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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.



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	rtment of th al Revenue		► Go to www.irs.gov/Form990 for instructions and	d the latest	information.	Inspection
AF	or the 2	2021 calenda	ar year, or tax year beginning and	ending		
B c a	heck if pplicable:	C Name of	organization		D Employer identificat	ion number
	Address change	GENERA	TION: YOU EMPLOYED, INC.			
	Name change	Doing bu	usiness as		47-1073442	
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	1200 1	9TH STREET NW	1110	202-629-4410	
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,956,702.
	Amended return	WASHIN	GTON, DC 20036		H(a) Is this a group retur	'n
	Applica-	F Name a	nd address of principal officer: MONA MOURSHED		for subordinates?	Yes X No
	pending		C ABOVE		H(b) Are all subordinates includ	ied? Yes No
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," attach a list	. See instructions
			NERATION.ORG		H(c) Group exemption n	umber 🕨
			x Corporation Trust Association Other ▶	L Year	of formation: 2014 M S	tate of legal domicile: DC
Pa		Summary				
¢	1 Br	riefly describ	e the organization's mission or most significant activities: <u>SEE SC</u>	HEDULE O		
anc						
ctivities & Governance			x Image: Interpretation of the term of	sed of more	1 1	
Š						11
~ ৩			ependent voting members of the governing body (Part VI, line 1b)			11
ies			of individuals employed in calendar year 2021 (Part V, line 2a)			32
ivit			of volunteers (estimate if necessary)			
Act			d business revenue from Part VIII, column (C), line 12			0. 0.
	b Ne	et unrelated	business taxable income from Form 990-T, Part I, line 11			
					Prior Year 43,049,677.	Current Year
ne			and grants (Part VIII, line 1h)		889,695.	<u> 16,347,255.</u> 1,609,141.
evenue		•	ce revenue (Part VIII, line 2g)		8,973.	1,000,141.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		0,0,0	0.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		43,948,345.	17,956,702.
			nilar amounts paid (Part IX, column (A), lines 1-3)		9,414,471.	13,252,534.
					0.	0.
			o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)		7,541,519.	8,929,410.
ses			undraising fees (Part IX, column (A), line 11e)		0.	0,010,010
benses			ng expenses (Part IX, column (D), line 25) \blacktriangleright 442,			
Ă			$P_{\text{prime}} = \frac{11}{1000} (A) \text{ lines 112.11d 11f.} 24e)$		5 274 627.	5 694 297.

Prior Year Current Year 43,049,677. 16,347,255. 889,695. 1,609,141. 8,973. 306. 0. 43,948,345 17,956,702. 9,414,471 13,252,534. Ο. 7,541,519. 8,929,410. 0. 442,013. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,274,627. 5,694,297. 22,230,617. 27,876,241. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21,717,728. -9,919,539. Revenue less expenses. Subtract line 18 from line 12 19 **Beginning of Current Year** End of Year 41,732,520. 32,196,758. 20 Total assets (Part X, line 16) 2,071,883. 937,556. 21 Total liabilities (Part X, line 26) 39,660,637. 31,259,202. 22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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let

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

0	Signature of officer		Date	
Sign Here	MONA MOURSHED, PRESIDENT & CEO		Duit	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	STEVEN C. DARR, CPA, CMA		11/04/22	self-employed P01324904
Preparer	Firm's name CALIBRE CPA GROUP, PLLC		Firm	s EIN 🕨 47-0900880
Use Only	Firm's address 🕨 7501 WISCONSIN AVENUE, S	UITE 1200 WEST		
	BETHESDA, MD 20814	Phon	_{e no.} 202-331-9880	
May the II	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
		a and the annexate instructions		Farm 990 (0001)

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

	12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)	F	orm 990 (2021
4e		,	
4d)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	· · ·
4b		\$	
	·		
		Ψ	, , - ,
42		\$	1,609,141.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
		easured by expe	enses.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes X No
 If "Yes," describe these new services on Schedule 0. Did the organization cases conducting, or make significant changes in how it conducts, any program services, armeasured by expenses. Section 501(6)(5) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (cote) (brownes 22,209,267. incoder grant of s			Yes X No
	WOULD OTHERWISE BE INACCESSIBLE.		
	PREPARE, PLACE, AND SUPPORT PEOPLE INTO LIFE-CHANGING CAREERS THAT		
1	Liver the descent of the exception of mission		
1	· · ·		X

 Form 990 (2021)
 GENERATION: YOU EMPLOYED, INC.

 Part IV
 Checklist of Required Schedules

47 - 1073442Page 3

			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	L
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			x
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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			<u> </u>
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		x
	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?	124		
	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. See instructions	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
	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 000	(000 ::
132003	12-09-21	Form	220 ((2021)

3 2021.05000 GENERATION: YOU EMPLOYED, 71568__1

Form 990 (2021) GENERATION: YOU EMPLOYED, T Part IV Checklist of Required Schedules (continued) GENERATION: YOU EMPLOYED, INC.

			r	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	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		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		^
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 the Schedule L, Part IV,	21		
20	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
20	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
54	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O	38	Х	
ra				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Var	
1.0	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	Yes	No
na b				
u c				
Ū	(gambling) winnings to prize winners?	1c	x	
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	4			

2021.05000 GENERATION: YOU EMPLOYED, 71568_1

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990 (2021) GENERATION: YOU EMPLOYED, INC.		47-107344		P	age
TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				Vaa	Na
Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements		l		Yes	No
	22	32			
			2h	х	
			3a		х
			4a		x
	oooun				
	count	s (FBAR)			
			5a		х
					х
			62		x
		•	6h		
			00		
	viono n	rovidad to the power?	70		х
					x
	1		/c		Λ
			_		v
					X
					X
			7h		
			8		
			9b		
	1	I			
			-		
	10b		-		
		1			
	11a				
Gross income from other sources. (Do not net amounts due or paid to other sources against					
amounts due or received from them.)	11b				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413	>	12a		
If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-		
Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
Enter the amount of reserves the organization is required to maintain by the states in which the					
organization is licensed to issue qualified health plans	13b				
Enter the amount of reserves on hand	13c				
			14a		Х
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
		or			
			15		X
		· · · · ·			
	incon	1e?	16		х
	any				
			17		
activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
	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 if at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_file. See instruction Did the organization have unrelated business gross income of \$1.000 or more during the year? If "No," to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a financial account in a foreign country low	Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return the state one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to efile. See instructions. Did the organization have unelated business gross income of \$1,000 or more during the year? If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O tar any time during the calendar year, did the organization have an interset in, or a signature or other authorf financial account in a foreign country (such as a bank account, securities account, or other financial account if 'Yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial account if 'Yes' to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization there and be foreign Bank and Financial Account was the organization include with every solicitation an express statement that such contributions or were not tax deductible a contributions of the organization include with every solicitation an express statement that such contributions or Were not tax deductible a contribution and partly for goods and services p If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization notify the donor of the value of the goods or services provided? Did the organization make, any transite dispose of tangible personal property for which it was reque to file form 2822? If 'Yes,' did the organization during the year, apy remiumis dispose of tangible personal property for which it was reque to file rom 2822? If 'Yes,' did the organization on they any promise dispose of tangible personal property for which it was reque to file rom 2822? If 'Yes,' and the uson advised funds. Did a donor	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, and the calendar year ending with or within the year covered by this return	Erler the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 12 12 12 13 14 iterations is reported on line 2a, did the organization file all required decal employment tax returns? 12 12 13 14 iterations in line 14 and 2a iterater that 250, our may be required todils_ Set instructions. 13 14 iterations in line 14 and 2a iterater that 250, our may be required todils_ Set instructions. 13 14 iteration have a unplated business gross income of 51,000 or more during the year? 13 3a 14 'Yes,' has it field a Form 99-17 for this year? 14''or 'or in Bits_Drovide a explanation on Schedule 0 3b 24 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account yeur yeur is an account, securities account, or other financial accounts (FBAF). See instructions for finic Bits Form 114, Report of Foreign Barris and Financial Accounts (FBAF). See the organization have a nanual gross receipts that are normally greater than \$100,000, and did the organization on EVEN were not tax advectable? The organization file form 888-17 20 10 any taxable party notify the organization file form 888-17 20 10 any taxable party notify the organization file form 888-17 20 10 any taxable party notify the organization file form 888-17 20 10 any contributions or gifts were not tax advectable? Contributions under section 170(c). 16 14 'Yes' to line 6 any symmet in excess 057 mate party is a tontification ? 16 14 'Yes', did the organization network any taxe of tax and strate ormally greater than \$100,000, and did the organization file form 8829 arequired? 7a 174 'Yes', did the organization network any taxe of tax and the artify the organization network any taxe of the any taxe on tax as tontification? 174 'Yes', did the organization methy and yes' and the artify and the argument in excess 057 mate party is a tontification? 174 'Yes', did the organization file form 8829 arequired? 7a 174 'Yes', dinte arguinatint on tity take on the artify and taxe	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 32 If al least one is reported on ine 2a, did the organization like all required deeral employment tax returns? 2b X West if the sum of lines 1 and 2a is greater than 250, our may be required to <i>e-file</i> . See instructions. 3a 3a Did the organization have annelated business gross income of \$1.000 or more during the year? 3a 3a Twes, 'hast life a form 90-10 for this year? / Write 'hole 3b, provided to <i>e-file</i> . See instructions. 3a 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a See instructions for filing requirements for FinCEN Form '14, Report of Foreign Bank and Financial Accounts (FEAR). Sa See instructions for filing requirements for FinCEN Form '14, Report of Foreign Bank and Financial Accounts (FEAR). Sa Obes the organization nait were not tax deducible as chartable contributions? Sa Sa Does the organization nait were not tax deducible as chartable contributions? Sa Sa Organization stat may receive deductible? Sa Sa Sa Organization state were not tax deducible? Sa Sa Sa Sa Organization have annual gross receipts that are normally greater than \$100,0

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	990 (2021) GENERATION: YOU EMPLOYED, INC.			47-10734		Р	age 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 a	through	7b belo	w, and for a	a "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See ir	nstructio	ns.			
	Check if Schedule O contains a response or note to any line in this Part VI						X
ec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		1	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	Enter the number of voting members included on line 1a, above, who are independent			1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	any othe	r			
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervi	sion			
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	s filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by the	following	g:			
а	The governing body?				8a	х	
b	Each committee with authority to act on behalf of the governing body?				8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at	t the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
						Yes	No
0a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod				11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," de	escribe				
	on Schedule O how this was done	· · · · · · · · · · · · · · ·			12c	х	
3	Did the organization have a written whistleblower policy?				13	Х	
4	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?				16b		
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	nd 990	T (sectio	on 501(c)(3)s onlv)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,		, ,,		
	Own website Another's website X Upon request Other (explain	n on Sc	hedule (ור			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				id finan	cial	
-	statements available to the public during the tax year.			- ponoy, an			
	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	recorde	5 >			
20		unc					
20	MONA MOURSHED - 202-629-4410						
!O	MONA MOURSHED - 202-629-4410						
					Form	990	(202

Form 990 (20	D21) GENERATION: YOU EMPLOYED, INC.	47-1073442 F	Page 7
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated	
E	Employees, and Independent Contractors		
C	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	rees	
1a Complete	e this table for all persons required to be listed. Report compensation for the calendar	year ending with or within the organization's ta	ıx year.

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

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title Average hours per list any book and a stretch matter book and a str	(A)	(B)		(C)					(D)	(E)	(F)
hours per veck (list any hours for related organizations) box, unserption is bein any inform (method organizations) compensation from the organizations compensation from (W-2/1099-MISC/ 1099-NEC) compensation other compensation from the organizations (1) MONA MOURSHED 40.00 x 4466,638. 0. 27,303. (2) ALEXANDRA HAY-PLUMB 40.00 x 4466,638. 0. 27,303. (3) ALI JAPFER 40.00 x 4466,638. 0. 27,303. (3) ALI JAPFER 40.00 x 298,570. 0. 34,793. (4) JEREMY FOX 40.00 x 309,357. 0. 16,636. (4) JEREMY FOX 40.00 x 229,903. 0. 31,119. (5) JERLY J CASSARO 40.00 x 220,903. 0. 31,119. (6) JERLY FOX G MORTON 40.00 x 210,220. 0. 33,109. REGIONAL COO, EUROPE		1	(10	Position							
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DIRECTOR X 0. 0. 0.			Х						0.	0.	0.
		1.00									
	DIRECTOR		Х						0.	0.	

132007 12-09-21

Form 990 (2021)

7

Form 990 (2021) GENERATION: YOU EMPLOYED, INC. 47-1073442											2	Pa	age 8
Part VII Section A. Officers, Directors, Trust	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E)												(F)	
Name and title Average Position								Reportable	Reportable		Es	stimate	ed
	hours per (do not check more than one box, unless person is both an						compensation	compensatio	n		nount		
	week officer and a director/trustee)				r/trus	tee)	from	from related	I		other		
	(list any	ctor						the	organizations	s	com	pensa	tion
	hours for	r dire				eq		organization	(W-2/1099-MIS	C/	fr	om th	е
	related	tee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	anizat	ion
	organizations	trus	nal tr		oyee	duo		1099-NEC)			an	d relat	ed
	below	ndividual trustee or director	In stitutional trustee	cer	Key employee	Highest compensated employee	ner				orga	anizati	ons
	line)	Indiv	Insti	Officer	Key	High	Former						
(18) SALAH-EDDINE]KANDRI	1.00												
DIRECTOR		Х						0.		٥.			0.
(19) WENDY KOPP	1.00												
DIRECTOR		Х						٥.		0.			0.
(20) LAURA CORB	1.00												
DIRECTOR		х						0.		٥.			0.
(21) DANA BRAKMAN REISER	1.00												
DIRECTOR		х						0.		٥.			Ο.
(22) SIVA KUMARI	1.00												
DIRECTOR		x						0.		٥.			0.
1b Subtotal								2,819,568.		0.		257,	719.
c Total from continuation sheets to Part VI	, Section A							0.		٥.			0.
d Total (add lines 1b and 1c)								2,819,568.		٥.		257,	719.
2 Total number of individuals (including but no	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													16
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a			•										
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors		- 0 /	51 30		5613	011 .							
1 Complete this table for your five highest cor	nnensated inc	lono	nde	nt co	ontra	actor	re th	nat received more than \$	100 000 of comp	ensat	ion fre	h	
the organization. Report compensation for t	•	•							•	chout		5111	
(A)	ne calendar y		, i i u ii	ig w	iun c			(B))	
אן Name and business	address							Description of s	ervices	С		7) nsatio	n
LIEBERMAN RESEARCH WORLDWIDE LLC, 190													
AVENUE OF THE STARS, LOS ANGELES,								RESEARCH SERVICES				162	000.
· · · ·							-	RESEARCH SERVICES				402,	000.
ARNOLD & PORTER KAYE SCHOLER LLP, 601												220	286
MASSACHUSETTS AVENUE NW, WASHINGTON,								LEGAL SERVICES				338,	3/6.
TRANSPERFECT TRANSLATIONS, 1250 BROAD	JWAY,												
32ND FLOOR, NEW YORK, NY 10001							_	TRANSLATION SERVIC	ES			278,	816.
FINEAS MEDIA INC													
68 JAY STREET 2ND FLOOR, BROOKLYN, NY	11201							MEDIA SERVICES				214,	412.
DARBY FILMS INC								DIGITAL MEDIA AND					
75 KENDAL AVE, MAPLEWOOD, NJ 07040							(COMMUNICATIONS				195,	116.
2 Total number of independent contractors (ir	cluding but n	ot lir	nited	d to f	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				8	8							
											Form	990 (2	2021)

132008 12-09-21

a	rt VI						F
		Check if Schedule O contains a respon	se or note to any line		(B)	(C)	
				(A) Total revenue	Related or exempt	Unrelated	(D) Revenue exclu
				Total revenue		business revenue	from tax und
ທູ່ທ							sections 512 -
ots		Federated campaigns 1a					
Ino		Membership dues 1b					
Am, M		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	c	Related organizations 11					
<u>i</u>	e	Government grants (contributions)	143,779.				
ŝ	f	All other contributions, gifts, grants, and					
ţ,		similar amounts not included above 1f	16,203,476.				
p	ç	Noncash contributions included in lines 1a-1f					
au	h	Total. Add lines 1a-1f		16,347,255.			
			Business Code				
3	2 a		900099	1,013,118.	, ,		
e	b		900099	358,000.	358,000.		
enu	c		900099	233,000.	233,000.		
e v	c	PROGRAM INCOME	900099	5,023.	5,023.		
Revenue	e		-		ļ		
ት	f	All other program service revenue					
	ç	Total. Add lines 2a-2f	►	1,609,141.			
	3	Investment income (including dividends, int	erest, and				
		other similar amounts)	►	306.			3
	4	Income from investment of tax-exempt bone	d proceeds 🛛 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss)					
	c	Net rental income or (loss)	🕨				
	7 a	Gross amount from sales of (i) Securitie	s (ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
enue		and sales expenses 7b					
ven	c	Gain or (loss)					
Heve	c	I Net gain or (loss)	►				
Other	8 a	Gross income from fundraising events (not					
5		including \$ of					
		contributions reported on line 1c). See					
		· · · · · · · · · · · · · · · · · · ·	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events	s ►				
	9 a	Gross income from gaming activities. See					
		· · · · · · · · · · · · · · · · · · ·	9a				
		· · · · · · · · · · · · · · · · · ·	9b				
	c	Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns					
		······	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory	►				
,			Business Code				
Revenue	11 a	l	_				
nu:	b		_				
eve	c						
5	c	All other revenue					
:		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		17,956,702.	1,609,141.	0.	3

GENERATION: YOU EMPLOYED, INC.

47-1073442 Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response	e or note to any line in t	his Part IX		X
	bt include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to domestic organizations				
á	and domestic governments. See Part IV, line 21	1,485,136.	1,485,136.		
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16	11,767,398.	11,767,398.		
4	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
	rustees, and key employees	1,906,641.	525,645.	1,180,978.	200,018.
	Compensation not included above to disqualified				
r	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	5,576,642.	4,529,707.	900,760.	146,175.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	142,993.	99,766.	36,600.	6,627.
	Other employee benefits	1,084,314.	756,523.	277,537.	50,254.
	Payroll taxes	218,820.	152,670.	56,008.	10,142.
	Fees for services (nonemployees):		,		
	Management				
	Legal	443,475.	57,399.	386,076.	
	-	209,565.	33,503.	176,062.	
			,		
	Lobbying Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	3,133,089.	1,602,899.	1,504,579.	25,611.
	column (A), amount, list line 11g expenses on Sch O.)	82,557.	1,002,000.	82,557.	25,011.
	Advertising and promotion	83,608.	60,783.	22,798.	27.
		356,524.	· · · ·	/	27.
	nformation technology	330,524.	97,711.	258,813.	
	Royalties	5 444	1 005	4.255	
	Occupancy	5,444.	1,087.	4,357.	
17 -	Travel	11,546.	11,105.	441.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings	4,323.	749.	3,574.	
	nterest				
	Payments to affiliates				
22 [Depreciation, depletion, and amortization				
23	nsurance	33,092.		33,092.	
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A),				
á	amount, list line 24e expenses on Schedule O.)				
a I	DUES, SUBSCRIPTIONS, LI	968,576.	693,562.	271,855.	3,159.
b	OTHER EXPENSES	376,895.	316,319.	60,576.	
сI	RECRUITMENT	58,217.	17,305.	40,912.	
d	FOREIGN EXCHANGE LOSS (-72,614.		-72,614.	
е /	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	27,876,241.	22,209,267.	5,224,961.	442,013.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight and following SOP 98-2 (ASC 958-720)				
	12-09-21				Form 990 (2021)

2021.05000 GENERATION: YOU EMPLOYED, 71568_1

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2021.05000 GENERATION: YOU EMPLOYED, 71568_1

				Beginning of year		End of year
	1	Cash - non-interest-bearing		10,311,355.	1	14,489,528.
	2	Savings and temporary cash investments		1,981,232.	2	1,012,803.
	3	Pledges and grants receivable, net		28,240,458.	3	10,742,957.
	4	Accounts receivable, net	939,214.	4	4,113,963.	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor. or 35%			
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described			6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Duran side sources and shafe to use of all shares as		260,261.	9	1,837,507.
	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 1		12		
	13	Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
$ \rightarrow$	16	Total assets. Add lines 1 through 15 (must equa		41,732,520.	16	32,196,758.
	17	Accounts payable and accrued expenses	2,071,883.	17	937,556.	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
-iab		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	, ,		05	
	06	of Schedule D		2,071,883.	25	937,556.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chee	ak hara 🕨 🗓	2,011,003.	26	557,550.
Se		and complete lines 27, 28, 32, and 33.				
ů.	27	Net see to the set of second defines		1,472,707.	27	5,504,396.
3ale	28	Net assets with donor restrictions		38,187,930.	28	25,754,806.
۳ ۲		Organizations that do not follow FASB ASC 95		, ,		, ,
۳.		and complete lines 29 through 33.	,			
۲.	29	Capital stock or trust principal, or current funds			29	
Set	30	Paid-in or capital surplus, or land, building, or eq			30	
As	31	Retained earnings, endowment, accumulated inc			31	
Net Assets or Fund Balance	32	Total net assets or fund balances		39,660,637.	32	31,259,202.
-	33	Total liabilities and net assets/fund balances		41,732,520.	33	32,196,758.

11

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

(B) **-**...

Form 990 (2021)

(A)

Form	990 (2021) GENERATION: YOU EMPLOYED, INC.	47-10734	42	Pa	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17	,956,	702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	27	,876,	241.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 9	,919,	539.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	,660,	637.
5	Net unrealized gains (losses) on investments	5			-4.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	1	,667,	408.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-	-149,	300.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	31	,259,	202.
Par	t 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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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 Sin	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 required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	990	

Form **990** (2021)

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021

Open to Public

		of the Treasury nue Service			Attach to Form 990 or F			formation		Open to Public Inspection	
		the organizati		Go to www.irs.go	v/Form990 for instruction	ons and tr	ie latest ir	normation.	Employer	identification numb	or
Nan		the of gamzati		TION: YOU EMPLO	YED INC					47-1073442	
Pa	rt I	Reason			(All organizations must c	omplete th	nis part.) S	ee instructior		1, 10,0112	
					For lines 1 through 12, cl						
1			-		on of churches described	-	-	1)(A)(i).			
2	\square				Attach Schedule E (Form			· //· //·			
3	\square				anization described in se)(b)(1)(A)(ii	ii).			
4	\square	•		i v	njunction with a hospital)(iii). Enter	the hospital's name,	
		city, and stat	e:								
5				or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	ion that norma	lly receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from t	ne general p	oublic described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	rtrust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	anization 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	name, city	, and state of	the college	or	
		university:									
10		-		• • • •	than 33 1/3% of its supp				-	•	
					t to certain exceptions; a						Ċ
					(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	Ifter June 30, 1975.	
				mplete Part III.)			/				
11		-	-	-	ively to test for public sat	•					
12		-	-	-	ively for the benefit of, to				-		
					d in section 509(a)(1) o					check the box on	
_		-			f supporting organization						
а				-	upervised, or controlled	• • •	-		•••••		
			-		gularly appoint or elect a	majority c	of the aired	tors or truste	es of the su	ipporting	
b		¬ -		complete Part IV, Se		ion with it	o ou poorto	d organizatio	n(a) by bay	ina	
L.				-	l or controlled in connect anization vested in the sa			•		-	
			•	t complete Part IV,		ame perso	113 11121 001		ge the supp	Joned	
c				-	g organization operated	in connect	tion with a	and functiona	llv integrate	d with	
		••	-	• • • •). You must complete I				ny mograte	a with,	
d		¬ ··	•		porting organization oper		-		rted organiz	ration(s)	
-			-		ation generally must sat				-		
				° °	mplete Part IV, Sections			•			
е		_			written determination from				II, Type III		
		functionally	/ integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number									
<u>g</u>	Pro	vide the follow	ing informatior	about the supporte	d organization(s).						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instruction	is)
Tota	al										
										1	

47-1073442 Page **2**

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

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

<u>Se</u>	ction A. Public Support					-	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10,891,686.	14,438,392.	25,232,808.	43,049,677.	16,347,255.	109,959,818.
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						
	Total. Add lines 1 through 3	10,891,686.	14,438,392.	25,232,808.	43,049,677.	16,347,255.	109,959,818.
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)						56,616,306.
	Public support. Subtract line 5 from line 4. ction B. Total Support						53,343,512.
		(a) 2017	(1-) 0010	(a) 2010	(4) 2020	(a) 2021	(f) Total
	ndar year (or fiscal year beginning in) ► Amounts from line 4	(a) 2017 10,891,686.	(b) 2018 14,438,392.	(c) 2019 25,232,808.	(d) 2020 43,049,677.	(e) 2021 16,347,255.	109,959,818.
	Gross income from interest,		,,		10,010,017,		
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				8,973.	306.	9,279.
a	Net income from unrelated business				-,		- , - : - •
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						109,969,097.
	Gross receipts from related activities,	etc. (see instructio	ons)			12	3,256,136.
	First 5 years. If the Form 990 is for the		,	ourth, or fifth tax y	rear as a section 5	01(c)(3)	
	organization, check this box and stor	o here					
See	ction C. Computation of Publi						
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	48.51 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	49.29 %
	a 33 1/3% support test - 2021. If the o					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			▶∟
17a	a 10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶∟
b	o 10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						. —
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

132022 01-04-22

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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-						
increasing day continue 510						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and l	ine 17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the						3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
132023 01-04-22						lule A (Form 990) 2021
		15	5			- •

2021.05000 GENERATION: YOU EMPLOYED, 71568__1

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

9c

10a

10b

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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- 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.)

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132024 01-04-21

	(Form 990) 2021	GENERATION:	
Part IV	Supporting Orga	nizations (contin	ued)

GENERATION: YOU EMPLOYED. INC 47-1073442 Page 5

Yes

Yes No

1

2

No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		

Section B. Type I Supporting Organizations

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. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

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

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

ation(s) organ Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaiea<i>ieaieaiea<i>ieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>iaaiaaiaaaaaaaaaaa<i>aa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

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

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---------------------------------------------------	--------------------------------------------------------------------------	-----------------

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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.

2a 2b 3a 3b

Yes No

132025 01-04-22

2021.05000 GENERATION: YOU EMPLOYED, 71568_1

Schedule A	(Form 990)	2021

	dule A (Form 990) 2021 GENERATION: YOU EMPLOYED, INC.	-		47-1073442 Pag
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive				
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Section D - Distributions

1	Amounts paid to supported organizations to accomplish exer		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	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			
	(provide details in Part VI). See instructions.	č		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 202 ⁻
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				

GENERATION: YOU EMPLOYED, INC.

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

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Current Year

132027 01-04-22

Schedule A	Form 990) 2021 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 or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 a 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 V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section B, lines 5, 6, and 8; and Part V, Section E, lines 5, 6, and 8; and Part V, Section E, lines 5, 6, and 8; an	and 2; Part IV, Section Section B, line 1e; Pa	C,
	(See instructions.)		
132028 01-04-2		Schedule A (Form 9	90) 2021

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

202[.]

Employer identification number

Department of the Treasury	
Internal Revenue Service	

(Form 990)

Schedule B

Name of the organization

	GENERATION: YOU EMPLOYED, INC.	47-1073442
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1		\$7,500,000.	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			
2		\$750,000.	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			
3		\$1,965,000.	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			
4		\$579,000.	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		\$	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			
6			Person X			

GENERATION: YOU EMPLOYED, INC.

Name of organization

Employer identification number

47-1073442

Schedule B (Form 990) (2021)

Payroll

Noncash

(Complete Part II for noncash contributions.)

123452 11-11-21

2021.05000 GENERATION: YOU EMPLOYED, 71568_1

2,050,000.

Page	2

23

\$

08241107 712177 71568

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
7		\$752,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
8		\$355,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
9		\$500,000.	Person X Payroll Image: Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
		\$	Person Payroll On Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
		\$	Person Payroll On Payroll On Payroll On Payroll On Payrol On Payro				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				

Name of organization

GENERATION: YOU EMPLOYED, INC.

Schedule B (Form 990) (2021)

Employer identification number

47 - 1073442

noncash contributions.) Schedule B (Form 990) (2021)

(Complete Part II for

Person Payroll Noncash Page 2

123452 11-11-21

2021.05000 GENERATION: YOU EMPLOYED, 71568_1

\$

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	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
GENERATI	CON: YOU EMPLOYED, INC.		47-1073442
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B (Form 990) (2021)

Page 3

Schedule B	(Form	990)	(2021)	
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ame of or	ganization		Employer identification number
ENERATIO	ON: YOU EMPLOYED, INC.		47-1073442
Part III	Exclusively religious, charitable, etc., contributor	 a) through (e) and the following line en charitable, etc., contributions of \$1,000 or 	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ye
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
F		(e) Transfer of gif	t
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from	(h) Dumpers of vitt		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) Transfor of gif	
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	
F	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
454 11-11-	21		Schedule B (Form 990) (2

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		Cumplement	- Financial Otatomonta		OMB No. 1545-0047
	HEDULE D		al Financial Statements		
(Forn	n 990)		anization 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				loyer identification number
	-	GENERATION: YOU EMPLOYED, I			47-1073442
Par		-	d Funds or Other Similar Funds or A	ccoun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Euro	ds and other accounts
4	Total number at o	ad of year		(b) Full	
1 2		nd of year			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fur	ds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confer	0	
Par	impermissible priv		ganization answered "Yes" on Form 990, Part IV		Yes No
1		servation easements held by the organizati		, line 7.	
•		n of land for public use (for example, recrea		orically	important land area
		of natural habitat	Preservation of a cer	-	
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form of a co	onservat	ion easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	•			2b	
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
3			eased, extinguished, or terminated by the organ	2d	during the tax
3	year	valion easements modified, transferred, rel	eased, extinguished, or terminated by the organ	IZALION	duning the tax
4		where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
	-	forcement of the conservation easements it			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservati	on ease	ments during the year
	▶				
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sement	s during the year
•	►\$			\ <i>(</i> -)	
8			e satisfy the requirements of section 170(h)(4)(E		Yes No
9			on easements in its revenue and expense stater		
•		e .	note to the organization's financial statements th		
	organization's acc	ounting for conservation easements.	-		
Par		-	Art, Historical Treasures, or Other	Similaı	^r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1 a	0	, ,	8, not to report in its revenue statement and ba		
			blic exhibition, education, or research in furthera	nce of p	public
			ncial statements that describes these items.	+	
b	-		 to report in its revenue statement and balanc exhibition, education, or research in furtherance 		
		ing amounts relating to these items:		e or put	
	-				ß
				N .	ξ
2	. ,		asures, or other similar assets for financial gain,		
	the following amo	unts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		. 🕨 :	\$
					r.
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

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Sche		: YOU EMPLOYED, I						47-107		Р	Page 2
Par	t III Organizations Maintaining C	ollections of Art,	Hist	torical Tre	easures, o	r Other	Simila	r Assets	s (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other records,	chec	k any of the	following that	t make sig	nificant ı	use of its			
	collection items (check all that apply):				Ū	Ū					
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		1	0.0						
с	Preservation for future generations										
4	Provide a description of the organization's co	plections and explain h	how t	hev further th	ne organizatio	on's exem	ot purpo	se in Part	XIII.		
5	During the year, did the organization solicit o			-	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran) Part IV			
	reported an amount on Form 990, Pa		0 11 11	io organizatio			01111 0000	, r arcri,			
1a	Is the organization an agent, trustee, custodi		rv for	contribution	s or other as	sets not in	cluded				
14	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XII							∟		L	
D		and complete the follo	wing	lable.					Amoun		
•	Paginning balance						1c		,		
	Beginning balance						1d				
	Additions during the year										
-	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						<i>y</i> ?	L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						<u></u>				
T ai		r			1	,		vooro book	(a) Four	r vooro	book
		(a) Current year	(u)	Prior year	(c) Two yea	IS DALK (/ears back	(e) rou	years	Dauk
1a	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 ((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 organizati	on tha	at are held ar	nd administer	red for the	organiza	ation			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
_4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	Part l	V, line 11a. S	See Form 990), Part X, lii	ne 10.				
	Description of property	(a) Cost or oth	ner	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Boo	k valu	ie
		basis (investme		• •	(other)		reciation		()		
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment							<u> </u>			
	Other				0-1	1					0.
rota	. Add lines 1a through 1e. (Column (d) must e	<u>quai Form 990, Part X,</u>	colui	тп (В), line 1	UC.)			Palacaluda	D /F	- 000	-
								Schedule	D (Forn	л 990)) 2021

Complete if the organization answered			
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation: Cost or end-of-	year market value
) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12	2.)		
art VIII Investments - Program Relate			
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)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13	3.)		
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)			
	(P) line 15)		
tal. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities.	ש: וווופ וס.)	·····	
	'Ves" on Form 990 Part IV line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
			(b) BOOK value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			
(9)			

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 GENERATION: YOU EMPLOYED, INC.			47-10	73442 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With F	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	24,519,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-4.		
b		2b	6,711,775.		
с		2c			
d		2d	-149,300.		
е	Add lines 2a through 2d			2e	6,562,471.
3	Subtract line 2e from line 1			3	17,956,702.
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. (This must equal Form 990. Part I. line 12.)			5	17,956,702.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements	With	Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	34,588,016.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	6,711,775.		
b		2b			
с		2c			
d		2d			
е				2e	6,711,775.
3	Subtract line 2e from line 1			3	27,876,241.
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		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	27,876,241.
Pa	rt XIII Supplemental Information.				
Prov	, vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lir	nes 1b a	and 2b: Part V. line 4	: Part X. li	ne 2: Part XI.
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			,,	
PART	T X, LINE 2:				
	,				
GYE	ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING STAND.	ARDS			
CODI	IFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE				

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, 2021 AND 2020, 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.

132054 10-28-21

Schedule D (F	Form 990) 2021
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GENERATION: YOU EMPLOYED, INC.

Part XIII Supplemental Information (continued)	
האסייה אד ו דאום אח - המשפט אח דוומיואיםאויים.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
RETURN OF GRANT FUNDS NETTED AGAINST REVENUE IN AUDITED	
FINANCIAL STATEMENTS	-149,300.
	Schedule D (Form 990) 2021

08241107 712177 71568

132055 10-28-21

31 2021.05000 GENERATION: YOU EMPLOYED, 71568_1

GENERATION: YOU EMPLOY	ED, INC.			47-1073442	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	te if the organization answered	"Yes" on
Form 990, Part IV	/, line 14b.				
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility fo	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and other assistance our	tside the
United States.					
			n be duplicated if additional space is no		
(a) Region	(b) Number of	(c) Number of employees,	.,	(e) If activity listed in (d)	(f) Total expenditures
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and
	in the region	contractors	recipients located in the region)	of service(s) in the region	investments
		in the region	····,·································		in the region
EAST ASIA AND THE			GRANTS TO RECIPIENTS IN THE		
PACIFIC	3	85	REGION		1,666,317.
EUROPE (INCLUDING					
ICELAND AND	-		GRANTS TO RECIPIENTS IN THE		C C01 704
GREENLAND)	5	112	REGION		6,691,784.
			GRANTS TO RECIPIENTS IN THE		
NODEH AMERICA	2				214 565
NORTH AMERICA	2	24	REGION		214,565.
			GRANTS TO RECIPIENTS IN THE		
SOUTH AMERICA	1		REGION		305,828.
SOUTH AMERICA	1	00	ABGION		303,020.
			GRANTS TO RECIPIENTS IN THE		
SOUTH ASIA	2		REGION		1,558,403.
		, , <u>_</u>			
			GRANTS TO RECIPIENTS IN THE		
SUB-SAHARAN AFRICA	1		REGION		1,329,011.
MIDDLE EAST AND			GRANTS TO RECIPIENTS IN THE		
NORTH AFRICA	0	0	REGION		1,490.
					· · · ·
3 a Subtotal	14	414			11,767,398.
b Total from continuation					
sheets to Part I	0	0			0.
c Totals (add lines 3a					
and 3b)	14	414			11,767,398.

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

Schedule F (Form 990) 2021

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

08241107 712177 71568

Statement of Activities Outside the United States

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

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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICE	1 369 083	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROGRAM SERVICE	305,828.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	2,226,224.	WIRE TRANSFER	0.		
		EAST ASIA AND THE						
		PACIFIC	PROGRAM SERVICE	105,479.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM SERVICE	1,355,386.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	392,052.	WIRE TRANSFER	٥.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	1,455,966.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
		AFRICA	PROGRAM SERVICE	1,329,011.	WIRE TRANSFER	0.		
			recognized as charities by the					
· · · · ·	•	-	or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter	🕨 .		11
3 Enter total number of	other organizations of	or entities				🕨		3

Schedule F (Form 990) 2021

Schedule F (Form 990)		ION: YOU EMPLOYED,			47-1073			Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
				014 565				
		NORTH AMERICA	PROGRAM SERVICE	214,565.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM SERVICE	203 018	WIRE TRANSFER	0.		
				203,010.				
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICE	191 755.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND AND GREENLAND)	PROGRAM SERVICE	1,037,064.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	1,580,477.	WIRE TRANSFER	0.		

Schodulo E	Earm 000	0001	GENERAT
Schedule F	Form 990) 2021	GENERAL

FION: YOU EMPLOYED, INC.

47-1073442

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Page 3

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.

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

_

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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," 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)	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," <i>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)</i>	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 Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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.

08241107 712177 71568

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection			
Name of the organizati	ON GENERATION: YO	OU EMPLOYED, I	NC.					Employer identification number 47-1073442			
Part I General Ir	nformation on Grants a	nd Assistance									
-	zation maintain records t ward the grants or assis		-			-					
2 Describe in Part	IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	States.						
	d Other Assistance to I hat received more than \$	-				anization answered "Y	′es" on Form 990, Part	t IV, line 21, for any			
.,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
GENERATION USA, J 1616 H STREET NW		04 22555505	501 (2) (2)	1 405 405							
WASHINGTON, DC 20	1006	84-3357705	501(C)(3)	1,485,136.	0.			PROGRAMMATIC SUPPORT			
	per of section 501(c)(3) and the section 501(c)(3) and the section sections of other organizations of the section sect			I e line 1 table							
	Reduction Act Notice,			·····		<u></u>		Schedule I (Form 990) 2021			

PART I, LINE 2:

Part III

132102 10-26-21

GENERATION: YOU EMPLOYED, INC. Schedule I (Form 990) 2021

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

Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (c) Amount of (a) Type of grant or assistance (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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

"THE GENERATION GLOBAL FINANCE TEAM REVIEWS EACH ORGANIZATION INTERNAL

FINANCIAL STATEMENTS ON A MONTHLY OR QUARTERLY BASIS. EACH ORGANIZATION

UNDERGOES AN ANNUAL AUDIT ONCE ITS FINANCIAL OPERATIONS BECOME MATERIAL.

THE GENERATION GLOBAL FINANCE TEAM THEN REVIEWS EACH COUNTRY'S ANNUAL AUDIT

REPORT.

47-1073442

Page 2

SC	HEDULE J	Compens	sation Information	I	OMB No.	1545-004	47
	rm 990)	-	ors, Trustees, Key Employees, and Highest		20	91	
			pensated Employees Inswered "Yes" on Form 990, Part IV, line 23.		20		1
Depa	tment of the Treasury	►At	tach to Form 990.		Open to		ic
	al Revenue Service		0 for instructions and the latest information.	E	Inspe		
Nam	e of the organization		TNO	Employer ide		on nui	nber
Da	rt I Question	GENERATION: YOU EMPLOYED, s Regarding Compensation	INC.	47-107	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 parson 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	naluse			
	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				
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	ny, 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	ther 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	Participate in or rec	eive payment from a supplemental nonqual	ified retirement plan?		4b		X
С	Participate in or rec	eive payment from an equity-based comper	sation arrangement?		4c		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				_		v
					5a		X X
b					5b		
•		r 5b, describe in Part III.		_			
6			the organization pay or accrue any compensatio	n			
~	contingent on the r				6a		x
							x
D		r 6b, describe in Part III.			6b		
7			the organization provide any nonfixed payments				
'			the organization provide any nonlixed payments		7	х	
8			ued pursuant to a contract that was subject to th				
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						x
9							
5					9		
LHA		eduction Act Notice, see the Instructions		Schedul		n 990)	2021

132111 11-02-21

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-MIS(compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990	
(1) MONA MOURSHED	(i)	446,638.	0.	0.	14,500.	12,809.	473,947.	٥.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(2) ALEXANDRA HAY-PLUMB	(i)	204,866.	93,704.	0.	11,988.	22,805.	333,363.	٥.	
CHIEF PARTNERSHIPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(3) ALI JAFFER	(i)	259,591.	49,766.	0.	8,603.	8,033.	325,993.	٥.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(4) JEREMY FOX	(i)	246,439.	66,940.	0.	8,577.	0.	321,956.	٥.	
REGIONAL CEO, APAC	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(5) KELLY J CASSARO	(i)	223,727.	46,176.	0.	11,544.	19,575.	301,022.	٥.	
CHIEF OF LEARNING	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(6) JENNIFER SIKES	(i)	181,968.	38,214.	0.	9,554.	21,484.	251,220.	٥.	
CHIEF COMMUNICATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	٥.	
(7) MINH HUY LAI	(i)	181,030.	29,190.	0.	28,380.	4,729.	243,329.	٥.	
REGIONAL COO, EUROPE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) PATRICK G MORTON	(i)	177,108.	35,874.	0.	8,166.	8,739.	229,887.	0.	
REGIONAL COO SAMEA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) GULI RUZMETOVA	(i)	181,921.	18,704.	0.	9,352.	11,120.	221,097.	0.	
GLOBAL DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(10) GABRIELA DOS SANTOS PARANHOS	(i)	125,460.	26,170.	14,318.	3,600.	24,115.	193,663.	0.	
REGIONAL COO, LATIN AMERICA	(ii)	0.	0.	0.	0.	0.	0.	0.	
(11) BONNI THERIAULT	(i)	159,017.	12,747.	0.	7,047.	2,999.	181,810.	0.	
DIRECTOR OF EMPLOYER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

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.

42

47-1073442

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Employer	Inspection identification number
Name of the organizatio	GENERATION: YOU EMPLOYED, INC.		73442
FORM 990, PART I,	LINE 1, DESCRIPTION OF ORGANIZATION MISSION:		
OUR MISSION IS TO	TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO PREPARE		
	· · · · ·		
PLACE, AND SUPPORT	PEOPLE INTO LIFE-CHANGING CAREERS THAT WOULD		
OTHERWISE BE INACC	ESSIBLE.		
FORM 990 PART TT	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
FUNDERS. FOR MORE,	VISIT GENERATION.ORG.		
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 REQUIE	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.			
FORM 990 PART VI	SECTION C, LINE 19:		
THE ORGANIZATION'S	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND		
ΕΤΝΔΝΟΤΔΙ. ΟΠΔΠΕΜΕΝ	TS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.		
THURSDAL STATEMEN	TE THE NAME IN THE FORME OF A RECORD .		
FORM 990, PART IX,	LINE 11G, OTHER FEES:		
DIRECT SUBCONTRACT	UK COSTS:		

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

Schedule O (Form 990) 2021		Page 2
Name of the organization GENERATION: YOU EMPLOYED, INC.		Employer identification number 47-1073442
PROGRAM SERVICE EXPENSES	1,602,899.	
MANAGEMENT AND GENERAL EXPENSES	1,504,579.	
FUNDRAISING EXPENSES	25,611.	
TOTAL EXPENSES	3,133,089.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,133,089.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
RETURN OF GRANT FUNDS NETTED AGAINST REVENUE IN AUDITED		
FINANCIAL STATEMENT	-149,300.	
132212 11-11-21		Schedule O (Form 990) 2021

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.

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

Name of the organization

GENERATION: YOU EMPLOYED, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	s, and EIN (if applicable) Primary activity		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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 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	contr	(g) 512(b)(13) trolled htity?	
				501(c)(3))		Yes	No	
GENERATION US INC - 84-3357705								
1200 19TH ST NW, STE 1110					GENERATION: YOU			
WASHINGTON, DC 20036	SAME AS CONTROLLING ENTITY	DISTRICT OF COLUMBIA	501(C)(3)		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 AUSTRALIA LTD								
LEVEL 35, 88 PHILLIP ST	1				GENERATION: YOU			
SYDNEY, NEW SOUTH WALES, AUSTRALIA 2000	SAME AS CONTROLLING ENTITY	AUSTRALIA			EMPLOYED INC.	х		
ASSOCIACAO GENERATION BRASIL								
RUA CNEGO EUGNIO LEITE, 623					GENERATION: YOU			
SO PAULO, BRAZIL, BRAZIL 05414-011	SAME AS CONTROLLING ENTITY	BRAZIL			EMPLOYED INC.	х		

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021 Open to Public

Employer identification number

47-1073442

Inspection



SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service 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	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
GENERATION PLUS: TON EMPLOI							
198 AVENUE DE FRANCE					GENERATION: YOU		
PARIS, LE-DE-FRANCE, FRANCE 75013	SAME AS CONTROLLING ENTITY	FRANCE			EMPLOYED INC.	х	
GENERATION INDIA FOUNDATION							
VR1@U&I CENTRE, BASEMENT FLOOR, SCO 83, CITY					GENERATION: YOU		
GURUGRAM, NEW DELHI, INDIA 122002	SAME AS CONTROLLING ENTITY	INDIA			EMPLOYED INC.	х	
FONDAZIONE GENERATION ITALY							
REGUS, LARGO FRANCESCO RICHINI, 6					GENERATION: YOU		
MILANO MI, MILAN, ITALY 20122	SAME AS CONTROLLING ENTITY	ITALY			EMPLOYED INC.	х	
FUNDACION GENERATION SPAIN							
HENRI DUNANT 17	7				GENERATION: YOU		
MADRID, MADRID, SPAIN 28036	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, ENGLAND, TW	-				GENERATION: YOU		
EGHAM, SURREY, UNITED KINGDOM	SAME AS CONTROLLING ENTITY	UNITED KINGDOM			EMPLOYED INC.	x	
PROGRAMA GENERATION MEXICO AC							
DINAMARCA 48, COL JUREZ	-				GENERATION: YOU		
CDMX, CDMX, MEXICO 6600	SAME AS CONTROLLING ENTITY	MEXICO			EMPLOYED INC.	x	
GENERATION YOU EMPLOYED SOCIAL ENTERPRISE							
THAILAND CO., LTD, LIMITED 188, SPRING	7				GENERATION: YOU		
TOWER, 10TH-12TH A FLOOR, PHAYA THAI ROAD,	SAME AS CONTROLLING ENTITY	THAILAND			EMPLOYED INC.	x	
GENERATION PROGRAMME - 2021							
ABC PLACE, BLOCK D 4TH FLOOR, WAIYAKI WAY	-				GENERATION: YOU		
NAIROBI, NAIROBI, KENYA	SAME AS CONTROLLING ENTITY	KENYA			EMPLOYED INC.	x	
·							
	-						
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	1						
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	1						

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. Part III

-		,					1			-		
(a)	(b)	(c)	(d)	(e)	(f)	(g)		1)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity Legal domicile (state or		Legal omicile Direct controlling Predominant income (related, unrelated, income income)		Share of total income			ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Percei ^{ging} owne	entage ership
		foreign country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
											_	
										$\left \right $	\rightarrow	

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. Part IV

(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(b contr	i) b)(13) rolled tity?
		country)						Yes	No
CAREER READINESS SOCIAL INITIATIVE LTD			GENERATION:						
ABC PLACE, BLOCK D 4TH FLOOR, WAIYAKI WAY	SAME AS CONTROLLING		YOU EMPLOYED						
NAIROBI, NAIROBI, KENYA	ENTITY	KENYA	INC.	C CORP	1,492,481.	271,218.	99.00%	х	
MSI GENERATION MEXICO SERVICIOS S.A. DE C.V.			GENERATION:						
PLAYA COPACABANA 75, MILITAR MARTE	SAME AS CONTROLLING		YOU EMPLOYED						
CDMX, CDMX, MEXICO 8820	ENTITY	MEXICO	INC.	C CORP	71,288.	283,478.	100%	х	
GENERATION: YOU EMPLOYED, IRELAND COMPANY			GENERATION:						
LTD, WOOD HOUSE, CANNON STREET, KELLS, CO.	SAME AS CONTROLLING		YOU EMPLOYED						
MEATH,, KELLS, COUNTY MEATH, IRELAND	ENTITY	IRELAND	INC.	C CORP	682,217.	175,377.	100%		X
	-								
	1								

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
1 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		Х
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)			
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)	<u>1j</u>		_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
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)	1m		
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	
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
Cher 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	1,369,083.	CASH
(2) GENERATION AUSTRALIA LTD	Р	185,257.	CASH
(3) GENERATION AUSTRALIA LTD	L	191,627.	CASH
(4) ASSOCIACAO GENERATION BRASIL	В	305,828.	CASH
(5) ASSOCIACAO GENERATION BRASIL	Р	33,542.	CASH
(6) ASSOCIACAO GENERATION BRASIL	L	105,675.	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	2,226,224.	САЅН
(8)GENERATION PLUS: TON EMPLOI	Р	288,341.	САЅН
(9)GENERATION PLUS: TON EMPLOI	L	69,451.	CASH
(10)GENERATION : YOU EMPLOYED (HK) LIMITED	В	105,479.	САЅН
(11)GENERATION : YOU EMPLOYED (HK) LIMITED	Р	169.	САЅН
(12)GENERATION : YOU EMPLOYED (HK) LIMITED	L	102,389.	САЅН
(13) GENERATION INDIA FOUNDATION	В	1,355,386.	САЅН
(14)GENERATION INDIA FOUNDATION	Р	219,424.	САЅН
(15)GENERATION INDIA FOUNDATION	L	42,318.	САЅН
(16)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	В	378,088.	САЅН
(17)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	L	14,799.	САЅН
(18)FONDAZIONE GENERATION ITALY	В	1,455,966.	САЅН
(19)FONDAZIONE GENERATION ITALY	L	133,516.	САЅН
(20) CAREER READINESS SOCIAL INITIATIVE LTD	В	1,329,011.	САЅН
(21)CAREER READINESS SOCIAL INITIATIVE LTD	Р	65,639.	саѕн
(22) CAREER READINESS SOCIAL INITIATIVE LTD	L	15,310.	саян
(23)MSI GENERATION MEXICO SERVICIOS S.A. DE C.V	Р	1,085,264.	саѕн
(24) PROGRAMA GENERATION MEXICO AC	В	214,565.	сазн

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) PROGRAMA GENERATION MEXICO AC	L	14,387.	CASH
(8) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	В	203,018.	CASH
(9) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	Р	53,847.	САЅН
(10) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	L	7,683.	CASH
(11) GENERATION SINGAPORE LTD.	В	191,755.	CASH
(12) GENERATION SINGAPORE LTD.	Р	562,495.	CASH
(13) GENERATION SINGAPORE LTD.	L	38,025.	CASH
(14) FUNDACION GENERATION SPAIN	В	1,037,064.	CASH
(15) FUNDACION GENERATION SPAIN	Р	505,249.	CASH
(16) FUNDACION GENERATION SPAIN	L	40,190.	CASH
(17) GENERATION: YOU EMPLOYED, UK	В	1,580,477.	CASH
(18) GENERATION: YOU EMPLOYED, UK	Р	558,190.	CASH
(19) GENERATION: YOU EMPLOYED, UK	L	206,358.	САЅН
(20) GENERATION USA, INC.	Р	500.	CASH
(21) GENERATION USA, INC.	L	622,391.	САЅН
(22) GENERATION USA, INC.	В	1,485,136.	САЅН
(23)			
(24)			

Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

GENERATION YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD

LIMITED 188, SPRING TOWER, 10TH-12TH A FLOOR, PHAYA THAI ROAD, THUNG PHAYA

BANGKOK, BANGKOK, THAILAND 10400

Schedule R (Form 990) 2021

132165 11-17-21