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Form	990

** PUBLIC DISCLOSURE COPY ** **Return of Organization Exempt From Income Tax**

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

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

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



Department of the Treasury Internal Revenue Service

<u>A I</u>	For the	e 2020 calendar year, or tax year beginning	and ending			
	Check if Ipplicabl	C Name of organization		D Employer identifi	cation number	
	Addre					
	Name		47-1073442			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	uite E Telephone numbe	r		
	Final return	1200 19TH STREET NW	1110	202-629-4410		
	termin	City or town, state or province, country, and ZIP or foreign postal code	I	G Gross receipts \$	43,948,345.	
	Amen	· · · · · · · · · · · · · · · · · · ·		H(a) Is this a group re		
	Applic	^{a-} F Name and address of principal officer: MONA MOURSHED		for subordinates		
	pendir	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates ir		
1	Fax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a))(1) or		list. See instructions	
J١	Nebsi	te: WWW.GENERATION.ORG		H(c) Group exemptio	n number 🕨	
K	⁻ orm of	organization: 🗴 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	LY	ear of formation: 2014	A State of legal domicile: DC	
Pa	art I	Summary				
Ø	1	Briefly describe the organization's mission or most significant activities: \underline{SEE}	SCHEDULE	0		
Governance						
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dis	sposed of m	1	1	
Š	3			<u>3</u>	11	
	I .	Number of independent voting members of the governing body (Part VI, line 1			11	
ies		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			102	
Activities &		Total number of volunteers (estimate if necessary)			10	
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11				
		Operative disease and events (Dark) (III line 14)		Prior Year 25,382,108.	Current Year 43,049,677.	
ne	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	757,300.	889,695.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	8,973.	
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		26,139,408.	43,948,345.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,899,205.	9,414,471.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
s	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		8,434,187.	7,541,519.	
Ise	16a	Professional fundraising fees (Part IX, column (A), line 11e)		Ο.	0.	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,897,435.	5,274,627.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		23,230,827.	22,230,617.	
		Revenue less expenses. Subtract line 18 from line 12		2,908,581.	21,717,728.	
t Assets or d Balances				Beginning of Current Year	End of Year	
sset	20	Total assets (Part X, line 16)		19,304,493.	41,732,520.	
Net As	-	Total liabilities (Part X, line 26)		1,359,803.	2,071,883.	
	<u> 22</u> art II	Net assets or fund balances. Subtract line 21 from line 20		17,944,690.	39,660,637.	
		Ities of perjury, I declare that I have examined this return, including accompanying scher	dulas and stat	amonto, and to the heat of m	knowledge and belief it is	
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of			/ KIIOwieuye allu bellel, it is	
liuc	, соптес			arer nas any knowledge.		
Sig	n	Signature of officer		Date		
Her		MONA MOURSHED PRESIDENT & CEO				
. 101	-	Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid	i	STEVEN C. DARR, CPA, CMA		11/05/21 self-employ	P01324904	
Pre	barer	Firm's name 🕒 CALIBRE CPA GROUP, PLLC		Firm's EIN 🕨	47-0900880	
	Only	Firm's address 🕨 7501 WISCONSIN AVENUE, SUITE 1200 WEST				

No

	990 (2020) GENERATION: YOU EMPLOYED, INC.	47-1073442 Page
rai		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission: OUR MISSION IS TO TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO	
	PREPARE, PLACE, AND SUPPORT PEOPLE INTO LIFE-CHANGING CAREERS THAT	
	WOULD OTHERWISE BE INACCESSIBLE.	
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 X N
	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 X N
	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 other	ers, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$17,038,409. including grants of \$9,414,471.) (Reve	enue \$ 889,695.
	GENERATION: YOU EMPLOYED, INC. (GENERATION, OR GYE) IS A NONPROFIT THAT	
	TRAINS AND PLACES ADULTS OF ALL AGES INTO LIFE-CHANGING CAREERS THAT	
	WOULD OTHERWISE BE INACCESSIBLE. TO DATE, GENERATION HAS SERVED 48,000+	
	ADULTS ACROSS 35 PROFESSIONS AND 14 COUNTRIES, WITH AN 83% JOB	
	PLACEMENT WITHIN THREE MONTHS OF PROGRAM COMPLETION AND A 3-4X INCOME	
	INCREASE. BASED ON THE INSIGHTS FROM ITS PROGRAMS, GENERATION CONDUCTS	
	GLOBAL RESEARCH ON HIGH PRIORITY WORKFORCE TOPICS TO IMPROVE	
	DECISION-MAKING BY STAKEHOLDERS.	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$
44	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$)

Form 990 (2020) GENERATION: YOU EN
Part IV Checklist of Required Schedules GENERATION: YOU EMPLOYED, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
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? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		X
032003	12-23-20	Form	990	(2020)

032003 12-23-20

3 2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Form 990 (2020) GENERATION: YOU EMPLOYED, T Part IV Checklist of Required Schedules (continued) GENERATION: YOU EMPLOYED, INC.

	(continued)			<u> </u>
00	Did the exercities repeat more than $-65,000$ of events or other excitance to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> 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? If "Yes," complete			
	Schedule J	23	х	
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		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	5 · · · · · · · · · · · · · · · · · · ·			
	any tax-exempt bonds?	24c		<u> </u>
	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	05-		x
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissorve and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes, ' complete</i>	- 51		
02	Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		00		<u> </u>
	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 1a 33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	4 12-23-20	Form	990	(2020)

2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Page 4

47 - 1073442

	990 (2020) GENERATION: YOU EMPLOYED, INC. 47-10734	12	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 102			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
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?	<u>6a</u>		X
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).			
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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.	0-		
a ⊾	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h		-		
44		-		
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1	1		
D	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
			000	

Form **990** (2020)

032005 12-23-20

Form	1990 (2020) GENERATION: YOU EMPLOYED, INC. 47-10734		F	age
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	≀ "No" r	espon	se
	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	<u></u>		Σ
Sec	tion A. Governing Body and Management		1	-
			Yes	1
1 a		1		
	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.			
b		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		2
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
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		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	the section brequests information about policies not required by the internal Revenue Code.)		Yes	
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	ť
		104		+
D	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		
44			х	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		X	+
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	+
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	in Schedule O how this was done	12c		+
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	-
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in 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		1
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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	3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I 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, ar	nd finan	cial	
	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			
	MONA MOURSHED - $202-629-4410$			
	1200 19TH ST NW, #1110,, WASHINGTON, DC 20036			
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Form 990 (2020	D) GENERATION: YOU EMPLOYED, INC.	47-1073442	Page 1
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest Co	pmpensated	
Er	nployees, and Independent Contractors		
Ch	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his 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 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 and/or Box 7 of Form 1099-MISC) 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 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.

Name and title Average hours per weak (git any hours for below line) Description and related organization below line) Description and related organization (W-2/1099-MISC) Reportable compensation from right any below line) Estimated and and related organization (W-2/1099-MISC) Estimated and and related organization and related organization (W-2/1099-MISC) Estimated and and related organization and related organization (W-2/1099-MISC) Estimated and and related organization (W-2/1099-MISC) (1) KELLY J CASSARO 40.00 X 189,055 0. 28,627. (2) JENNIFER SIESE 40.00 X 189,055 0. 17,436. (3) DARIA DIRECTOR OF PINANCE 40.00 X 168,625. 0. 17,436. (4) OUID RECTOR OF PINANCE 40.00 X 140,093. 0. 21,466. (5) NONIA DIRECTOR OF PINANCE 1.00 X X 0. 0. 0.	(A)	(B)	(C)		(D)	(E)	(F)				
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TREASURERXXX0.0.0.(14) ANNIE-MARIE SLAUGHTER1.00X00.0.0.DIRECTORX00.0.0.0.(15) SCOTT MCKINLEY1.00X00.0.0.DIRECTORX00.0.0.0.(16) MAYSA JALBOUT1.00X00.0.0.DIRECTORX00.0.0.0.(17) SALAH-EDDINE KANDRI1.00X00.0.0.DIRECTORX00.0.0.0.			Х						0.	0.	0.
(14) ANNIE-MARIE SLAUGHTER1.00x0.0.0.DIRECTORx1.00x0.0.0.(15) SCOTT MCKINLEY1.00x0.0.0.DIRECTORx0.0.0.0.(16) MAYSA JALBOUT1.001.000.0.0.DIRECTORx0.0.0.0.DIRECTORx0.0.0.0.DIRECTORx0.0.0.0.DIRECTORX0.0.0.0.DIRECTORX0.0.0.0.		1.00									
DIRECTOR X 0 0. <th< td=""><td></td><td></td><td>Х</td><td></td><td>X</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х		X				0.	0.	0.
(15) SCOTT MCKINLEY 1.00 0 0. <th< td=""><td></td><td>1.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<>		1.00									
DIRECTORX00.0.(16) MAYSA JALBOUT1.001.0000DIRECTORX0.0.0.0.(17) SALAH-EDDINE KANDRI1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(16) MAYSA JALBOUT 1.00 0. 0. DIRECTOR X 0. 0. 0. (17) SALAH-EDDINE KANDRI 1.00 X 0. 0. 0. DIRECTOR X 0. 0. 0. 0.		1.00									
DIRECTORX0.0.0.(17) SALAH-EDDINE KANDRI1.00X0.0.0.DIRECTORX0.0.0.0.			Х						0.	0.	0.
(17) SALAH-EDDINE KANDRI 1.00 X 0. 0. DIRECTOR X 0. 0. 0.		1.00									
DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00								_	_
	DIRECTOR		Х						0.	0.	

032007 12-23-20

Form 990 (2020)

20541105 712177 71568

2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Form 990 (2020) GENERATION: Y	OU EMPLOYE	D,	INC	•					47-10	73442	2	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck i ss per	C) ition more rson i		one an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
(18) WENDY KOPP DIRECTOR	1.00	x	_		×	1.0		0.		0.			٥.
(19) LAURA CORB	1.00												
DIRECTOR		Х						0.		0.			0.
(20) DANA BRAKMAN REISER DIRECTOR	1.00	x						0.		٥.			0.
(21) ALI JAFFER	40.00							.					
COO - GENERATION GLOBAL	40.00			x				0.		0.			٥.
		-											
1b Subtotal								1,293,037.		٥.		171,	
c Total from continuation sheets to Part VI								0.		0.		1 7 1	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but no							► o re	1,293,037. eceived more than \$100,	000 of reportable			171,	905.
compensation from the organization												Yes	8 No
3 Did the organization list any former officer,	-		•	•	-		Ŭ	• • •	•	ſ		103	
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich i	oers	on .					5		Х
Section B. Independent Contractors 1 Complete this table for your five highest cor	moensated ind	lono	nder	nt co	ontra	actor	e th	at received more than \$	100 000 of comr	nensat	ion fre	m	
the organization. Report compensation for t										Jonibat		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(A) Name and business	addross							(B) Description of s	onvicos	C)	;) nsatior	
LEWIS COMMUNICATIONS SLU	auuress						_	Description of s			ompe	1541101	<u> </u>
CALLE CRONOS 63 PLANTA 3-3A, MADRID,	SPAIN							MARKETING SERVICES				209,	824.
GRAPEVINE COMMUNICATIONS													
5201 PAYLOR LANE, SARASOTA, FL 32420								DIGITAL MEDIA				196,	480.
INFOPRO LEARNING INC, 103 MORGAN LANE	Ξ,												
SUITE 102, PLAINSBORO, NJ 08536							_	DEVELOPMENT OF LEA	RNING ASSETS			170,	000.
DARBY FILMS							l					1 6 7	COO
75 KENDAL AVE, MAPLEWOOD, NJ 07040 IJAZ & ASSOCIATES							-	DIGITAL MEDIA				167,	009.
P. O.BOX 319, CLIFTON, VA 20124								ACCOUNTING SERVICE	s			142,	250.
2 Total number of independent contractors (in	ncluding but no	ot lin	nitec	d to			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨					7					_	000	
											Form	990 (2	2020)

032008 12-23-20

					130		<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue		(D) Revenue exclu from tax und sections 512 -
n	1 a	Federated campaigns		1a		185,229.				
IIIn		Membership dues								
	с	Fundraising events								
		Related organizations								
	е	Government grants (contr	ibutio	ons) 1e		2,319,390.				
5	f	All other contributions, gifts,	grant	s, and						
		similar amounts not included	abov			40,545,058.				
מ	g	Noncash contributions included in								
5	h	Total. Add lines 1a-1f					43,049,677.			
						Business Code	E 4 0 0 0 0	F 40, 000		
	2 a	COUNTRY SETUP FEE				900099	548,000.	548,000.		
D	~	AFFILIATION FEE				900099	195,545.	195,545.		
Ē	С	CURRICULUM FEE				900099	146,150.	146,150.		
aniiaau	d									
	e	All - 11-								
	T	All other program service					889,695.			
	<u> </u>	Total. Add lines 2a-2f Investment income (includ					000,000.			
	5	other similar amounts)					8,973.			8,9
	4	Income from investment of					, , , , , , , , , , , , , , , , , , , ,			
	5	Royalties		-		Г				
	•			(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
		and sales expenses	7b							
	с	Gain or (loss)	7c							
	d	Net gain or (loss)			<u></u>	>				
	8 a	Gross income from fundraising	ng ev	ents (not						
		including \$		of						
		contributions reported on		,						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
		Net income or (loss) from		-	ts r	····· ►				
	9 a	Gross income from gamin								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			<u></u>	▶				
	iu a	Gross sales of inventory, I			100					
	h	and allowances Less: cost of goods sold			10a 10b					
		Net income or (loss) from								
+	U		Sales		y	Business Code				
.	11 a									
anı	b									
Revenue	c c									
E E		All other revenue								
		Total. Add lines 11a-11d				•				
-	<u> </u>	Total revenue. See instruction					43,948,345.	889,695.	0.	8,9

GENERATION: YOU EMPLOYED, INC.

Form 990 (2020)

Page **9**

47 - 1073442

^{032009 12-23-20}

GENERATION: YOU EMPLOYED. INC. 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)

47-1073442 <u>Page</u> 10

Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Management and general expenses Total expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 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 9,414,471 9,414,471. Benefits paid to or for members 4 5 Compensation of current officers, directors, 745,257 trustees, and key employees 1,076,012. 330,755. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,944,526. 3,378,457. 1,566,069. Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 278,783 234,356. 44,427 780,570 691,793 88,777 Other employee benefits 9 461,628. 394,815 66,813. 10 Payroll taxes 11 Fees for services (nonemployees): а Management 115,346 115,346 b Legal 207,475. 207,475 С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 2,564,232 973,586, 1,590,646 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 504,349. 327,404 176,945 13 Office expenses _____ 414,081 268,805, 145,276 14 Information technology Royalties 15 199,803 196,061 3,742 16 Occupancy 94,114, 117,512 23,398 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 408,369 50,087 358,282 21 22 Depreciation, depletion, and amortization 26,253 17,042. 9,211. 23 Insurance 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 0.) RECRUITMENT 362,086. 325,770. 36,316, а STUDENT RELATED EXPENSE 339,247 338,946. 301 b OTHER EXPENSES 58,015. 7,116. 50,899. С TRANSLATION ADJUSTMENTS -5,169. -42,141. -36,972 d All other expenses е 17,038,409 5,192,208 Total functional expenses. Add lines 1 through 24e 22,230,617 Ο. 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

032010 12-23-20

10 2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Form 990 (2020)

Form 990 (
Part X	Ba	lance	Sheet

		Check if Schedule O contains a response or note to any line in this Par			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,936,564.	1	10,311,355
	2	Savings and temporary cash investments		2	1,981,232
	3	Pledges and grants receivable, net	10,298,572.	3	28,240,458
	4	Accounts receivable, net	1,884,897.	4	939,214
	5	Loans and other receivables from any current or former officer, director	,		
		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as define	t l l l l l l l l l l l l l l l l l l l		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(E	3)	6	
ŝ	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	101 160	9	260,261
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	41,732,520
	17	Accounts payable and accrued expenses		17	2,071,883
	18	Grants payable		18	i
	19	Deferred revenue		19	
	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,			
tie		trustee, key employee, creator or founder, substantial contributor, or 3	5%		
bili		controlled entity or family member of any of these persons		22	
Liabilities	23			23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	20	parties, and other liabilities not included on lines 17-24). Complete Part	x		
				25	
	26	of Schedule D Total liabilities. Add lines 17 through 25	1,359,803.	26	2,071,883
	20	Organizations that follow FASB ASC 958, check here X		20	_, _,
ŝŝ		and complete lines 27, 28, 32, and 33.			
ŭ	27		614,063.	27	1,472,707
ala	28	Net assets without donor restrictions	······ ,	28	38,187,930
Б	20	Organizations that do not follow FASB ASC 958, check here \blacktriangleright		20	
п		and complete lines 29 through 33.			
٩.	20			20	
ets	29	Capital stock or trust principal, or current funds		29	
SS	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	39,660,637
ž	32	Total net assets or fund balances		32	41,732,520
	33	Total liabilities and net assets/fund balances		33	Form 990 (202)

Form **990** (2020)

032011 12-23-20

Form	990 (2020) GENERATION: YOU EMPLOYED, INC.	47-107344	2	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				2
	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	43	948,	345.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22	230,	617.
3	Revenue less expenses. Subtract line 2 from line 1	3	21	,717	728.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,	944,	690.
5	Net unrealized gains (losses) on investments	5		-1,	781.
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			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	39,	660,	637.
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	5		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		_		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
-	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requir			v	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X 000	

Form **990** (2020)

032012 12-23-20

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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	
2020	

Nan	Name of the organization Em						Employer	identification number		
			TION: YOU EMPLO						47-1073442	
Pa	nrt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1	Ň	A church, convention of ch			-	-	I)(A)(i).			
2	\square	A school described in sect					~ ~ / /			
3	\square	A hospital or a cooperative					i)			
4	H	A medical research organiz					•	Viii) Enter	the hospital's name	
4		city, and state:	ation operated in col	njuniotion with a nospital	acsenbea	Sectio			the hospital s hame,	
-			ar the herefit of a cal		l ar an arat		veremental	nit deseribe		
5		An organization operated for		liege of university owned	or operation	eu by a gu	veninentaru	mit describe		
-		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	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). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	ifter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	-	•	•			rry out the	purposes of one or	
		more publicly supported or			•			•	• •	
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	aivina	
		the supported organization	-	-	• • • •	-				
					majonty c				ipporting	
Ŀ		organization. You must o	-		ion with it.		d organizatio		ina	
b		Type II. A supporting org	-				-		•	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	Dorted	
		organization(s). You mus	-							
С		Type III functionally inte						lly integrate	a with,	
		its supported organization		-						
C		Type III non-functionally						-		
		that is not functionally int			•		-	I an attentiv	/eness	
	_	requirement (see instructi								
e		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-function	nally integrated supportion	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
<u>g</u>		vide the following information		<u> </u>	(iv) to the error	nization listed				
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o	,	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)	
Tota										
		Paperwork Reduction Act N	lotice see the Instru	uctions for Form 990 or	990_F7	032021 01	1 25-21 Scho	dule A (Ec.	m 990 or 990-EZ) 2020	
/		approximate a structure of the structure		aoaono iori 01111 330 01		002021 01-				

Schedule A (Form 990 or 990-EZ) 2020 GENERATION: YOU EMPLOYED, INC.

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

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,737,140.	10,891,686.	14,438,392.	25,382,108.	43,049,677.	99,499,003.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,737,140.	10,891,686.	14,438,392.	25,382,108.	43,049,677.	99,499,003.
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)						50,451,941.
6	Public support. Subtract line 5 from line 4.						49,047,062.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	5,737,140.	10,891,686.	14,438,392.	25,382,108.	43,049,677.	99,499,003.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					8,973.	8,973.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						99,507,976.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	1,646,995.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	49.29 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	65.01 %
16 a	33 1/3% support test - 2020. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			►
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

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Schedule A (Form 990 or 990 EZ) 2020 GENERATION: YOU EMPLOYED, INC.

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.)

Sec	ction A. Public Support		-		_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	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 in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_	check this box and stop here						
Sec	ction C. Computation of Publi	ic Support Per	centage			1 1	
	Public support percentage for 2020 (I		•	column (f))		15	%
-	Public support percentage from 2019					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		15		Sch	edule A (Form 990	or 990-EZ) 2020

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^{2020.05000} GENERATION: YOU EMPLOYED, 71568_1

1

2

Yes No

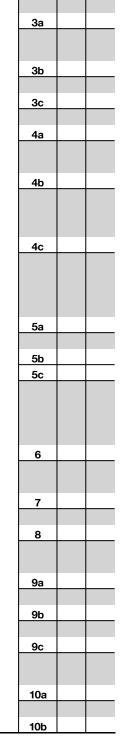
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

032024 01-25-21



Schedule A (Form 990 or 990-EZ) 2020

16

Part IV Supporting Organizations (continued)

47-1073442 Pag	ge 5	
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2

		Yes	No
1 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 in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
ection B. Type I Supporting Organizations			
		Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i>	
	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 "Ves," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	<u>l. or controlled</u>	the supportin	a organization.	
Section C. T	ype II Supp	orting Org	anizations	

 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
 Image: Control or management of the support of the 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 managed
 Image: Control of the support of the support

Section D.	All Type I	II Supporting	Organizations
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			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 in 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 sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
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17

- 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.
- b Did the activities described in 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.
- 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.**

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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Part V Type III	Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1 Check here	if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Typ	e III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Section A - Adjusted N	et Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term cap	pital gain	1		
2 Recoveries of prio	r-year distributions	2		
3 Other gross incom	e (see instructions)	3		
4 Add lines 1 throug	h 3.	4		
5 Depreciation and		5		
•	g expenses paid or incurred for production or			
•	income or for management, conservation, or			
	operty held for production of income (see instructions)	6		
7 Other expenses (s		7		
· · · · · ·	ome (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum A			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair ma	ket value of all non-exempt-use assets (see			
instructions for sh	ort tax year or assets held for part of year):			
a Average monthly v	alue of securities	1a		
b Average monthly of	ash balances	1b		
c Fair market value	of other non-exempt-use assets	1c		
d Total (add lines 1a	a, 1b, and 1c)	1d		
	for blockage or other factors			
(explain in detail in	Part VI):			
	edness applicable to non-exempt-use assets	2		
3 Subtract line 2 fro	m line 1d.	3		
	for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
	xempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by (6		
	r-year distributions	7		
	mount (add line 7 to line 6)	8		
Section C - Distributab	\$ L			Current Year
1 Adjusted net incor	ne for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line		2		
3 Minimum asset an	nount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of lin	e 2 or line 3.	4		
5 Income tax impos		5		
	ount. Subtract line 5 from line 4, unless subject to			
	rary reduction (see instructions).	6		
	if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990 EZ) 2020 GENERATION: YOU EMPLOYED, INC.

032026 01-25-21

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instructions)

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 GENERATION: YOU EMPLOYED, INC.

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	1		
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 GENERATION: YOU EMPLOYED, INC.	47-1073442	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi (See instructions.)	s 1 and 2; Part IV, Sectio rt V, Section B, line 1e; P	n C,
032028 01-25-2	20 Schee	dule A (Form 990 or 990	-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

GENERATION:	YOU	EMPLOYED.	INC
		/	

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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 \dots \blacktriangleright \$

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

GENERATION: YOU EMPLOYED, INC.

47-1073442

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,465,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
2	Name, address, and ZIP + 4	Total contributions \$2,395,092.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,299,271.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIP + 4	\$13,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,407,609.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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23 2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

GENERATION: YOU EMPLOYED, INC.

47-1073442

art II Non	cash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
3453 11-25-20	24	Schedule B (Form	990, 990-EZ, or 990-PF) (

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2020.05000 GENERATION: YOU EMPLOYED, 71568_1

Employer identification number

Page **4**

ame of orga	anization		Employer identification numbe
ENERATION	N: YOU EMPLOYED, INC.		47-1073442
Part III	Exclusively religious, charitable, etc., contributi) through (e) and the following line entricharitable, etc., contributions of \$1,000 or l	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye y. For organizations ess for the year. (Enter this info. once.) \$
(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, a		Relationship of transferor to transferee
-			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
	Transformalis annual address	(e) Transfer of gift	Deletionskip of homoformula homoform
-	Transferee's name, address, a	<u> 2 7 + 4</u>	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, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee
-			
3454 11-25-20)		Schedule B (Form 990, 990-EZ, or 990-PF) (20

25 2020.05000 GENERATION: YOU EMPLOYED, 71568_1

		0		OMB No. 1545-0047
	HEDULE D		al Financial Statements	2020
(Forr	n 990)		janization answered "Yes" on Form 990,), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.	Open to Public Inspection
	e of the organizati			Employer identification numbe
		GENERATION: YOU EMPLOYED,		47-1073442
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir		
			(a) Donor advised funds (l	b) Funds and other accounts
1		nd of year		
2		f contributions to (during year)		
3		f grants from (during year)		
4 5		t end of year	writing that the assets held in donor advised fund	
5	-		exclusive legal control?	
6			advisors in writing that grant funds can be used or	
-	•		or donor advisor, or for any other purpose conferri	•
	impermissible priv			
Pa	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that apply).	
	Preservation	n of land for public use (for example, recrea	ation or education) Preservation of a histo	rically important land area
	Protection c	of natural habitat	Preservation of a certif	fied historic structure
		n of open space		
2	•	• •	fied conservation contribution in the form of a cor	
	day of the tax year			Held at the End of the Tax Yea
a				2a
b	•			2b
с С			ructure included in (a)	2c
d			after 7/25/06, and not on a historic structure	2d
3			leased, extinguished, or terminated by the organiz	
Ŭ	year ►		ioabed, extinguished, or terminated by the organiz	
4		where property subject to conservation ea	sement is located	
5		tion have a written policy regarding the pe		
		forcement of the conservation easements i		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year
	▶			
7	Amount of expense	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sements during the year
	▶\$			
8			ve satisfy the requirements of section 170(h)(4)(B)(
_				
9	-	•	on easements in its revenue and expense stateme	
			note to the organization's financial statements tha	at describes the
Pa		ounting for conservation easements.	f Art, Historical Treasures, or Other Si	imilar Assets.
		f the organization answered "Yes" on Form		
1a			58, not to report in its revenue statement and bala	ince sheet works
			blic exhibition, education, or research in furtheran	
			ncial statements that describes these items.	
b	•		58, to report in its revenue statement and balance	sheet works of
	-	· · · ·	exhibition, education, or research in furtherance	
	provide the follow	ing amounts relating to these items:		
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets include	ed in Form 990, Part X		▶ \$
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain, p	provide
	•	unts required to be reported under FASB A	0	
а				► \$
b	Assets included in	1 Form 990, Part X		► \$

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Schedule D) (Form	990)	2020
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26 2020.05000 GENERATION: YOU EMPLOYED, 71568__1

Sche	dule D (Form 990) 2020 GENERATION :	YOU EMPLOYED,	INC.					47-107	3442	<u> </u>	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	s (contin	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the	following tha	t make sig	nificant u	ise of its		,	
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how th	ney further th	ne organizati	on's exem	ot purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hi	istorical trea	sures, or oth	er similar a	issets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orga	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	e organizatio	on answered	"Yes" on F	orm 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermedi	iary for	contribution	s or other as	sets not in	cluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing	table:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	ount liability	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								1		
		(a) Current year	(b) F	Prior year	(c) Two yea	irs back 🚺	d) Three y	ears back	(e) Four	years	back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	tion tha	at are held a	nd administe	red for the	organiza	tion	-		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on S	Schedule R?					3b]	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990	, Part I	V, line 11a. S	See Form 990), Part X, li	ne 10.				
	Description of property	(a) Cost or o			t or other		cumulate	d	(d) Bool	k valu	е
		basis (investr	nent)	basis	(other)	depi	reciation				
1a	Land										
b	Buildings			l							
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part J	X, colur	<u>mn (B), line 1</u>	0c.)						0.
							:	Schedule	D (Form	ı 990)	2020

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. (Col. (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. (Col. (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. (Co	Iumn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.	
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.	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
	(a) Description of liability	
(1) Fe	(a) Description of liability	
(1) Fe	(a) Description of liability	
(1) Fe (2) (3)	(a) Description of liability	
(1) Fe (2) (3) (4)	(a) Description of liability	
(1) Fe (2) (3) (4) (5)	(a) Description of liability	
(1) Fe (2) (3) (4) (5) (6)	(a) Description of liability	
(1) Fe (2) (3) (4) (5) (6) (7)	(a) Description of liability	

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

Schedule D (Form 990) 2020

X

032053 12-01-20

Sche	dule D (Form 990) 2020 GENERATION: YOU EMPLOYED, INC.			47-107	73442 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ements With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	90,777,708.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,781.		
b	Donated services and use of facilities		7,767,026.		
с	Recoveries of prior year grants				
d			39,064,118.		
е	Add lines 2a through 2d			2e	46,829,363.
3	Subtract line 2e from line 1			3	43,948,345.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	43,948,345.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	38,064,639.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	7,767,026.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		8,066,996.		
е	Add lines 2a through 2d			2e	15,834,022.
3	Subtract line 2e from line 1			3	22,230,617.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18			5	22,230,617.
Pa	rt XIII Supplemental Information.	, ,		· · ·	
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b a	and 2b; Part V, line 4	; Part X, li	ne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an				
PART	X, LINE 2:				
	•				
GYE	ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTIN	IG STANDARDS			
CODI	FICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROV	IDE			

29

CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND PRESCRIBE

A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOGNITION OF

TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.

GYE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDED

DECEMBER 31, 2020 AND 2019, AND DETERMINED THAT THERE WERE NO MATTERS THAT

WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT

MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.

032054 12-01-20

Schedule D (Fo	orm 990) 2020
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GENERATION: YOU EMPLOYED, INC.

		1/ 10/0111	raye J
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
REVENUE OF SUBSIDIARIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	39,064,118.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
EXPENSES OF SUBSIDIARIES INCLUDED IN CONSOLIDATED FINANCIAL			
STATEMENTS	8 066 996		
	8,066,996.		

Schedule D (Form 990) 2020

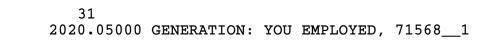
GENERATION: YOU EMPLOY					47-1073442	
		ctivities Out	side the United States. Comple	te if the organ	ization answered '	'Yes" on
Form 990, Part IV						
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its grai	nts and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
2 For grantmakers. Desc United States.	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance out	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is no	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN THE			
NORTH AFRICA	1	0	REGION			1,855.
			GRANTS TO RECIPIENTS IN THE			
NORTH AMERICA	2	21	REGION			901,030.
			GRANTS TO RECIPIENTS			
SUB-SAHARAN AFRICA	1		LOCATED IN REGION			1,811,350.
EAST ASIA AND THE			GRANTS TO RECIPIENTS			
PACIFIC	3	34	LOCATED IN REGION			1,655,153.
/ /						
EUROPE (INCLUDING			CRANING NO RECEDIENNS			
ICELAND AND GREENLAND)	4		GRANTS TO RECIPIENTS LOCATED IN REGION			3,963,957.
GREENLAND)	4	55	LOCATED IN REGION			3,903,957.
			GRANTS TO RECIPIENTS			
SOUTH ASIA	2	37	LOCATED IN REGION			1,077,414.
			GRANTS TO RECIPIENTS			
SOUTH AMERICA	1	12	LOCATED IN REGION			3,712.
3 a Subtotal	14	201				9,414,471.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	14	201				9 414 471.
and 3h)	⊥ 14	I ZUT				J 414 4/⊥.

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Schedule F (Form 990) 2020

032071 12-03-20

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Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

SCHEDULE F (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

9

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

		EAST ASIA AND THE					
		PACIFIC	PROGRAM SERVICE	1,062,360.	WIRE TRANSFER	0.	
		SOUTH AMERICA	PROGRAM SERVICE	3,712.	WIRE TRANSFER	0.	
		EUROPE (INCLUDING ICELAND AND					
			PROGRAM SERVICE	1,239,438.	WIRE TRANSFER	0.	
		SOUTH ASIA	PROGRAM SERVICE	1,077,414.	WIRE TRANSFER	0.	
		EUROPE (INCLUDING					
		ICELAND AND GREENLAND)	PROGRAM SERVICE	134,589.	WIRE TRANSFER	0.	
		EUROPE (INCLUDING					
		ICELAND AND GREENLAND)	PROGRAM SERVICE	1,042,984.	WIRE TRANSFER	0.	
		SUB-SAHARAN					
		AFRICA	PROGRAM SERVICE	1,811,350.	WIRE TRANSFER	0.	
		NORTH AMERICA	PROGRAM SERVICE	901,030.	WIRE TRANSFER	0.	
2 Enter total number of re	ecipient organization	ns listed above that are r	ecognized as charities by th				
exempt 501(c)(3) organ B Enter total number of o			or counsel has provided a se	ection 501(c)(3) equ	uivalency letter	► _	

Schedule F (Form 990) 2020

Schedule F (Form 990)	GENERAT	ION: YOU EMPLOYED,	INC.		47-1073	3442		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICE	592,792.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SERVICE	892,418.	WIRE TRANSFER	0.		
		MIDDLE EAST	PROGRAM SERVICE	1,855.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SERVICE	654,529.	WIRE TRANSFER	0.		

Schedule F (Form 990) 2020

GENERATION:	YOU	EMPLOYED,	INC.
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47-1073442

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. **(h)** Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Schedule F (Form 990) 2020

Page 3

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE GENERATION GLOBAL FINANCE TEAM REVIEWS EACH COUNTRY OFFICE'S INTERNAL

FINANCIAL STATEMENTS ON A MONTHLY OR QUARTERLY BASIS. EACH COUNTRY

OFFICE UNDERGOES AN ANNUAL AUDIT ONCE ITS FINANCIAL OPERATIONS BECOME

MATERIAL. THE GENERATION GLOBAL FINANCE TEAM THEN REVIEWS EACH COUNTRY'S

ANNUAL AUDIT REPORT.

032075 12-03-20

sc	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47			
	rm 990)	-	rs, Trustees, Key Employees, and Highest		20	20				
			pensated Employees nswered "Yes" on Form 990, Part IV, line 23.		20	ZU	J			
Depa	tment of the Treasury	► Att	tach to Form 990.		•	pen to Public				
	al Revenue Service		0 for instructions and the latest information.	E		Inspection				
Nan	e of the organization Employer ident									
Da	rt I Question	GENERATION: YOU EMPLOYED, 3 s Regarding Compensation	INC.	47-10	/3442					
Га		s Regarding compensation				Vee				
10	Chock the appropri	ate bey(es) if the organization provided any	of the following to or for a parcon listed on Form	000		Yes	No			
1a		line 1a. Complete Part III to provide any rele	of the following to or for a person listed on Form	990,						
	First-class or d		Housing allowance or residence for perso	nalusa						
	Travel for com		Payments for business use of personal res							
		ation and gross-up payments	Health or social club dues or initiation fee							
		pending account	Personal services (such as maid, chauffeu							
				in, enery						
b	If any of the boxes	on line 1a are checked, did the organization	follow a written policy regarding payment or							
-	•	rovision of all of the expenses described ab			1b					
2			or allowing expenses incurred by all directors,							
			garding the items checked on line 1a?		2					
	,									
3	Indicate which, if a	y, of the following the organization used to	establish the compensation of the organization's							
	CEO/Executive Dire	ctor. Check all that apply. Do not check any	boxes for methods used by a related organization	on to						
	establish compensat	ation of the CEO/Executive Director, but exp	lain in Part III.							
	Compensation	committee	Written employment contract							
	Independent of	ompensation consultant	Compensation survey or study							
	Form 990 of o	her organizations	Approval by the board or compensation c	ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Se	ction A, line 1a, with respect to the filing							
	organization or a re	ated organization:								
а	Receive a severance	e payment or change-of-control payment?			4a		X			
b		eive payment from a supplemental nonquali			. 4 b		X			
С		eive payment from an equity-based compen			. <u>4c</u>		X			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.							
-)(3), 501(c)(4), and 501(c)(29) organization	-							
5			the organization pay or accrue any compensatio	n						
-	contingent on the r				5-		x			
					<u>5a</u> 5b		X			
b		r 5b, describe in Part III.			de					
6			the organization pay or apprise any companyatio	n						
6	contingent on the r		the organization pay or accrue any compensatio	11						
а					6a		x			
					6b		x			
5		r 6b, describe in Part III.								
7			the organization provide any nonfixed payments							
•	-		the organization provide any normixed payments		7	х				
8			ued pursuant to a contract that was subject to th							
-		ption described in Regulations section 53.49			8		x			
9		d the organization also follow the rebuttable								
-					9					
LHA		eduction Act Notice, see the Instructions		Schedul		n 990)) 2020			

032111 12-07-20

47 - 1073442

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(()()())	reported as deferred on prior Form 990
(1) KELLY J CASSARO	(i)	168,015.	27,500.	0.	8,750.	17,918.	222,183.	٥.
CHIEF OF LEARNING	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) JENNIFER SIKES	(i)	171,095.	18,000.	0.	9,000.	19,627.	217,722.	0.
CHIEF COMMUNICATION OFFICE	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) PATRICK G MORTON	(i)	158,508.	12,800.	0.	8,002.	7,572.	186,882.	٥.
COO INDIAN OCEAN	(ii)	0.	0.	0.	0.	0.	0.	٥.
(4) GULI RUZMETOVA	(i)	152,815.	15,810.	0.	7,905.	9,531.	186,061.	٥.
GLOBAL DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) ROMINA N PIERSANTI	(i)	138,992.	14,200.	0.	7,100.	10,420.	170,712.	0.
REGIONAL DIRECTOR CURRICUL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DANA J LEE	(i)	126,893.	13,200.	0.	6,609.	18,030.	164,732.	0.
REGIONAL DIRECTOR CURRICUL	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) OLUSETO ADEYEFA	(i)	132,120.	11,200.	0.	6,994.	12,961.	163,275.	0.
GLOBAL DIRECTOR OF HUMAN R	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(8) SEAN SEGAL	(i)	131,889.	0.	0.	6,299.	15,187.	153,375.	0.
CEO - GENERATION LLC (US)	(ii)	Ο.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

SENIOR EMPLOYEES (TYPICALLY DIRECTOR-LEVEL AND ABOVE) MAY HAVE SOME OF

THEIR TOTAL COMPENSATION IN THE FORM OF VARIABLE COMPENSATION OR AT-RISK

PAYMENTS, CONTINGENT ON PERFORMANCE LEVEL AND/OR TARGETS. THE TOTAL

COMPENSATION SHOULD STILL ADHERE TO THE COMPENSATION PRINCIPLES. TO

REALIZE THE BONUS OR AT-RISK COMPENSATION, AN EMPLOYEE MUST ACHIEVE A HIGH

PERFORMANCE LEVEL AND/OR TARGETS, AND BE EMPLOYED WITH GENERATION FOR A

MINIMUM OF SIX MONTHS AS OF DECEMBER 31 OF THE CALENDAR YEAR. BONUS OR

AT-RISK COMPENSATION WILL GENERALLY BE MADE NO LATER DECEMBER 31. BONUS OR

AT-RISK COMPENSATION IS PROVIDED AT THE DISCRETION OF GENERATION GLOBAL,

AND THE MANAGEMENT TEAM RESERVES THE RIGHT TO ADMINISTER, MODIFY OR

TERMINATE THE PLAN GIVEN PREVAILING FINANCIAL AND OPERATIONAL CONDITIONS.

Schedule J (Form 990) 2020

SCHEDULE O	Supplemental Information to Form 990 or 990)-EZ	OMB No. 1545-0047
(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.		2020
Department of the Treasury	Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Employe	
Name of the organizatio	GENERATION: YOU EMPLOYED, INC.		r identification number 073442
	· ·		
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
OUD MIGGION IG MO			
OUR MISSION IS IO	TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO PREPARE,		
PLACE, AND SUPPORT	PEOPLE INTO LIFE-CHANGING CAREERS THAT WOULD		
OTHERWISE BE INACC	ESSIBLE.		
FORM 990, PART VI,	SECTION B, LINE 11B:		
A COPY OF THE TAX	RETURN IS PROVIDED TO THE BOARD OF DIRECTORS FOR REVIEW		
PRIOR TO FILING.			
FORM 990, PART VI,	SECTION B, LINE 12C:		
MEMBERS ARE REQUIR	ED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST		
AND PERIODIC REVIE	WS ARE DONE.		
FORM 990, PART VI,	SECTION B, LINE 15:		
· · · · ·	· · · · ·		
THE BOARD OF DIREC	TORS SETS THE COMPENSATION FOR THE CEO AND ALL KEY		
EMPLOYEES.			
	CREATION C. LINE 10		
FORM 990, PART VI,	SECTION C, LINE 19:		
THE ORGANIZATION'S	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND		
FINANCIAL STATEMEN	TS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

GENERATION: YOU EMPLOYED, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
GENERATION US LCC - 81-3041104					
1616 H ST NW SUITE 820	7				GENERATION: YOU
WASHINGTON, DC 20009	SAME AS CONTROLLING ENTITY	DISTRICT OF COLUMBIA	5,775,982.	2,814,714.	EMPLOYED, INC.

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FONDAZIONE GENERATION ITALY							
REGUS, LARGO FRANCESCO RICHINI, 6					GENERATION: YOU		
MILANO, MILAN, ITALY 20122	SAME AS CONTROLLING ENTITY	ITALY			EMPLOYED, INC.	x	
FUNDACION GENERATION SPAIN							
CALLE ELOY GONZALO, 27]				GENERATION: YOU		
MADRID, SPAIN 28010	SAME AS CONTROLLING ENTITY	SPAIN			EMPLOYED, INC.	x	
FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN							
6/A ZAMAN PARK ROAD, CANAL BANK, LAHORE GULB]				GENERATION: YOU		
LAHORE, PUNJAB, PAKISTAN 54000	SAME AS CONTROLLING ENTITY	PAKISTAN			EMPLOYED, INC.	x	
GENERATION: YOU EMPLOYED , UK							
ONE, HIGH STREET, EGHAM, SURREY]				GENERATION: YOU		
EGHAM, SURREY, UNITED KINGDOM TW20 9HJ	SAME AS CONTROLLING ENTITY	UNITED KINGDOM			EMPLOYED, INC.	x	

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

SCHEDULE R

(Form 990)

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule R (Form 990) 2020

47-1073442

2020

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
-		loroign country		501(c)(3))		Yes	No
GENERATION AUSTRALIA LTD							
LEVEL 35, 88 PHILLIP ST,					GENERATION: YOU		
SYDNEY, NEW SOUTH WALES, AUSTRALIA 2000	SAME AS CONTROLLING ENTITY	AUSTRALIA			EMPLOYED, INC.	х	
ASSOCIACAO GENERATION BRAZIL							
R. CONEGO EUGENIO LEITE, 623					GENERATION: YOU		
SAO PAULO, BRAZIL, BRAZIL 04514-011	SAME AS CONTROLLING ENTITY	BRAZIL			EMPLOYED, INC.	х	
GENERATION PLUS_TON EMPLOI							
90 AVENUE DES CHAMPS ELYSEES					GENERATION: YOU		
PARIS, FRANCE 75008	SAME AS CONTROLLING ENTITY	FRANCE			EMPLOYED, INC.	х	
GENERATION: YOU EMPLOYED (HK) LTD.							
40/F ICBC TOWER, 3 GARDEN ROAD,					GENERATION: YOU		
HONG KONG, HONG KONG, HONG KONG	SAME AS CONTROLLING ENTITY	HONG KONG			EMPLOYED, INC.	х	
GENERATION INDIA FOUNDATION							
VR1@U&I CENTRE, BASEMENT FLOOR					GENERATION: YOU		
GURUGRAM, HARYANA, INDIA 122002	SAME AS CONTROLLING ENTITY	INDIA			EMPLOYED, INC.	х	
GENERATION US INC - 84-3357705							
1616 H ST NW, SUITE 820					GENERATION: YOU		
WASHINGTON, DC 20009	SAME AS CONTROLLING ENTITY	DISTRICT OF COLUMBIA			EMPLOYED, INC.	х	
GENERATION YOU EMPLOYED INC DUBAI BRANCH							
PO BOX 113014					GENERATION: YOU		
DUBAI, DUBAI, UNITED ARAB EMIRATES	SAME AS CONTROLLING ENTITY	UNITED ARAB EMIRATES			EMPLOYED, INC.	х	
PROGRAMA GENERATION MEXICO AC							
CALLE DINAMARCA, NO. 48, COLONIA JUAREZ					GENERATION: YOU		
MEXICO, CDMX, MEXICO	SAME AS CONTROLLING ENTITY	MEXICO			EMPLOYED, INC.	х	
GENERATION: YOU EMPLOYED, SINGAPORE LTD							
6 SHENTON WAY #38-01 OUE DOWNTOWN 1					GENERATION: YOU		
SINGAPORE, SINGAPORE 068809	SAME AS CONTROLLING ENTITY	SINGAPORE			EMPLOYED, INC.	x	
· · ·					,		
	7						
		1	1	1	1		L

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

-	l	-					1			1			
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disproportionate		Code V-UBI amount in box 20 of Schedule	General or	ral or F	Percentage	
of related organization	(state or entity		entity	(related, unrelated,	income	end-of-year	allocations?		amount in box	DOX managing		Percentage ownership	
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00	1.10	,	1.00			
	1												
											-+		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) Section 12(b)(13) ontrolled entity?	
		country)		0				Yes	No	
CAREER READINESS SOCIAL INITIATIVE LTD			GENERATION:							
ABC PLACE, BLOCK D 4TH FLOOR, WAIYAKI WAY	SAME AS CONTROLLING		YOU EMPLOYED							
NAIROBI, NAIROBI COUNTY, KENYA	ENTITY	KENYA	INC.	C CORP	1,966,877.	578,170.	99.00%	x		
FP:MSI GENERATION MEXICO SERVICIOS, SOCIEDAD			GENERATION:							
ANONIMA DE CAPITAL VARIABLEANDN, PLAYA	SAME AS CONTROLLING		YOU EMPLOYED							
COPACABANA 75, MILITAR MARTE, CIUDAD DE	ENTITY MEXI		INC.	C CORP	1,299,348.	1,211,684.	100%	x		
GENERATION: YOU EMPLOYED , IRELAND COMPANY										
LTD, CANNON STREET, KELLS, COUNTY MEATH,	SAME AS CONTROLLING									
IRELAND	ENTITY	IRELAND		C CORP	0.	0.	100%		х	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Σ
b Gift, grant, or capital contribution to related organization(s)		X	:
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			:
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	1j		_
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)		X	:
n Performance of services or membership or fundraising solicitations by related organization(s)		1	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	10	x	2
Reimbursement paid by related organization(s) for expenses			-
			\uparrow
Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GENERATION AUSTRALIA LTD.	В	1,020,917.	CASH
(2) GENERATION AUSTRALIA LTD.	Р	41,443.	CASH
(3) GENERATION AUSTRALIA LTD.	L	147,852.	CASH
(4) GENERATION US INC	L	46,912.	CASH
(5) ASSOCIACAO GENERATION BRASIL	Р	3,712.	САЅН
(6) ASSOCIACAO GENERATION BRASIL	L	65,000.	CASH

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)GENERATION PLUS: TON EMPLOI	в	910,140.	CASH
(8)GENERATION PLUS: TON EMPLOI	Р	329,298.	CASH
(9)GENERATION PLUS: TON EMPLOI	L	98,000.	CASH
(10)GENERATION INDIA FOUNDATION	В	1,011,400.	CASH
(11)GENERATION INDIA FOUNDATION	P	66,014.	CASH
(12)GENERATION INDIA FOUNDATION	L	7,500.	CASH
(13)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	В	134,589.	CASH
(14)FONDAZIONE GENERATION ITALY	В	1,042,984.	CASH
(15)FONDAZIONE GENERATION ITALY	L	73,776.	CASH
(16)FUNDACION GENERATION SPAIN	В	892,418.	CASH
(17)FUNDACION GENERATION SPAIN	L	18,000.	CASH
(18) GENERATION YOU EMPLOYED INC DUBAI BRANCH	В	1,855.	CASH
(19) PROGRAMA GENERATION MEXICO AC	В	50.	CASH
(20) GENERATION: YOU EMPLOYED, UK	В	654,528.	CASH
(21)GENERATION: YOU EMPLOYED, UK	L	205,000.	CASH
(22) CAREER READINESS SOCIAL INITIATIVE LTD	в	1,792,348.	САЅН
(23) CAREER READINESS SOCIAL INITIATIVE LTD	Р	19,002.	САЅН
(24) CAREER READINESS SOCIAL INITIATIVE LTD	L	16,650.	сазн

Schedule R (Form 990) GENERATION: YOU EMPLOYED, INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) MSI GENERATION MEXICO SERVICIOS S.A. DE C.V.	В	752,263.	САЅН
(8) MSI GENERATION MEXICO SERVICIOS S.A. DE C.V.	P	148,717.	сазн
(9) MSI GENERATION MEXICO SERVICIOS S.A. DE C.V.	L	16,000.	САЅН
(10) GENERATION YOU EMPLOYED (HK) LIMITED	L	60,000.	САЅН
(11) GENERATION: YOU EMPLOYED, SINGAPORE LTD	P	592,792.	САЅН
(12) GENERATION: YOU EMPLOYED, SINGAPORE LTD	L	35,436.	САЅН
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

032225 04-01-20 Schedule R (Form 990) 2020 GENERATION: YOU EMPLOYED, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501(org Yes	e) all rs sec. c)(3) s.? No	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior allocat Yes	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	l or Pe ing er? 0	(k) ercentage ownership

Schedule R (Form 990) 2020

GENERATION: YOU EMPLOYED, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME AND ADDRESS OF RELATED ORGANIZATION:

FP:MSI GENERATION MEXICO SERVICIOS, SOCIEDAD ANONIMA DE

CAPITAL VARIABLEANDN

PLAYA COPACABANA 75, MILITAR MARTE

CIUDAD DE MEXICO, CDMX, MEXICO 08820

032165 10-28-20