (C) (3)	9,830				FUTP60
(62) CALDWELL COUNTY SCHOOLS CHILD NUTRITION DEPARTMENT 1914 HICKORY BLVD. SW, LENOIR, NC 28645	56-6000998	501 (C) (3)	9,450				FUTP60
(63) COCKE COUNTY SCHOOL DISTRICT 216 HEDRICK DR, NEWPORT, TN 37821	62-6000539	501 (C) (3)	9,383				FUTP60

(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 non-cash assistance	(h) Purpose of grant or assistance
(64) BRANDON VALLEY SCHOOL DISTRICT 501 E HOLLY BLVD, BRANDON, SD 57005	46-6002577	501 (C) (3)	9,000				FUTP60
(65) LAMAR CONS IND SCHOOL DISTRICT 4901 AVENUE I, ROSENBERG, TX 77471	74-6002016	501 (C) (3)	9,000				FUTP60
(66) TULARE JOINT UNION HIGH SCHOOL DISTRICT 3442 E BARDSLEY AVE, TULARE, CA 93274	94-6002703	501 (C) (3)	9,000				END STUDENT HUNGER FUND
(67) MUSD 410 E PERKINS AVE, MC FARLAND, CA 93250	95-3401486	501 (C) (3)	9,000				END STUDENT HUNGER FUND
(68) PARAMOUNT UNIFIED SCHOOL DISTRICT STUDENT NUTRITION SERVICES 8555 E FLOWER STREET, PARAMOUNT, CA 90723	95-6002353	501 (C) (3)	9,000				END STUDENT HUNGER FUND
(69) NORTHAMPTON COUNTY SCHOOL SCHOOL NUTRITION SERVICES 400 E MAIN ST, CONWAY, NC 27820	56-6001087	501 (C) (3)	8,940				FUTP60
(70) MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT 485 HAWKINS RD, SELDEN, NY 11784	11-6001723	501 (C) (3)	8,700				FUTP60
(71) UNION COUNTY PUBLIC SCHOOLS SCHOOL NUTRITION SERVICES 3101 ANTIPOCH CHURCH RD, MATTHEWS, NC 28104	56-6001123	501 (C) (3)	8,200				FUTP60
(72) NEW YORK CITY DEPARTMENT OF EDUCATION 65 COURT STRET , BROOKLYN, NY 11201	13-6400434	501 (C) (3)	8,000	6,537	FMV	NFL FLAG KITS	FUTP60
(73) GREAT VALLEY SCHOOL DISTRICT 47 CHURCH ROAD, MALVERN, PA 19355	26-1408264	501 (C) (3)	8,000				END STUDENT HUNGER FUND
(74) THOMAS COUNTY SCHOOLS 4686 US HIGHWAY 84 BYPASS, THOMASVILLE, GA 31792	58-6000328	501 (C) (3)	8,000				FUTP60
(75) MARION COUNTY HIGH SCHOOL 200 CORPORATE DR, LEBANON, KY 40033	61-6001309	501 (C) (3)	8,000				FUTP60
(76) JESSAMINE CO. SCHOOLS FOOD SERVICE 901 UNION MILL ROAD, NICHOLASVILLE, KY 40356	61-6001337	501 (C) (3)	8,000				FUTP60
(77) ONEIDA SPECIAL SCHOOL DISTRICT 330 CLAUDE TERRY DR, ONEIDA, TN 37841	62-6000388	501 (C) (3)	8,000				FUTP60
(78) SAN RAMON VALLEY UNIFIED SD 6400 MAIN BRANCH RD, SAN RAMON, CA 94582	68-0273221	501 (C) (3)	8,000				END STUDENT HUNGER FUND
(79) IDEA PUBLIC SCHOOLS 2803 W MONARCH LN, RIO GRANDE CY, TX 78582	74-2948339	501 (C) (3)	8,000				END STUDENT HUNGER FUND
(80) LIVINGSTON INDEPENDENT SCHOOL 1801 HIGHWAY 59 LOOP N, LIVINGSTON, TX 77351	74-6001620	501 (C) (3)	8,000				END STUDENT HUNGER FUND
(81) CLARKS POINT SCHOOL 29 SAGUYAK AVE, CLARKS POINT, AK 99569	92-0058287	501 (C) (3)	8,000				END STUDENT HUNGER FUND

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(82) ENGLEWOOD SCHOOLS 475 W. UNION AVE., ENGLEWOOD, CO 80110	84-6000858	501 (C) (3)	7,778				FUTP60
(83) THREE VILLAGE CAFETERIA FUND 100 SUFFOLK AVE., STONY BROOK, NY 11790	11-2116435	501 (C) (3)	7,100				FUTP60
(84) ROSEDALE ELEMENTARY SCHOOL 613 E CENTRAL ST, ROSEDALE, IN 47874	35-1107935	501 (C) (3)	7,000				END STUDENT HUNGER FUND
(85) BEAUMONT ISD CHILD NUTRITION 3500 PINE ST, BEAUMONT, TX 77703	74-6000317	501 (C) (3)	7,000				END STUDENT HUNGER FUND
(86) NORTH EAST INDEPENDENT SCHOOL DISTRICT 5933 ROYAL RDG, SAN ANTONIO, TX 78239	74-6015301	501 (C) (3)	7,000				END STUDENT HUNGER FUND
(87) CUMBERLAND COUNTY HIGH SCHOOL 660 STANLEY ST, CROSSVILLE, TN 38555	62-6000551	501 (C) (3)	6,617				FUTP60
(88) DURANGO 9-R 2390 MAIN AVE, DURANGO, CO 81301	84-6012500	501 (C) (3)	6,578				FUTP60
(89) DIXIE DISTRICT SCHOOLS FOOD SERVICE 17924 SE HIGHWAY 19, CROSS CITY, FL 32628	59-6000586	501 (C) (3)	6,440				FUTP60
(90) EXETER UNIFIED SCHOOL DISTRICT 313 SEQUOIA DR, EXETER, CA 93221	48-2351710	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(91) WASHINGTON UNIFIED SCHOOL DISTRICT 6041 S ELM AVE., FRESNO, CA 93706	61-1650509	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(92) EVERGREEN ELEMENTARY SCHOOL DISTRICT 2025 CLARICE DR, SAN JOSE, CA 95122	77-0225132	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(93) CENTRAL UNION SCHOOL DISTRICT COMMUNITY CENTER DR, BL #967, LEMOORE, CA 93245	91-2129318	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(94) MALIN ELEMENTARY SCHOOL 2153 3RD ST, MALIN, OR 97632	93-6000543	501 (C) (3)	6,000				FUTP60
(95) LATINO COLLEGE PREP ACADEMY 14271 STORY RD, SAN JOSE, CA 95127	94-2864814	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(96) RIVERSIDE UNIFIED SCHOOL DISTRICT 9301 WOOD RD, RIVERSIDE, CA 92508	95-2883296	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(97) CREEK VIEW ELEMENTARY SCHOOL 2585 S. ARCHIBALD AVE, ONTARIO, CA 91761	95-6002137	501 (C) (3)	6,000				END STUDENT HUNGER FUND
(98) RICHARD J. RUNDLE ELEMENTARY 425 N. CHRISTY LANE, LAS VEGAS, NV 89110	88-6000030	501 (C) (3)	5,730				FUTP60
(99) MIAMI-DADE COUNTY SCHOOLS 1450 NE 2ND AVD, MIAMI, FL 33132	59-6000572	501 (C) (3)	5,500	45,164	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER FUND/FUTP60
(100) CRANE ELEMENTARY SCHOOLS 4250 WEST 16TH STREET, YUMA, AZ 85364	62-1450229	501 (C) (3)	5,500				END STUDENT HUNGER FUND/FUTP60
(101) ALBERT M LOWRY HIGH SCHOOL 5375 KLUNCY CANYON RD, WINNEMUCCA, NV 89445	88-6000991	501 (C) (3)	5,500				END STUDENT HUNGER FUND

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⁽¹⁰²⁾ NEWARK SCHOOL OF GLOBAL STUDIES 24 CRANE ST., NEWARK, NJ 07104	22-6002140	501 (C) (3)		9,189	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
⁽¹⁰³⁾ SEATTLE PUBLIC SCHOOLS 4057 5TH AVENUE NE., SEATTLE, WA 98105	91-6001541	501 (C) (3)		32,584	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁴⁾ UNIVERSITY OF THE DISTRICT OF COLUMBIA 4200 CONNECTICUT AVENUE NW, WASHINGTON, DC 20008-1122	53-6001131	501 (C) (3)		10,651	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁵⁾ CLARK COUNTY SCHOOL DISTRICT 5100 W SAHARA AVE., LAS VEGAS, NV 89146	82-6000733	501 (C) (3)		56,404	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁶⁾ BOARD OF REGENTS NEVADA SYSTEM OF HIGHER EDUCATION 2601 ENTERPRISE ROAD, RENO, NV 89512	88-6000024	501 (C) (3)		20,438	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁷⁾ MAIN DAIRY NUTRITIONAL COUNCIL 337 STATE ST., AUGUSTA, ME 04330	01-0507513	501 (C) (3)		6,480	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁸⁾ WASHOE COUNTY SCHOOL DISTRICT 425 EAST 9TH STREET, RENO, NV 89512	26-2800962	501 (C) (3)		7,976	FMV	NFL FLAG KITS	FUTP60
⁽¹⁰⁹⁾ DOUGLAS COUNTY SCHOOL DISTRICT 620 WILCOX STREET, CASTLE ROCK, CO 80104	84-6011446	501 (C) (3)		11,017	FMV	NFL FLAG KITS	FUTP60
⁽¹¹⁰⁾ JEFFERSON PARISH SCHOOL SYSTEM 501 MANHATTAN BLVD, HARVEY, LA 70058	72-6000592	501 (C) (3)		19,494	FMV	NFL FLAG KITS	FUTP60
⁽¹¹¹⁾ NATIONAL CENTER FOR SCIENCE EDUCATION 230 GRAND AVE, OAKLAND, CA 94610	11-2656357	501 (C) (3)		9,471	FMV	NFL FLAG KITS	FUTP60
⁽¹¹²⁾ PITTSBURGH PUBLIC SCHOOL 341 S. BELLEFIELD AVE, PITTSBURGH, PA 15213	25-1157808	501 (C) (3)		11,384	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
⁽¹¹³⁾ COLUMBUS CITY SCHOOL DISTRICT 270 E. STATE ST., COLUMBUS, OH 43215	31-6400416	501 (C) (3)		5,483	FMV	NFL FLAG KITS	FUTP60
⁽¹¹⁴⁾ DESERT SANDS UNIFIED SCHOOL DISTRICT 47-950 DUNE PALMS ROAD, LA QUINTA, CA 92253	33-0452541	501 (C) (3)		9,329	FMV	EQUIPMENT	FUTP60
⁽¹¹⁵⁾ INDIANAPOLIS PUBLIC SCHOOL DISTRICT 120 E. WALNUT ST., INDIANAPOLIS, IN 46204	35-6002486	501 (C) (3)		10,151	FMV	EQUIPMENT	FUTP60
⁽¹¹⁶⁾ OSHKOSH AREA SCHOOL DISTRICT 215 S EAGLE STREET, OSHKOSH, WA 54902	39-1414354	501 (C) (3)		6,395	FMV	NFL FLAG KITS	FUTP60
⁽¹¹⁷⁾ KENOSHA SCHOOL DISTRICT 3600 52ND STREET, KENOSHA, WA 53144	46-0847782	501 (C) (3)		6,480	FMV	NFL FLAG KITS	FUTP60
⁽¹¹⁸⁾ LOUDON COUNTY SCHOOL DISTRICT 21000 EDUCATION COURT, ASHBURN, VA 20148	54-6001395	501 (C) (3)		6,809	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
⁽¹¹⁹⁾ WINSTON-SALEM FORSYTH COUNTY SCHOOLS 475 CORPORATE SQUARE DRIVE, WINSTON-SALEM, NC 27105	56-0795164	501 (C) (3)		5,997	FMV	EQUIPMENT	FUTP60

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⁽¹²⁰⁾ CLAY COUNTY SCHOOL DISTRICT 900 WALNUT STREET, GREEN COVE SPRINGS, FL 32043	59-3474751	501 (C) (3)		5,483	FMV	NFL FLAG KITS	FUTP60
⁽¹²¹⁾ PALM BEACH COUNTY SCHOOL DISTRICT 3300 FOREST HILL BLVD, WEST PALM BEACH, FL 33406	59-6000783	501 (C) (3)		9,386	FMV	NFL FLAG KITS	FUTP60
⁽¹²²⁾ NEW YORK CITY PUBLIC SCHOOLS 44.36 VERNON BLVD, LONG ISLAND CITY, NY 11101	69-0210637	501 (C) (3)		7,600	FMV	NFL FLAG KITS	FUTP60
⁽¹²³⁾ ST TAMMY PARISH SCHOOL DISTRICT 321 N. THEARD STREET, COVINGTON, LA 70433	72-6001305	501 (C) (3)		18,721	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁴⁾ JUDSON INDEPENDENT SCHOOL DISTRICT 8012 SHIN OAK DRIVE, LIVE OAK, TX 78233	74-1556846	501 (C) (3)		14,922	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁵⁾ HARLINGEN INDEPENDENT SCHOOL DISTRICT 310 N. 13TH STREET, HARLINGEN, TX 78550	74-6001053	501 (C) (3)		5,431	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁶⁾ LA JOYA INDEPENDENT SCHOOL DISTRICT 200 W EXPWY 83, LA JOYA, TX 78560	74-6001550	501 (C) (3)		7,137	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁷⁾ DALLAS INDEPENDENT SCHOOL DISTRICT 9400 N CENTRAL EXPRESSWAY , DALLAS, TX 75231	75-6001278	501 (C) (3)		6,537	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁸⁾ CONROE INDEPENDENT SCHOOL DISTRICT 3205 W DAVIS, CONROE, TX 77304	76-0667253	501 (C) (3)		22,931	FMV	NFL FLAG KITS	FUTP60
⁽¹²⁹⁾ ACADEMY OF BUILDING INDUSTRIES SCHOOL DISTRICT 1547 LIPAN BLVD, FORT MOHAVE, AZ 86426	76-0708797	501 (C) (3)		31,998	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER FUND/FUTP60
⁽¹³⁰⁾ ADAMS 12 FIVE STAR SCHOOLS 1500 E 128TH AVE, THORNTON, CO 80241	84-6000822	501 (C) (3)		8,973	FMV	NFL FLAG KITS	FUTP60
⁽¹³¹⁾ COLORADO SPRINGS SCHOOL DISTRICT #11 115 NEL PASO STREET, COLORADO SPRINGS, CO 80903	84-6001179	501 (C) (3)		9,970	FMV	NFL FLAG KITS	FUTP60
⁽¹³²⁾ Poudre SCHOOL DISTRICT R-1 2407 LAPORTE AVE, FORT COLLINS, CO 80521	84-6013733	501 (C) (3)		13,459	FMV	NFL FLAG KITS	FUTP60
⁽¹³³⁾ PHOENIX ELEMENTARY SCHOOL DISTRICT #1 1817 N 7TH ST, PHOENIX, AZ 85006	86-6000478	501 (C) (3)		5,586	FMV	NFL FLAG KITS	FUTP60
⁽¹³⁴⁾ MURPHY ELEMENTARY DISTRICT #21 3140 WEST BUCKEYE ROAD, PHOENIX, AZ 85009	86-6000491	501 (C) (3)		24,245	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER FUND/FUTP60
⁽¹³⁵⁾ OAKLAND UNIFIED SCHOOL DISTRICT 1011 UNION STREET, OAKLAND, CA 94607	94-6000385	501 (C) (3)		26,939	FMV	NFL FLAG KITS/EQUIPMENT	FUTP60
⁽¹³⁶⁾ GREAT LAKES ACADEMY 8401 S SAGINAW AVE, CHICAGO, IL 60617	46-1862158	501 (C) (3)		6,968	FMV	EQUIPMENT	FUTP60

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⁽¹³⁷⁾ BRISTOL CITY PUBLIC SCHOOLS 280 LEE STREET, BRISTOL, VA 24201	54-6001671	501 (C) (3)		13,242	FMV	EQUIPMENT	FUTP60
⁽¹³⁸⁾ VIRGINIA MIDDLE SCHOOL 501 PIEDMONT AVE, BRISTOL, VA 24201	54-6001957	501 (C) (3)		13,242	FMV	EQUIPMENT	FUTP60
⁽¹³⁹⁾ DENVER CO PUBLIC SCHOOLS 1003 ORIENTA AVE, ALTAMONTE SPRINGS, FL 32701	59-6000589	501 (C) (3)		31,515	FMV	NFL FLAG KITS	FUTP60
⁽¹⁴⁰⁾ PALM BEACH CO SD 1003 ORIENTA AVE, ALTAMONTE SPRINGS, FL 32701	59-6000789	501 (C) (3)		10,000	FMV	EQUIPMENT	FUTP60
⁽¹⁴¹⁾ CYPRESS FAIRBANKS ISD 10300 JONES RD, HOUSTON, TX 77065	74-6000654	501 (C) (3)		10,716	FMV	NFL FLAG KITS	FUTP60
⁽¹⁴²⁾ SAN ANTONIO ISD 2123 W. HUISACHE AVE, SAN ANTONIO, TX 78201	74-6002167	501 (C) (3)		6,972	FMV	EQUIPMENT	FUTP60
⁽¹⁴³⁾ CASA GRANDE ELEMENTARY SCHOOL DISTRICT 501 SOUTH FLORENCE STREET, CASA GRANDE, AZ 85122	86-0942071	501 (C) (3)		86,623	FMV	EQUIPMENT	END STUDENT HUNGER FUND
⁽¹⁴⁴⁾ CAMP MOHAVE ELEMENTARY SCHOOL 1797 E. LA ENTRADA, FORT MOHAVE, AZ 86426	86-1027640	501 (C) (3)		7,875	FMV	EQUIPMENT	END STUDENT HUNGER FUND
⁽¹⁴⁵⁾ GLENDALE SCHOOL DISTRICT 7301 N. 58 AVE., GLENDALE, AZ 85301	86-6000498	501 (C) (3)		91,728	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER/FUTP60
⁽¹⁴⁶⁾ CARTWRIGHT SCHOOL DISTRICT 6308 W. CAMPBELL AVENUE, PHOENIX, AZ 85033	86-6000517	501 (C) (3)		31,965	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER FUND/FUTP60
⁽¹⁴⁷⁾ GILBERT SCHOOL DISTRICT 140 S. GILBERT RD, BUILDING E, GILBERT, AZ 85296	86-6000530	501 (C) (3)		76,243	FMV	NFL FLAG KITS/EQUIPMENT	END STUDENT HUNGER FUND/FUTP60
⁽¹⁴⁸⁾ L.M. PRINCE ELEMENTARY SCHOOL 125 E. PRINCE ROAD, TUCSON, AZ 85705	88-6000547	501 (C) (3)		7,875	FMV	EQUIPMENT	END STUDENT HUNGER FUND

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	GENYOUTH, INCORPORATED PROVIDES ALL GRANTS TO PUBLIC CHARITIES AND DOES NOT COMPLETE MONITORING AFTER PROVIDING ITS GRANTS.
(1) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	LOS ANGELES UNIFIED SCHOOL DISTRICT 333 SOUTH BEAUDRY AVENUE, LOS ANGELES, CA 90017-1466
(2) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	PARA LOS NINOS 5000 HOLLYWOOD BOULEVARD, LOS ANGELES, CA 90027
(5) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION 7 PALMER STREET, 2ND FLOOR, ROXBURY, MA 02119
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	HILLSBOROUGH COUNTY PUBLIC SCHOOL: NFL FLAG KITS/EQUIPMENT

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the Organization
GENYOUTH, INCORPORATED

Employer Identification Number
27-0988546

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 -	<p>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.</p>
FORM 990, PART III, LINE 1 -	<p>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.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$707,448 INCLUDING GRANTS OF \$320,896)(REVENUE \$0)</p> <p>(EXPENSES \$130,838 INCLUDING GRANTS OF \$0) (REVENUE \$0)</p> <p>YOUTH 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, 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.</p> <p>(EXPENSES \$576,610 INCLUDING GRANTS OF \$320,896) (REVENUE \$0)</p> <p>THE ROOT4HER PROGRAM, DESIGNED ESPECIALLY FOR MIDDLE SCHOOL GIRLS, IS CENTERED ON PROVIDING RESOURCES, SUPPORT, STRATEGIES, AND MOTIVATION TO MAKE MOVEMENT AN IMPORTANT PART OF GIRLS' QUEST FOR SOCIAL, EMOTIONAL, NUTRITIONAL AND PHYSICAL GOOD HEALTH. ROOT4HER ADDRESSES A CRITICAL ISSUE - GIRLS' PARTICIPATION IN PHYSICAL ACTIVITY IS PARTICULARLY CHALLENGED AS THEY MOVE INTO MIDDLE AND HIGH SCHOOL, WITH LOW SELF-CONFIDENCE, BODY IMAGE, AND LACK OF ENCOURAGEMENT AND SUPPORT AMONG THE TOP REASONS GIRLS PHASE OUT FROM BOTH COMPETITIVE AND NON-COMPETITIVE ACTIVITY ALIKE.</p>
FORM 990, PART VI, LINE 3 - DELEGATION OF CONTROL OF MANAGEMENT DUTIES	<p>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.</p> <p>ANN MARIE KRAUTHEM, PRESIDENT AND CWO OF GENYOUTH AND CEO FOR THE SECOND HALF OF THE YEAR, IS AN EMPLOYEE OF DMI. HER 2022 REPORTABLE COMPENSATION IS \$358,203 AND OTHER COMPENSATION IS \$50,009. THIS COMPENSATION IS FOR SERVICES PROVIDED TO GENYOUTH.</p> <p>QUINTON BAILY, CFO OF GENYOUTH, IS AN EMPLOYEE OF DMI AND HIS 2022 REPORTABLE COMPENSATION OF \$422,837 AND OTHER COMPENSATION OF \$67,824 IS REPORTED ON DMI'S FORM 990. THIS COMPENSATION IS PARTIALLY FOR SERVICES PROVIDED TO GENYOUTH.</p> <p>BARBARA O'BRIEN, CHAIRMAN OF GENYOUTH IN 2022, IS AN EMPLOYEE OF DMI AND HER 2022 REPORTABLE COMPENSATION OF \$658,067 AND OTHER COMPENSATION OF \$62,852 IS REPORTED ON DMI'S FORM 990. THIS COMPENSATION IS PARTIALLY FOR SERVICES PROVIDED TO GENYOUTH.</p> <p>ALEXIS GLICK, CEO OF GENYOUTH, RECEIVES COMPENSATION WITH RESPECT TO SERVICES RENDERED FOR DMI THROUGH WATKINSON MILLER. HER REPORTABLE COMPENSATION FOR SERVICES PROVIDED TO GENYOUTH IS \$193,736.</p>

Return Reference - Identifier	Explanation																			
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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.																			
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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.																			
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.																			
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="467 455 751 525">(a) Description</th> <th data-bbox="760 455 946 525">(b) Total Expenses</th> <th data-bbox="954 455 1133 525">(c) Program Service Expenses</th> <th data-bbox="1141 455 1320 525">(d) Management and General Expenses</th> <th data-bbox="1328 455 1515 525">(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 535 751 562">FEES FOR SERVICES</td> <td data-bbox="760 535 946 562">1,708,508</td> <td data-bbox="954 535 1133 562">946,533</td> <td data-bbox="1141 535 1320 562">761,975</td> <td data-bbox="1328 535 1515 562"></td> </tr> <tr> <td data-bbox="467 573 751 592">Total</td> <td data-bbox="760 573 946 592">1,708,508</td> <td data-bbox="954 573 1133 592">946,533</td> <td data-bbox="1141 573 1320 592">761,975</td> <td data-bbox="1328 573 1515 592">0</td> </tr> </tbody> </table>					(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	FEES FOR SERVICES	1,708,508	946,533	761,975		Total	1,708,508	946,533	761,975	0
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