Return of Organization Exempt From Income Tax Under section SDI(c), \$27, or 4947(a)(1) to the Internal Revenue Code (except private foundations) Promote Section SDI(c), \$27, or 4947(a)(1) to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Solve to the Internal Revenue Code (except private foundations) Promote Solve to the Internal Solve to the I	efil	e Pu	ıblic Visı	ual Render	n: 2023-04	-18	-	TIN: 85-0952028		
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to sewwife, 500 (Farm930 for internativotions and the latest information. ▶ Go to sewwife, 500 (Farm930 for internativotions) ▶ Go to sewwife, 500 (Farm930 for internativotions) ♣ Go to sewwife, 500 (Farm930 for int	2					-				
Post to xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	Form	99	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	e (except priva	ate foundat	ions)	2021		
Demotor in application RUN GENZ Run G				► Go to <u>www.irs.gov/Form990</u> for instructions and the l	atest informa	ation.		•		
Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite	A F	or th	ne 2021 ca	alendar year, or tax year beginning 01-01-2021 , and ending 12-31	-2021					
Address change	B Che	ck if a	applicable:			D Employe	r ident	ification number		
Direct return Direct retu		.occ c	hango	NON GENZ		85-0952	028			
Number and street (or P.O. box if mail is not delivered to street address) Room/suite C14) 514-5110		C33 C	nange	Doing business as						
Third return/emmented Carporation Car	_	e cha	inge			F Telenhone	numhe	ar		
Application pending	Initia	al retu	urn		te					
Name and address of principal officer:	_	return,	/terminated			G Gross roo	ointe ¢	333 446		
F Name and address of principal officer: JOE MITCHELL 1331 E MONROE STREET MT PLEASANT, IA 52641 Website: MT PLEASANT, IA 52641 Website: RUNIGENZ.COM H(c) Group exemption number Wes No No No No No No No N	Ame	nded	return	MI PLEASANI, IA 32041		G Gloss led	eibra a	333,440		
Part Summary	Ta:	k-exe	mpt status:	JOE MITCHELL 1331 E MONROE STREET MT PLEASANT, IA 52641 □ 501(c)(3) ✓ 501(c) (4) ◀ (insert no.) □ 4947(a)(1) or □ 527	subord H(b) Are all include If "No,	linates? subordinate ed? " attach a li	es st. See	Yes ✓ No Yes No instructions.		
Part Summary					I Vanu of forms	ion. 2020	M Chat	o of local demicile. TA		
1 Briefly describe the organization's mission or most significant activities: TO EMPOWER, RECRUIT, AND MENTOR THE NEXT GENERATION OF CONSERVATIVE LEADERSHIP. 2 Check this box ▶□ 3 Number of voting members of the governing body (Part VI, line 1a) .	K Forr	n of o	organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	L rear or forma	.1011. 2020	PI Stat	e or regar dorniche. 1A		
TO EMPOWER, RECRUIT, AND MENTOR THE NEXT GENERATION OF CONSERVATIVE LEADERSHIP.	Pa	art I	Sumi	mary		I.				
Net unrelated business taxable income from Form 990-T, Part I, line 11	emance		TO EMPOW	/ER, RECRUIT, AND MENTOR THE NEXT GENERATION OF CONSERVATIVE LE	EADERSHIP.					
Net unrelated business taxable income from Form 990-T, Part I, line 11	30V	_				1 _	1			
Net unrelated business taxable income from Form 990-T, Part I, line 11	*8	_					_	+		
Net unrelated business taxable income from Form 990-T, Part I, line 11	ies							+		
Net unrelated business taxable income from Form 990-T, Part I, line 11	ΙΛ						6			
B Net unrelated business taxable income from Form 990-T, Part I, line 11	Ac			,,			78	0		
8 Contributions and grants (Part VIII, line 1h)							7t	0		
9 Program service revenue (Part VIII, line 2g)					Pric	r Year		Current Year		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2	8	Contribut	ions and grants (Part VIII, line 1h)		11,5	23	333,444		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	ē		•	, , , , , , , , , , , , , , , , , , , ,			0	0		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) ▶21,697 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 10 10,301 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 31,323 57,812 21 Total liabilities (Part X, line 26) 333,446 333,446 333,446 34,142 34,1	æ									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)						11 5				
14 Benefits paid to or for members (Part IX, column (A), line 4)		_				11,5	-			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e)										
16a Professional fundraising fees (Part IX, column (A), line 11e)	S		•				_			
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	ıse		•					0		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	90									
19 Revenue less expenses. Subtract line 18 from line 12	ũ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,3	01	260,634		
Beginning of Current Year End of Year		18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,3	01	308,776			
20 Total assets (Part X, line 16)	-	19	Revenue	less expenses. Subtract line 18 from line 12				24,670		
20 Total assets (Part X, line 16)	S OF				Beginning of	of Current Ye	ear	End of Year		
21 Total liabilities (Part X, line 26)	Set	20	Total asse	ets (Part X, line 16)		1.3	23	57,812		
22 Net assets or fund balances. Subtract line 21 from line 20	A P					,-	_	31,820		
	žŽ					1,3	23	25,992		

unaei	r nenaities i	of perjury, I declare that I have ex	amined this retu	and the standard and a second	and the second second second		har and har than hard a Const
know	•	pelief, it is true, correct, and comple					•
	nowledge.						
						2023-04-18	
Sign		gnature of officer				Date	
Here	30	PE MITCHELL CHAIRMAN pe or print name and title					
	V .,	•	Droparor's si	anaturo	Data		PTIN
Dair	J	Print/Type preparer's name	Preparer's si	gnature	Date 2023-04-18	Check if	P01986466
Paid	-	Firm's name INSIGHT CPA				self-employed Firm's EIN > 8	l 1-4936117
	parer						
use	Only	Firm's address 6600 WESTOWN PK	WY STE 190			Phone no. (515) 348-8098
		W DES MOINES, IA	50266				
May t	he IRS disc	cuss this return with the preparer s	hown above? (se	ee instructions)			. 🗸 Yes 🗌 No
For P	aperwork	Reduction Act Notice, see the s	separate instru	ctions.	Cat. N	lo. 11282Y	Form 990 (2021
				— Page 2 ———			
Form	990 (2021)	.					Dana '
		atement of Program Service	Accomplish	ments			Page 2
Гаі		eck if Schedule O contains a respon					
1		scribe the organization's mission:	ise of flote to al	iy iiile iii tilis Fait iii .	· · · · ·		
_		ECRUIT, AND MENTOR THE NEXT G	SENERATION OF	CONSERVATIVE LEAD	ERSHIP		
	,	,					
4	Describe t Section 50 expenses,	escribe these changes on Schedule the organization's program service O1(c)(3) and 501(c)(4) organization and revenue, if any, for each prog	accomplishment ns are required t	o report the amount o			
4a	(Code:						·
4b	TO EMPOWE) (Expenses \$ ER, RECRUIT, AND MENTOR THE NEXT G		including grants of \$) (Revenue \$	333,444)
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		ER, RECRUIT, AND MENTOR THE NEXT G	ENERATION OF CO	including grants of \$ NSERVATIVE LEADERSHIF			333,444)
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4c		ER, RECRUIT, AND MENTOR THE NEXT G	ENERATION OF CO	including grants of \$ NSERVATIVE LEADERSHIF			333,444)
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4c	(Code:	ER, RECRUIT, AND MENTOR THE NEXT G	ENERATION OF CO	including grants of \$ NSERVATIVE LEADERSHIF including grants of \$) (Revenue \$	333,444)
4c	(Code:	ER, RECRUIT, AND MENTOR THE NEXT G	ENERATION OF CO	including grants of \$ NSERVATIVE LEADERSHIF including grants of \$) (Revenue \$	333,444)

(Expenses ψ — including grants of ψ —) (nevenue ψ —)

4e Total program service expenses ▶ 218,586

Form **990** (2021)

– Page 3 –

Pa	t IV Checklist of Required Schedules		1	
		1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2		No
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>	3		No
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>	4		
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
5	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</i>			
,	Schedule D,Part I	6		No
,	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
)	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
)	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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>	11f		No
а	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
•	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? If "Yes," complete Schedule F, Parts I and IV	14b		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		N
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		N
	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.</i> See instructions	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
	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>	19		No
a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

21	No
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Form **990** (2021)

----- Page 4 -----

	990 (2021) t IV Checklist of Required Schedules (continued)			Page 4
га	tiv 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? If "Yes," complete Schedule I, Parts I and III	22		No
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>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26	Yes	
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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
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>	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			•
	Check if Schedule O contains a response or note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		Yes	No

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b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
c Did the organization comply with backup withholding rules for reportable payments to v (gambling) winnings to prize winners?			1c	Yes	
			F	orm 99	(2021)

Form	990 (2021)			Page !
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			,
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? If "Yes," enter the name of the foreign country:	4a		No
-	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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
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.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	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			
c	Enter the amount of reserves on hand			

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		1 1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
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		No
17	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	F	orm 99	0 (2021)
				,
	Page 6 ———————————————————————————————————			
Form	990 (2021)			Page 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management	•	• •	
	otion in dovorning body and indiagonione		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 4		. 05	
Ia				
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	1b 4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	,		No
_	officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	-	-		INO
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ection C. Disclosure	100		<u> </u>
э е				
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 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 in Schedule O)			
19				
20	State the name, address, and telephone number of the person who possesses the organization's books and records: INSIGHT CPA 6600 WESTOWN PKWY 190 WEST DES MOINES, IA 50266 (515) 348-8098			
		F	orm 99	0 (2021)
	Page 7			
Form	990 (2021)			Page 7
Par	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Em	ploye	es,	
	and Independent Contractors			
	Check if Schedule O contains a response or note to any line in this Part VII			
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees			
year.			nization	ı's tax
	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of an	nount		

- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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	Position (do not check more than one box, unless person is both an officer and a director/trustee)					son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(1) JOE MITCHELL CHAIRMAN	3.00	х						0	0	0	
(2) MASON MORGAN EXECUTIVE DIRECTOR	30.00	х						0	0	0	
(3) BARRY JACKSON TREASURER	2.00			x				0	0	0	
(4) LINDA UPMEYER SECRETARY	2.00			х				0	0	0	

	•					i	1	1	1
Form 990 (2021)									

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Form 990 (2021) Page **8**

Part VII Section A. Officers, Dire	ctors, Trustees	s, Rey	Emp	ioye	es,	anu	nıgı	iest Compensate	a Employees (co.	ntinueu)
(A) Name and title	(B) Average hours per week (list any hours	(C) Position (do not check n than one box, unless pe is both an officer and director/trustee)				ss pers and a ee)	son a	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
1b Sub-Total						·I				
С					_	· =				
Total from continuation sheets to Par $\frac{d}{\text{Total (add lines 1b and 1c)}} \ . \ . \ .$					•	. –		0	0	0
	· · · · ·				-			L		_

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

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the

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organization and related organizations great individual	er than \$150,000?	If "Yes," complete S	Schedule J for such		4 No
5 Did any person listed on line 1a receive or a services rendered to the organization? <i>If</i> "Yes	•	•	-	ividual for	5 No
Section B. Independent Contractors				<u> </u>	
Complete this table for your five highest confrom the organization. Report compensation					pensation
(A Name and busi			Desc	(B) cription of services	(C) Compensation
2 Total number of independent contractors (inclu	ıding but not limite	d to those listed abo	ve) who received m	ore than \$100,000	of
compensation from the organization ▶ 0					Form 990 (2021)
		Page 9 ———			
Form 990 (2021)					Page 9
Part VIII Statement of Revenue					raye 9
Check if Schedule O contains a resp	onse or note to an				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
I antificitie test campaigns					
n lotal. Add lines 1a-1r	Business Code	I			T
2a					
9					
e se					
95 :					
Program Service Revenue					
,					
f All other program service revenue.					
9 Total. Add lines 2a−2f ▶					
3 Investment income (including dividends, int similar amounts)	erest, and other	2			2
4 Income from investment of tax-exempt bon	d proceeds	_			
5 Royalties	▶				

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]].		(i) Real	(ii) Personal				
6a Gross rents	6a						
b Less: rental							
expenses	6b						
c Rental income or (loss)	6с						
d Net rental income	or (I	oss)	>				
Į Į		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a						
b Less: cost or other basis and sales expenses	7b						
c Gain or (loss)	7c						
d Net gain or (loss)			•				
Gross income from fun	drais						
(not including \$ contributions reported See Part IV, line 18 b Less: direct expens	on li	of ne 1c).					
See Part IV, line 18							
b Less: direct expens	es	8b					
c Net income or (loss) fro	om fundraising eve	nts 🕨				
مر Gross income from g	amir	ng activities					
See Part IV, line 19	•	9a					
b Less: direct expens	es	9b					
c Net income or (loss) fro	om gaming activitie	es				
10aGross sales of inver returns and allowar b Less: cost of goods	ices	· · 10a					
c Net income or (loss	_		ry 🕨	1			
Miscellaneou	us R	evenue	Business Code			İ	
11a							
ь							
С							
d All other revenue		I -					
e Total. Add lines 11	a-1:	ld	•				
12 Total revenue. Se	e ins	structions	▶	333,446	i c	0	2
				,			Form 990 (2021)
				- Page 10			
m 990 (2021)							Page 10
		Functional Expe					
				omplete all columns. A		ns must complete co	lumn (A).
				y line in this Part IX .	(B)	(C)	(D)
not include amounts 8b, 9b, and 10b of Pa			,	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
. Grants and other assis	tanc	e to domestic orga			субсизез	general expelises	expenses
domestic governments Grants and other assist Part IV, line 22	tanc	e to domestic indiv	viduals. See				
•			-				
Grants and other assisgovernments, and fore and 16.	ign	individuals. See Pa	rt IV, lines 15				

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		ı	i	i	
	Benefits paid to or for members				
	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	43,958		43,958	
	Pension plan accruals and contributions (include section	· ·		,	
9	401(k) and 403(b) employer contributions)				
10	Payroll taxes	4,184		4,184	
	Fees for services (non-employees):				
а	Management				
	Legal	20,351		20,351	
	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	48,579	48,579		
13	Office expenses	25,879	25,879		
14	Information technology				
15	Royalties				_
16	Occupancy				_
17	Travel	80,398	80,398		
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				_
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance	1,356	1,356		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	CONTRACTORS	43,227	43,227		
i	FUNDRAISING EXPENSE	21,697			21,697
•	MEALS AND ENTERTAINMENT	18,577	18,577		
•	REIMBURSEMENT EXPENSE	426	426		
•	All other expenses	144	144		
25	Total functional expenses. Add lines 1 through 24e	308,776	218,586	68,493	21,697
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720).				Form 990 (2021)
					556 (2021)
		— Page 11 ———			
		ruge 11			
	990 (2021)				Page 11
Pa	art X Balance Sheet	, line in this Dort IV			
	Check if Schedule O contains a response or note to any	ime in this Part IX .	(A)		(B)
	1 Cach-non-interact hearing		Beginning of ye	1,323 1	End of year 57,812
	Cash-non-interest-bearing Savings and temporary cash investments	•		2	07,012
	2 Savings and temporary cash investments			-	

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A Accounts receivable, net S 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 (as defined under section 4958/(10), and persons described in section 4958/(2)(3)(8) 6		3	Pledges and grants receivable, net				3	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons of Loans and other receivables from other disqualified persons (as defined under section 4958f(11)), and persons described in section 4958f(2)(3)(8) . 6 7 Notes and loans receivable, net		4	Accounts receivable, net		[4	
8 Inventories for sale or use			trustee, key employee, creator or founder, subscontrolled entity or family member of any of the Loans and other receivables from other disquali	stantial ese pe ified pe	l contributor, or 35% rsons ersons (as defined under			
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10c 11	S	7	Notes and loans receivable, net				7	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10c 11	et	8	Inventories for sale or use				8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 10c 11	4SS	9	Prepaid expenses and deferred charges				9	
11 Investments—publicly traded securities .		10a	, 3, 11	10a				
12 Investments—other securities. See Part IV, line 11		b	Less: accumulated depreciation	10b			10c	
13 Investments—program-related. See Part IV, line 11		11	Investments—publicly traded securities .				11	
14 Intangible assets		12	Investments—other securities. See Part IV, line	11 .			12	
15 Other assets. See Part IV, line 11		13	Investments—program-related. See Part IV, line	e 11 .			13	
16 Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets		[14	
17 Accounts payable and accrued expenses		15	Other assets. See Part IV, line 11				15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must eq	ual line	e 33)	1,323	16	57,812
19 Deferred revenue		17	Accounts payable and accrued expenses			0	17	1,820
20 Tax-exempt bond liabilities		18	Grants payable				18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 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		19	Deferred revenue				19	
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		20	Tax-exempt bond liabilities				20	
23 Secured mortgages and notes payable to unrelated third parties	SS	21	Escrow or custodial account liability. Complete F	of Schedule D		21		
23 Secured mortgages and notes payable to unrelated third parties	abilitie	22	employee, creator or founder, substantial contri	0	22	30,000		
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 Total liabilities. Add lines 17 through 25		23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25		24	Unsecured notes and loans payable to unrelated	d third	parties		24	
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		25	and other liabilities not included on lines 17 - 24		25			
29 Capital stock or trust principal, or current funds		26	Total liabilities. Add lines 17 through 25 .			0	26	31,820
29 Capital stock or trust principal, or current funds	alances	27	complete lines 27, 28, 32, and 33.	heck h	nere 		27	
29 Capital stock or trust principal, or current funds	18	28	Net assets with donor restrictions		28			
32 Total net assets or fund balances	0	29	complete lines 29 through 33.	0	29	0		
32 Total net assets or fund balances	ets	30	Paid-in or capital surplus, or land, building or ed	quipme	ent fund	100	30	100
32 Total net assets or fund balances	SSI	31	Retained earnings, endowment, accumulated in	1,223	31	25,892		
Z33Total liabilities and net assets/fund balances	it A	32	Total net assets or fund balances		[1,323	32	25,992
	ž	33	Total liabilities and net assets/fund balances .			1,323	33	57,812

Form **990** (2021)

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Form 990 (Form 990 (2021) Page 12						
Part XI	Reconcilliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 Total	I revenue (must equal Part VIII, column (A), line 12)	1	333,446				
2 Total	l expenses (must equal Part IX, column (A), line 25)	2	308,776				
3 Reve	enue less expenses. Subtract line 2 from line 1	3	24,670				
4 Net a	assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,323				
5 Net ւ	unrealized gains (losses) on investments	5					
6 Dona	ated services and use of facilities	6	,				
7 Inves	stment expenses	7					
	period adjustments	8					
	er changes in net assets or fund balances (explain in Schedule O)	9	0				

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	fund balances at						. ,	<u> </u>			
	incial Stateme			a ta anu lina in	this Dort VII						
Cnec	k if Schedule O c	ontains a resp	onse or note	e to any line in	this Part XII		<u> </u>	• •	• •	Yes	No
A			000		2 A					165	NO
_	nethod used to pr zation changed its	•		_	Accrual	Other	nn.	•			
Schedule O.	ation changed its	s method of a	ccounting ire	oni a prior year	or checked	Other, explain	JII				
2a Were the org	anization's financ	ial statement	s compiled o	r reviewed by	an independe	nt accountant?			2a		No
If 'Yes,' check	c a box below to i	indicate wheth	ner the finan	cial statements	for the year	were compiled	or reviewe	d on a			
separate bas	is, consolidated b	asis, or both:									
Separa	te basis	Consolidate	ed basis	☐ Both co	nsolidated an	d separate basis	;				
b Were the ora	anization's financ	rial statement	s audited by	an independer	nt accountant	>			2b		No
3	c a box below to i		,	•			ı a separat	e basis,			
•	basis, or both:				,		•	,			
☐ Separa	te basis	Consolidate	ed basis	☐ Both co	nsolidated an	d separate basis	;				
TE "Voc " to li	ne 2a or 2b, does	the evenion	tion have a	annittaa that		nancibility far a	orgiaht				
•	review, or compil					,			2c		
	zation changed ei					•		nedule O.			
_	-			•	_						
3a As a result of Δudit Δct and	a federal award, I OMB Circular A-	_	nization req	uired to underg	go an audit or	audits as set fo	rth in the	Single	3a		No
	the organization (equired audi	t or audits? If t	he organizati	on did not unde	an the rec	uired	Ja		140
•	ts, explain why in		•				go the rec	juncu	3b		
										Form 99	0 (202
Additional	Data								Retur	n to F	orm
				Software I	D:						
			Softv	ware Versio	n:						
file Public Vis	efile Public Visual Render ObjectId: 202311089349300641 - Submission: 2023-04-18						TIN: 85-095202				
chedule L	1										
		Tran	saction	s with In		d Persons				No. 154	
	► Complet	te if the orga	anization ar	nswered "Yes	itereste	d Persons	S es 25a, 2	5b, 26,			
	► Complet	te if the orga	anization ar 28b, or 28	nswered "Yes c, or Form 99	I tereste (" on Form 9' 0-EZ, Part V,	Dersons 90, Part IV, lin , line 38a or 40	S es 25a, 2	5b, 26,			
Form 990)		te if the orga 27, 28a,	anization ar 28b, or 28 Attacl	nswered "Yes c, or Form 990 h to Form 990	Itereste " on Form 9' 0-EZ, Part V) or Form 99	Dersons 90, Part IV, lin , line 38a or 40	S es 25a, 2)b.	5b, 26,	омв г		5-0047
orm 990) partment of the Treasury	, > G	te if the orga 27, 28a,	anization ar 28b, or 28 Attacl	nswered "Yes c, or Form 990 h to Form 990	Itereste " on Form 9' 0-EZ, Part V) or Form 99	d Persons 90, Part IV, lin , line 38a or 40 0-EZ.	6 es 25a, 2)b. rmation.	, ,	OMB I	102 202 en to Paspect	1 dublic
orm 990) partment of the Treasuremal Revenue Service Name of the orga	, > G	te if the orga 27, 28a,	anization ar 28b, or 28 Attacl	nswered "Yes c, or Form 990 h to Form 990	Itereste " on Form 9' 0-EZ, Part V) or Form 99	d Persons 90, Part IV, lin , line 38a or 40 0-EZ.	6 es 25a, 2)b. rmation.	5b, 26, er identi	OMB I	102 202 en to Paspect	1 dublic
partment of the Treasurernal Revenue Service Name of the orga	, > G	te if the orga 27, 28a,	anization ar 28b, or 28 Attacl	nswered "Yes c, or Form 990 h to Form 990	Itereste " on Form 9' 0-EZ, Part V) or Form 99	d Persons 90, Part IV, lin , line 38a or 40 0-EZ.	6 es 25a, 2)b. rmation.	er identi	OMB I	102 202 en to Paspect	1 dublic
partment of the Treasury and Revenue Service Name of the orga RUN GENZ	nization s Benefit Tran	te if the orga 27, 28a, Go to <u>www.ir</u> nsactions (s	anization ar 28b, or 28c Attack rs.gov/Form	nswered "Yes c, or Form 990 h to Form 990 n990 for instr	on Form 99 or Form 99	D Persons 90, Part IV, lin 1, line 38a or 40 0-EZ. the latest info	es 25a, 2 bb. rmation. Employ 85-0952 (29) organ	er identi 2028 izations o	OMB (Ope Ir ificatio	102 202 en to Paspect	5-0047 1 ublic ion
partment of the Treasuremal Revenue Service Name of the orga RUN GENZ Part I Exces Comple	nization S Benefit Trar te if the organiza	te if the orga 27, 28a, Go to www.in msactions (s	anization ar 28b, or 28c Attacl rs.gov/Form section 501(d "Yes" on Fo	nswered "Yes c, or Form 990 h to Form 990 n990 for instr c)(3), section 5 orm 990, Part I	on Form 99 0-EZ, Part V 0 or Form 99 ructions and 501(c)(4), and V, line 25a or	D Persons 90, Part IV, lin 1 line 38a or 40 0-EZ. the latest info	es 25a, 2 bb. rmation. Employ 85-0952 (29) organ 90-EZ, Par	er identi 2028 izations o	OMB I Ope Ir only). Ob.	202 en to P nspect n numb	1 qublic ion per
partment of the Treasuremal Revenue Service Name of the orga RUN GENZ Part I Exces Comple	nization s Benefit Tran	te if the orga 27, 28a, Go to www.in msactions (s	anization ar 28b, or 28c Attacl rs.gov/Form section 501(d "Yes" on Fo	nswered "Yes c, or Form 990 h to Form 990 n990 for instr c)(3), section 5 orm 990, Part I Relationship be	on Form 99 0-EZ, Part V 0 or Form 99 ructions and 501(c)(4), and V, line 25a or	D Persons 90, Part IV, lin 1, line 38a or 40 0-EZ. the latest info	es 25a, 2 bb. rmation. Employ 85-0952 (29) organ 90-EZ, Par	er identi 2028 izations o	OMB I Ope Ir only). Ob.	202 en to Paspect n numb	1 ublic ion per
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(a) Name of interested person		(b) Relationship between interested person and the organization		(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance			
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Object1a: 202311089349300641 - Submission: 2023-04-18

TIN: 85-0952028

SCHEDULE O (Form 990)

Department of the 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 <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization RUN GENZ

Employer identification number

85-0952028

	[85-0952028
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	TO EMPOWER, RECRUIT, AND MENTOR THE NEXT GENERATION OF CONSERVATIVE LEADERSHIP.
FORM 990, PART VI, SECTION B, LINE 11B	TAX RETURN IS PROVIDED TO BOARD FOR APPROVAL BEFORE FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	ONE INDIVIDUAL DILEGENTLY REVIEWS THE ANNUAL DISCLOSURE FORMS.
FORM 990, PART VI, SECTION C, LINE 19	ALL DOCUMENTS ARE PUBLIC ACCESS UPON REQUEST

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

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data

Return to Form

Software ID: Software Version: