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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

<u>A</u> F	For the	e 2022 calendar year, or tax year beginning	and	d ending	_		
	Check if applicabl	C Name of organization			D Employer i	dentific	ation number
	Addre	GENERATION: YOU EMPLOYED, INC.					
	Name chang	<u> </u>			47-10	73442	
	Initial return	Number and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone	number	
	Final return	1200 19TH STREET NW	,	1110	202-629		
	termin ated	City or town, state or province, country, and	ZIP or foreign postal code	•	G Gross receipts	\$	34,440,470.
	Amen	WASHINGTON, DC 20030	• •		H(a) Is this a g	roup re	turn
	Application	F Name and address of principal officer: MONA	MOURSHED		for subore	dinates?	Yes X No
	pendi	SAME AS C ABOVE			H(b) Are all subor	dinates inc	cluded? Yes No
<u> 1 1</u>	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	If "No," at	ttach a l	ist. See instructions
	Vebsi				H(c) Group ex	emption	number
			ssociation Other	L Year	of formation: 201	L4 M	State of legal domicile; DC
Pa	art I	Summary					
Governance	1	Briefly describe the organization's mission or most	t significant activities: SEE SC	CHEDULE O			
rnai	2	Check this box if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its	net asse	ets.
ove.	3	Number of voting members of the governing body	(Part VI, line 1a)			. 3	14
	4	Number of independent voting members of the go				. 4	13
se Se	5	Total number of individuals employed in calendar	year 2022 (Part V, line 2a)				30
<u>vi</u>		Total number of volunteers (estimate if necessary)					0
Activities	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12				0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11	·····		. 7b	0.
				_	Prior Year	0.5.5	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)			16,347		32,420,675.
ēn	9				1,609		1,980,335.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4				306.	39,460.
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8d			17 056	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal			17,956	_	34,440,470.
	1	Grants and similar amounts paid (Part IX, column (A \ .!'		13,252	0.	14,609,871.
	1	Benefits paid to or for members (Part IX, column (A			8,929		10,467,052.
ses	15	Salaries, other compensation, employee benefits (Professional fundraising fees (Part IX, column (A),			0,323	0.	0.
Expenses	h	Total fundraising expenses (Part IX, column (D), lin		714.			<u> </u>
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d	· · · · · · · · · · · · · · · · · · ·		5,694	297.	6,869,689.
		Total expenses. Add lines 13-17 (must equal Part I			27,876		31,946,612.
		Revenue less expenses. Subtract line 18 from line			-9,919		2,493,858.
TC a	3	Tieveride 1999 experiese. Subtract line 10 from line	<u> </u>	Ве	ginning of Curren		End of Year
ets	20	Total assets (Part X, line 16)			32,196	,758.	35,370,877.
Net Assets or	21	Total liabilities (Part X, line 26)			937	,556.	1,613,000.
-Net	22	Net assets or fund balances. Subtract line 21 from	ı line 20		31,259	,202.	33,757,877.
Pa	art II	Signature Block					
Und	er pena	lties of perjury, I declare that I have examined this return	, including accompanying schedule	es and statem	ents, and to the be	st of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledg	e.	
		0: 1 (5)					
Sig	n	Signature of officer			Date		
Her	е	MONA MOURSHED, PRESIDENT & CEO					
		Type or print name and title	T	Ti	Doto		T DTIN
		Print/Type preparer's name	Preparer's signature		l i	Check if	PTIN
Paid		ERIN CRANMER	7um (ramm	W I		self-employe	•
	parer	Firm's name CALIBRE CPA GROUP, PLLC	TIME 1200 NEGE		Firm's	EIN 4	17-0900880
use	Only	Firm's address 7501 WISCONSIN AVENUE, SU	TIE IZUU WEST		DI-	202	-331_0880
N 4	, the "	BETHESDA, MD 20814	wo? Coo inctractions		Pnone	110.404-	-331-9880 X Yes No
ivid\	y uite li	RS discuss this return with the preparer shown abo					. <u></u> 169 NO

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO	
	PREPARE, PLACE, AND SUPPORT PEOPLE INTO LIFE-CHANGING CAREERS THAT	
	WOULD OTHERWISE BE INACCESSIBLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	T
		Yes X No
_	If "Yes," describe these new services on Schedule O.	T
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experience accomplishment of the control of the	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expen	ses, and
	revenue, if any, for each program service reported.	1 000 225
4a		1,980,335.
	GENERATION: YOU EMPLOYED, INC. (GYE), IS A NONPROFIT THAT BELIEVES IN	
	THE POWER OF EMPLOYMENT TO CHANGE LIVES. THEY PREPARE, PLACE, AND	
	SUPPORT PEOPLE INTO CAREERS THAT WOULD OTHERWISE BE INACCESSIBLE ACROSS 17 COUNTRIES, AND ADVOCATE FOR NEW APPROACHES THAT WILL OPEN UP	
	OPPORTUNITIES TO EVERYONE. TO DATE, MORE THAN 96,000 PEOPLE HAVE	
	GRADUATED FROM GENERATION: YOU EMPLOYED, INC. PROGRAMS, TOGETHER	
	EARNING MORE THAN \$890 MILLION IN WAGES. GENERATION: YOU EMPLOYED, INC.	
	WORKS WITH MORE THAN 13,000 EMPLOYERS AND MANY IMPLEMENTATION PARTNERS	
	AND FUNDERS. FOR MORE, VISITGENERATION.ORG.	
	AND FUNDERS. FOR MORE, VISITGENERATION.ORG.	
41:		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-		
4c	(Code:) (Expenses \$) (Revenue \$))
	Other pregram continue (Describe on Schodule O	
4d		
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 26,770,280.	
<u>4e</u>		orm 990 (2022)
	· · · · · · · · · · · · · · · · · · ·	OHH 555 (2022)

Form 990 (2022) GENERATION: YOU EN Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			.,
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	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	Λ	
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			
		14b	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15	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	<u>'</u> '		
10	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,	<u>. </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	

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Form 990 (2022) GENERATION: YOU EMPLOYED, 1
Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the examination report more than \$5,000 of grants or other assistance to exfer demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	\cdot	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		Х
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		х
29	"Yes," complete Schedule L, Part IV 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		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			.,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule O † V Statements Regarding Other IRS Filings and Tax Compliance	38	41	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chester Caribadia a containa a respector of free to any into in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54		.03	.,,
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
_		_		_

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47-1073442

Form 990 (2022) GENERATION: YOU EMPLOYED, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country		_			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7-		Х
	to file Form 8282?	7d	1	7с		Λ
d	If "Yes," indicate the number of Forms 8282 filed during the year		•	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit could be organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		t?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization me ro			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	126	1			
_	organization is licensed to issue qualified health plans	13b				
C 1/10	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	•	1/10		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			עדי		
.0	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	3			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		L
	If "Yes," complete Form 6069.					
			·		000	(00000)

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х				
Sec	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							
	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 13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
•	of officers, directors, trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х				
5								
6	Did the organization have members or stockholders?	5 6		х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ا						
, ,	more members of the governing body?	7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>, ۳</u>						
b	persons other than the governing body?	7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10						
	The governing body?	8a	Х					
a	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>						
	(This Section B requests information about policies not required by the internal Revenue Code.)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	III						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120						
·		12c	х					
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written whistleblower policy? 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 approval by independent	'-						
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	х					
		15b	Х					
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100	-					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
104		16a		х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b						
Sec	exempt status with respect to such arrangements?tion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filedNONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.			•				
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	MONA MOURSHED - 202-629-4410							
	1200 19TH ST NW, #1110,, WASHINGTON, DC 20036							
			000	1000-				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average			((Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unle cer ar					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
/1\ MONA MOUDGUED	line)	Pu	lus	#0	Ke	를 등 등	For			
(1) MONA MOURSHED PRESIDENT & CEO	40.00	x		Х				474,752.	0.	20 325
(2) JEREMY FOX	40.00	^		^				474,732.	0.	28,325.
REGIONAL CEO, APAC	40.00	1				x		313,861.	0.	13,201.
(3) ALI JAFFER	40.00					 		313,001.	•	13,201.
CHIEF OPERATING OFFICER	13.30	1		x				305,019.	0.	21,372.
(4) KELLY J CASSARO	40.00							000,025.	••	
CHIEF OF LEARNING		1			х			287,414.	0.	31,808.
(5) GULI RUZMETOVA	40.00									
GLOBAL DIRECTOR OF FINANCE		1		х				245,041.	0.	21,563.
(6) JENNIFER SIKES	40.00							,		,
CHIEF COMMUNICATION OFFICE		1			х			238,925.	0.	18,827.
(7) MINH HUY LAI	40.00									
REGIONAL COO, EUROPE		1				х		204,207.	0.	30,558.
(8) ALEXANDRA HAY-PLUMB	40.00									
CHIEF PARTNERSHIPS OFFICER		1			Х			220,986.	0.	7,241.
(9) GILLIAN MCKENNA	40.00									
CHIEF PEOPLE OFFICER						Х		217,647.	0.	8,327.
(10) KATHERINE KELLEY	40.00									
DIRECTOR OF LEARNER ENGAGEMENT						Х		196,089.	0.	13,997.
(11) BONNI THERIAULT	40.00									
DIRECTOR OF EMPLOYER ENGAG						Х		181,812.	0.	11,234.
(12) LAURA CORB	1.00	1								
DIRECTOR		Х						0.	0.	0.
(13) WENDY KOPP	1.00]								
DIRECTOR		Х						0.	0.	0.
(14) SALAH-EDDINE]KANDRI	1.00	1								
DIRECTOR		Х						0.	0.	0.
(15) MAYSA JALBOUT	1.00	1								
DIRECTOR		Х						0.	0.	0.
(16) SCOTT MCKINLEY	1.00	1								
DIRECTOR		Х						0.	0.	0.
(17) ANNE-MARIE SLAUGHTER	1.00	ł <u>.</u>							_	_
DIRECTOR 232007 12-13-22		X				<u> </u>	<u> </u>	0.	0.	0. Form 990 (2022)

232007 12-13-22 Form **990** (2022)

T GITTI GGG (EGEE)	N: YOU EMPLOYE	D,	INC	•					47-107344	2 Page 8
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	is both or/trus	an	compensation	compensation	amount of
	week (list any			u a u	l	1711 03		from	from related	other
	hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	tution	ы	Key employee	est co	ıer			organizations
	line)	Indiv	Instii	Officer	Key 6	High	Former			
(18) MICHAEL SILBER	1.00									
TREASURER		Х		Х				0.	0.	0.
(19) MICHAEL HALBYE	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(20) KEVIN STEINBERG	1.00									
SECRETARY		Х		Х				0.	0.	0.
(21) SIVA KUMARI	1.00									
DIRECTOR		Х						0.	0.	0.
(22) DANA BRAKMAN REISER	1.00									
DIRECTOR		Х						0.	0.	0.
(23) LINDA FAYNE-LEVINSON	1.00									
DIRECTOR		Х		Х				0.	0.	0.
(24) STEPHANIE KHURANA	1.00									
DIRECTOR		Х		Х				0.	0.	0.
1b Subtotal								2,885,753.	0.	206,453.
c Total from continuation sheets to Pa								0.	0.	0.
d Total (add lines 1b and 1c)								2,885,753.	0.	206,453.
2 Total number of individuals (including h								ceived more than \$100	000 of reportable	

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

Yes No

3 X

4 X

Х

24

line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MATERIAL HOLDINGS LLC, 1900 AVENUE OF THE		
STARS, LOS ANGELES, CA 90067	MEDIA SERVICES	475,000.
INCREMENTA CONSULTING SA DE CV		
RIO DANUBIO 107, CUAUHTEMOC, MEXICO 6500	CONSULTING	248,567.
DARBY FILMS, INC.		
75 KENDAL AVE, MAPLEWOOD, NJ 07040	IT SERVICES	248,297.
PAPAYA GLOBAL INC.	PROFESSIONAL EMPLOYER	
1460 BROADWAY, NEW YORK, NY 10036	ORGANIZATION	235,921.
FINEAS MEDIA INC		
68 JAY STREET 2ND FLOOR, BROOKLYN, NY 11201	MEDIA SERVICES	165,784.
2 Total number of independent contractors (including but not limited to \$100,000 of compensation from the organization	those listed above) who received more than	- 000

Form 990 (2022) GENERATION
Part VIII Statement of Revenue

			Check if Schedule O cont	ains a re	esponse o	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	Τ.	1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b					
S S			Fundraising events	· · · · · · · · · · · · · · · · · · ·	1c					
fts,			Related organizations		1d					
ية إق					1e					
Sir			Government grants (contribut All other contributions, gifts, gran		ie					
utic Te		'				32,420,675.				
ë Đ		_	similar amounts not included abo		1f	32,120,073.				
no Dd		•	Noncash contributions included in lines	Ia-II	1g \$		32,420,675.			
OB		11	Total. Add lines 1a-1f			Business Code	32,120,073.			
_	_	_	AFFILIATION FEE			900099	1,378,496.	1,378,496.		
ice	2		CURRICULUM FEE			900099	497,839.	497,839.		
er ue		b	COUNTRY SETUP FEE			900099	128,506.	128,506.		
m S		C	PROGRAM INCOME			900099	4,787.	4,787.		
gra Re			MISCELLANEOUS REVENUE			900099	-29,293.	-29,293.		
Program Service Revenue		-	-			300033	-29,293.	-29,293.		
ъ			All other program service reve				1 000 225			
			Total. Add lines 2a-2f				1,980,335.			
	3		Investment income (including				20 460			30 460
							39,460.			39,460.
	4		Income from investment of tax	•	•					
	5		Royalties		 Real					
	_			· · ·	Real	(ii) Personal				
			Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c	: [
			Net rental income or (loss)	T (2) O -		(") OH				
	7	а	Gross amount from sales of	<u> </u>	curities	(ii) Other				
			assets other than inventory 7a	1						
		b	Less: cost or other basis							
her Revenue			and sales expenses							
eve			Gain or (loss) 7c	•						
Ř			Net gain or (loss)							
Othe	8	а	Gross income from fundraising evincluding \$							
			contributions reported on line							
			Part IV, line 18	•	I					
		h	Less: direct expenses							
			Net income or (loss) from fund							
			Gross income from gaming ac							
	3	u	Part IV, line 19							
		h	Less: direct expenses							
			Net income or (loss) from gam							
			Gross sales of inventory, less		VILIOS					
		u	and allowances		10a					
		h	Less: cost of goods sold							
			Net income or (loss) from sale							
						Business Code				
snc	11	а								
Miscellaneous Revenue	-	b								
ella		c								
<u>s</u> č			All other revenue							
Σ			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				34,440,470.	1,980,335.	0.	39,460.

232009 12-13-22

Form 990 (2022) GENERATION: YOU EMPLOYED, INC. Part IX Statement of Functional Expenses

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

<u> </u>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	654 064	574 054		
	and domestic governments. See Part IV, line 21	674,864.	674,864.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	13,935,007.	13,935,007.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,901,273.	501,903.	1,262,434.	136,936
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	6,717,096.	5,182,732.	1,294,052.	240,312
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	167,715.	112,401.	47,420.	7,894
9	Other employee benefits	1,442,137.	966,511.	407,749.	67,877
0	Payroll taxes	238,831.	160,063.	67,527.	11,241
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	367,908.	99,638.	268,270.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	3,086,370.	2,415,297.	671,073.	
12	Advertising and promotion	98,422.	96,922.	1,500.	
13	Office expenses	142,080.	66,505.	71,083.	4,492
14	Information technology	377,042.	244,498.	131,327.	1,217
15	Royalties	11.016	11.015		
16	Occupancy	14,046.	14,046.		
17	Travel	61,176.	59,113.	1,484.	579
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	100	-	102	
22	Depreciation, depletion, and amortization	198.	5.	193.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DUES, SUBSCRIPTIONS, LI	2,032,132.	1,637,441.	393,123.	1,568
b	RECRUITMENT	6,899.	4,899.	2,000.	
c	STUDENT RELATED EXPENSE	3,326.	3,326.		
d e	All other expenses	680,090.	595,109.	84,383.	598
е 25	Total functional expenses. Add lines 1 through 24e	31,946,612.	26,770,280.	4,703,618.	472,714
<u>:5</u> 26	Joint costs. Complete this line only if the organization	-,,		-, , ,	=, =, , = :
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

Par	ιχ	Balance Sneet				
		Check if Schedule O contains a response or r	note to any line in this Part X		·····	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		14,489,528.	1	1,634,86
	2	2 Savings and temporary cash investments		1,012,803.	2	13,254,05
	3	Pledges and grants receivable, net		10,742,957.	3	14,847,84
	4	Accounts receivable, net		4,113,963.	4	3,196,33
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	ped in section 4958(c)(3)(B)		6	
ပ္	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	B		1,837,507.	9	2,437,78
	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, lin	e 11		12	
	13	Investments - program-related. See Part IV, lir	e 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	32,196,758.	16	35,370,87
	17	Accounts payable and accrued expenses		937,556.	17	1,613,00
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to any current or fo	rmer officer, director,			
≝		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
-	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			25	
	26			937,556.	26	1,613,00
,		Organizations that follow FASB ASC 958, c	heck here X			
ĕ		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27			5,504,396.	27	7,916,863
2	28	Net assets with donor restrictions		25,754,806.	28	25,841,01
<u> </u>		Organizations that do not follow FASB ASC	958, check here			
_		and complete lines 29 through 33.				
13 (29	Capital stock or trust principal, or current fund			29	
SSe	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		24 272 273	31	20
<u>8</u>	32	Total net assets or fund balances		31,259,202.	32	33,757,87
	33	Total liabilities and net assets/fund balances		32,196,758.	33	35,370,877

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		34,4	140,	470.
2						612.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,4	193,	858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		31,2	259,	202.
5	Net unrealized gains (losses) on investments	5			4,	817.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		33,	757,	877.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u>Ш</u>
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u>	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?		<u> </u>	2b	Х	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u> </u>	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		;	3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

			TION: YOU EMPLO						47-1073442
Par	tΙ	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The o	rgan	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)			
1 [A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).		
2		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative		•)(b)(1)(A)(i	ii).		
4	一	A medical research organization					•	iii) Enter	the hospital's name
- L		city, and state:	anon operated in con	ijanotion war a noopitar	GCCCTIDCG	000110	17 O(D)(1)(A)(the ricepital o riame,
5 [\neg	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental uni	t describe	ad in
5 L		section 170(b)(1)(A)(iv). (C		nege of difficersity owned	or operat	ed by a go	verimental uni	t describe	5 u III
٦ ٦	\neg		•	and the second second second second second		70/1-1/41/41	6.3		
6 L		A federal, state, or local gov	-						
7	Λ	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the	general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8 [_	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 [An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the	ne college	or
_		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fi	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	nization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11 [An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).		
12 [An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 50	09(a)(3). (Check the box on
		lines 12a through 12d that	-						
а		Type I. A supporting orga	* *			-		-	aivina
	_	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-			
		organization. You must o			,, -				9
b		Type II. A supporting org	-		ion with it	s sunnorte	ed organization	s) by hav	vina
		control or management o	•				-		-
		organization(s). You mus			arric perso	ns that co	Titror or manage	the supp	Jorted
•		7			in connoct	tion with	and functionally	intograta	od with
С		☐ Type III functionally inte	-				•	integrate	eu witti,
		its supported organization		·					
d		Type III non-functionally	•				• •	•	* *
		that is not functionally int	-	* *	•		-	an attentiv	/eness
		requirement (see instructi	,	•	•				
е		☐ Check this box if the orga					Type I, Type II,	Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supportir	ng organiz	ation.			
		er the number of supported o	•						
<u>g</u>		vide the following information		d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	I (-) A		() A
	(i) Name of supported organization	(ii) EIN	(described on lines 1-10	in your governi	ing document?	(v) Amount of r support (see ins	•	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
Total									

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

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

Sec	ction A. Public Support		·	,			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(-)	(,	(-,	(-)
·	membership fees received. (Do not						
	include any "unusual grants.")	14,438,392.	25,232,808.	43,049,677.	16,347,255.	32,420,675.	131,488,807.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	14,438,392.	25,232,808.	43,049,677.	16,347,255.	32,420,675.	131,488,807.
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)						68,732,765.
6	Public support. Subtract line 5 from line 4.						62,756,042.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	14,438,392.	25,232,808.	43,049,677.	16,347,255.	32,420,675.	131,488,807.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			8,973.	306.	39,460.	48,739.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						131,537,546.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	5,236,471.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	47.71 %
15	Public support percentage from 2021	Schedule A, Part I	I, line 14			15	48.51 %
16a	33 1/3% support test - 2022. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did not	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	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (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	st. The organization	n qualifies as a pul	olicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	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	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ					
	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	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from			Para et 4		0.1/00/	%
19a	33 1/3% support tests - 2022. If the						/ is not
-	more than 33 1/3%, check this box ar						L
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	ns box and see ins	tructions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No 1 2 За 3b Зс 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9с 10a 10b

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Schedule A (Form 990) 2022

Page 5

Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
Sec	the supported organization(s). 1 tion 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	103	110
•	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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.	\perp	
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.	\bot	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in 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.		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	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		
Sect	ion 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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
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	s of supported organizations	3	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	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	•	Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
<u>e</u>	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>_i</u>	Carryover from 2017 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>e</u>	Excess from 2022						

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 and 2; Part IV, Section C, 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 B, line 1e; 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 information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2022

G	ENERATION: YOU EMPLOYED, INC.	47-1073442
Organization type (check	cone):	
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	
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.
_	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ny one contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, aring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	nd that received from any one
contributor, duri literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ng the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	cientific,
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled means there the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	• •
LHA For Paperwork Redu	ction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

GENERATION: YOU EMPLOYED, INC.

47-1073442

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$14,750,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$5,500,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	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
4		\$1,500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	\$3,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Total contributions \$750,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GENERATION: YOU EMPLOYED, INC. 47-1073442

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_{\$}	

Name of o	rganization				Employer identification number				
GENERATI	ON: YOU EMPLOYED, INC.				47-1073442				
Part III		through (e) and the followin charitable, etc., contributions of \$	a line entry. For ord	ganizations	at total more than \$1,000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of ç	gift (d) Do		ription of how gift is held				
		(e) Transf	er of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Desc	ription of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
		Transferee's name, address, and ZIP + 4			isteror to transferee				
(a) No. from Part I	(b) Purpose of gift	se of gift (c) Use of		(d) Desc	ription of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trai	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of ç	jift	(d) Desc	ription of how gift is held				
	(e) Transfer of gift								
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization GENERATION: YOU EMPLOYED, INC. **Employer identification number** $47\!-\!1073442$

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	ccounts. Complete if the				
	organization anomored 100 on 10111 000, 1 arriv, into	(a) Donor advised fun	nds	(b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised fund	ds				
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No				
6	Did the organization inform all grantees, donors, and donor ad							
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any oth	er purpose confer	ring				
	impermissible private benefit?							
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on	Form 990, Part IV	, line 7.				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).						
	Preservation of land for public use (for example, recreat	ion or education) Pre	eservation of a histo	orically important land area				
	Protection of natural habitat	Pre	eservation of a cert	ified historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	in the form of a co	nservation easement on the last				
	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b	Total acreage restricted by conservation easements			2b				
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c				
d	Number of conservation easements included in (c) acquired a							
	historic structure listed in the National Register			2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termin	nated by the organ	ization during the tax				
	year							
4	Number of states where property subject to conservation ease							
5	Does the organization have a written policy regarding the peri	• • • •	handling of					
	violations, and enforcement of the conservation easements it							
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and en	forcing conservation	on easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing	na conservation ea	sements during the year				
•	7 through of expenses meaned in monitoring, mappeding, harran	ing or violations, and ornors	ig concervation ca	comente daming the you				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of s	section 170(h)(4)(B)	(i)				
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·						
9	In Part XIII, describe how the organization reports conservation							
	balance sheet, and include, if applicable, the text of the footnote		·					
	organization's accounting for conservation easements.	· ·						
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasu	res, or Other S	Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.						
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	statement and bal	ance sheet works				
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or re	esearch in furthera	nce of public				
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue stat	ement and balance	e sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or rese	earch in furtherance	e of public service,				
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1			\$				
				•				
2	If the organization received or held works of art, historical trea	sures, or other similar assets	for financial gain,	provide				
	the following amounts required to be reported under FASB AS	SC 958 relating to these items	s:					
а	Revenue included on Form 990, Part VIII, line 1			\$				
b	Assets included in Form 990, Part X			\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022				

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 GENERATION: YOU E	MPLOYED, INC.	4	7-1073442 Pa	age 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value)
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	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 en	d-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990 Part X line 15		
	Description	114. 666 1 6111 666, 1 4117, 1116 16.	(b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		<u> </u>	
Part X Other Liabilities. Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organization an	on Farma 000 Dart IV line	11 111 C F 000 Dest V line 05		
(a) Description of liability	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25	(b) Book value	
<u></u>			(b) Book value	
(1) Federal income taxes (2)				
(3)				
(4)			1	
(5)				
(6)				
(7)				
(8)				

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) 2022

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

Sche	dule D (Form 990) 2022 GENERATION: YOU EMPLOYED, INC.		47-107344	2 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn.	
	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	44,215,106.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 4,817.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	•	2e	9,774,636.
3	Subtract line 2e from line 1		3	34,440,470.
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.)			
	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			34,440,470.
	t XII Reconciliation of Expenses per Audited Financial Statem			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•		
1			1	41,716,431.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			, , ,
- ء	Donated services and use of facilities	2a 9,769,819.		
a h				
	Prior year adjustments Other leases			
C	Other losses			
d	Other (Describe in Part XIII.)	•		0 760 910
	Add lines 2a through 2d		2e	9,769,819.
3	Subtract line 2e from line 1		3	31,946,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b		4c	0.
5 D 2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.		5	31,946,612.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	, , ,	; Part X, line 2;	Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.		
D1 D#				
PARI	X, LINE 2:			
a	AGGOVANTA TOD TVGOVE TANEA TV AGGODDANGE VIEW TWO AGGOVANTANA G			
GYE	ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNTING S	TANDARDS		
CODI	TIGHTON (AGG) MODIG TWOOM MANDE WARE PROVIDED			
CODI	FICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PROVIDE			
CONT	TOWNER OUTDANGE FOR MUE AGGOINMING FOR INCORPORATION IN THEORE	may no		
CONS	ISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME	TAXES		
D.T.G.	CALLED IN AN INTERVIA CONCOLUDIND DIVINGIA CONTRACTOR AND DE	D D G G D T D D		
RECC	GNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS AND P	RESCRIBE		
A TH	RESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DERECOG	NITION OF		
TAX	POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.			
a	DEDECTION OF THE PROPERTY OF T	and Turner		
GYE	PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YE	ARS ENDED		
D=	MDED 21 2022 AND 2021 AND DEMERSTAND WILL WILLIAM STREET	MED C MILAM		
DECE	MBER 31, 2022 AND 2021, AND DETERMINED THAT THERE WERE NO MAT	TERS THAT		
MOTT	D DECLITOE DECOGNITATION IN THIS CONTOUT DAMES STANGED CONTOUTS	C OD MUAM		
WOUL	D REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENT	5 UK THAT		
MV	HAVE AN EFFECT ON ITC TAV-EVENDT CHANGE			
LIW I	HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.			

Schedule D (Form 990) 2022	GENERATION: YOU EMPLOYED, INC.	47-1073442 Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Info	rmation (continued)	Y
	(continuea)	

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Schedule F (Form 990) 2022

Employer identification number

GENERATION: YOU EMPLOYED, INC. 47-1073442 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA AND THE SAME AS CONTROLLING PACIFIC 4 156 PROGRAM SERVICES ENTITY 1,712,833. EUROPE (INCLUDING SAME AS CONTROLLING TCELAND AND 7,634,993. GREENLAND) 240 PROGRAM SERVICES ENTITY 6 SAME AS CONTROLLING NORTH AMERICA ENTITY 2 15 PROGRAM SERVICES 212,847. SAME AS CONTROLLING ENTITY PROGRAM SERVICES SOUTH AMERICA 1 152 484,576. SAME AS CONTROLLING PROGRAM SERVICES ENTITY SOUTH ASIA 2 70 2,599,662. SAME AS CONTROLLING SUB-SAHARAN AFRICA 69 PROGRAM SERVICES ENTITY 1,290,096. 16 702 13,935,007. 3 a Subtotal **b** Total from continuation 0 0 0. sheets to Part I Totals (add lines 3a 702 13,935,007. and 3b)

232071 10-17-22

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

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)	I ICI 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						
			PROGRAM SERVICE	1 151 900	WIRE TRANSFER	0.		
		FACIFIC	FROGRAM SERVICE	1,131,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	PROGRAM SERVICE	484,576.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	1,717,378.	WIRE TRANSFER	0.		
		DAGE AGEA AND BUILD						
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICE	02 640	WIRE TRANSFER	0.		
		FACIFIC	FROGRAM SERVICE	03,040.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM SERVICE	2 472 325.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	719,449.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	1,966,052.	WIRE TRANSFER	0.		
		SUB-SAHARAN						
			PROGRAM SERVICE		WIRE TRANSFER	0.		
			recognized as charities by the					
exempt 501(c)(3) org	anization by the IRS,	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) equ	uivalency letter	•		14

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM SERVICE	212,847.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM SERVICE	127,337.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	DDOGDAM GEDVIGE	277 205	WIDE MDANGEED	0.		
		PACIFIC	PROGRAM SERVICE	3//,385.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SERVICE	1 137 833	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		GREENLAND)	PROGRAM SERVICE	1,919,281.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SERVICE	100,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SERVICE		WIRE TRANSFER	0.		
				,				

	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) 2022 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "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? If "Yes," 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)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

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.

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization GENERATION: YOU EMPLOYED, INC.							Employer identification number 47-1073442
Part I General Information on Grants a		inc.					47-1073442
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance? ocedures for monit Domestic Organia	oring the use of grant	t funds in the United	d States. Complete if the org			X Yes No
1 (a) Name and address of organization or government	\$5,000. Part II can (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (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, INC. 1616 H STREET NW WASHINGTON, DC 20006	84-3357705	501(C)(3)	674.864.	0.			PROGRAMMATIC SUPPORT
WASHINGTON, DC 20000	04-3337703	501(0)(3)	074,004.	0.			FROGRAMMATIC SUFFORT
2 Enter total number of section 501(c)(3) a			ne line 1 table		<u> </u>		1
3 Enter total number of other organization:	s listed in the line 1	1 table					0.

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
THE GENERATION GLOBAL FINANCE TEAM REVIEWS EACH OF	RGANIZATION I	NTERNAL			
FINANCIAL STATEMENTS ON A MONTHLY OR QUARTERLY BASI	IS. EACH ORGA	NIZATION			
UNDERGOES AN ANNUAL AUDIT ONCE ITS FINANCIAL OPERAT	TIONS BECOME	MATERIAL.			
THE GENERATION GLOBAL FINANCE TEAM THEN REVIEWS EAC	CH COUNTRY'S	ANNUAL AUDIT			
REPORT.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number GENERATION: YOU EMPLOYED, INC. 47-1073442

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		ı

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

Schedule J (Form 990) 2022

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 V	V-2 and/or 1099-MISO 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)	474,752.	0.	0.	15,250.	13,075.	503,077.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEREMY FOX	(i)	244,427.	69,434.	0.	13,100.	101.	327,062.	0.
REGIONAL CEO, APAC	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALI JAFFER	(i)	256,194.	48,825.	0.	14,686.	6,686.	326,391.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLY J CASSARO	(i)	239,484.	47,930.	0.	11,974.	19,834.	319,222.	0.
CHIEF OF LEARNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GULI RUZMETOVA	(i)	204,145.	40,896.	0.	10,207.	11,356.	266,604.	0.
GLOBAL DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SIKES	(i)	199,259.	39,666.	0.	9,909.	8,918.	257,752.	0.
CHIEF COMMUNICATION OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MINH HUY LAI	(i)	169,719.	34,488.	0.	25,551.	5,007.	234,765.	0.
REGIONAL COO, EUROPE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ALEXANDRA HAY-PLUMB	(i)	182,863.	38,123.	0.	5,875.	1,366.	228,227.	0.
CHIEF PARTNERSHIPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GILLIAN MCKENNA	(i)	181,887.	35,760.	0.	7,910.	417.	225,974.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHERINE KELLEY	(i)	163,889.	32,200.	0.	8,194.	5,803.	210,086.	0.
DIRECTOR OF LEARNER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) BONNI THERIAULT	(i)	165,273.	16,539.	0.	8,263.	2,971.	193,046.	0.
DIRECTOR OF EMPLOYER ENGAG	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Tart in Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
SENIOR EMPLOYEES (TYPICALLY DIRECTOR-LEVEL AND ABOVE) MAY HAVE SOME OF
THEIR TOTAL COMPENSATION IN THE FORM OF VARIABLE COMPENSATION OR AT-RISK
PAYMENTS, CONTINGENT ON PERFORMANCE LEVEL AND/OR TARGETS. THE TOTAL
COMPENSATION SHOULD STILL ADHERE TO THE COMPENSATION PRINCIPLES. TO
REALIZE THE BONUS OR AT-RISK COMPENSATION, AN EMPLOYEE MUST ACHIEVE A HIGH
PERFORMANCE LEVEL AND/OR TARGETS, AND BE EMPLOYED WITH GENERATION FOR A
MINIMUM OF SIX MONTHS AS OF DECEMBER 31 OF THE CALENDAR YEAR. BONUS OR
AT-RISK COMPENSATION WILL GENERALLY BE MADE NO LATER DECEMBER 31. BONUS OR
AT-RISK COMPENSATION IS PROVIDED AT THE DISCRETION OF GENERATION GLOBAL,
AND THE MANAGEMENT TEAM RESERVES THE RIGHT TO ADMINISTER, MODIFY OR
TERMINATE THE PLAN GIVEN PREVAILING FINANCIAL AND OPERATIONAL CONDITIONS.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

GENERATION, VOIL EMPLOYED INC

Employer identification number

GENERATION: YOU EMPLOYED, INC.	47-1073442					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:						
OUR MISSION IS TO TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO PREPARE,						
LACE, AND SUPPORT PEOPLE INTO LIFE-CHANGING CAREERS THAT WOULD						
OTHERWISE BE INACCESSIBLE.						
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 REQUIRED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST						
AND PERIODIC REVIEWS ARE DONE.						
FORM 990, PART VI, SECTION B, LINE 15:						
THE BOARD OF DIRECTORS SETS THE COMPENSATION FOR THE CEO AND ALL KEY						
EMPLOYEES. COMPENSATION INCLUDES CERTAIN INDIVIDUALS WHO ARE NOT U.S.						
RESIDENTS OR U.S. EMPLOYEES; THEREFORE, THE COMPENSATION INFORMATION FOR						
THESE INDIVIDUALS IS PROVIDED USING THE BEST INFORMATION AVAILABLE FROM THE						
W-2 EQUIVALENT.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND						
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.						

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GENERATION: YOU E	MPLOYED, INC.				Er	mployer identific 47-1073442	cation nu	ımber
Part I Identification of Disregarded Entities. Con	nplete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			me End-of-year		assets Direct c)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	inizations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	e related tax-exer	npt	
(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) ect controlling entity	1	g) 512(b)(13) rolled ity?
Ç		Toroigh Godinay)		501(c)(3))		•	Yes	No
GENERATION US INC - 84-3357705 1200 19TH ST NW, STE 1110						ATION: YOU		
WASHINGTON, DC 20036	SAME AS CONTROLLING ENTITY	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	EMPLO	YED INC.	Х	
GENERATION: YOU EMPLOYED (HK) LTD. 40/F, ICBC TOWER, 3 GARDEN ROAD					GENERA	ATION: YOU		
HONG KONG, HONG KONG, HONG KONG	SAME AS CONTROLLING ENTITY	HONG KONG			EMPLO	YED INC.	Х	
GENERATION AUSTRALIA LTD								
LEVEL 35, 88 PHILLIP ST						ATION: YOU		
SYDNEY, NEW SOUTH WALES, AUSTRALIA 2000	SAME AS CONTROLLING ENTITY	AUSTRALIA			EMPLO	YED INC.	Х	
ASSOCIACAO GENERATION BRASIL								

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

GENERATION: YOU

EMPLOYED INC.

RUA CNEGO EUGNIO LEITE, 623

SO PAULO, BRAZIL, BRAZIL 05414-011

SAME AS CONTROLLING ENTITY BRAZIL

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?
J		Toroigir courtify)		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					GENERATION: YOU		
MADRID, MADRID, SPAIN 28036	SAME AS CONTROLLING ENTITY	SPAIN			EMPLOYED INC.	Х	
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.	Х	
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.	х	
PROGRAMA GENERATION MEXICO AC							
DINAMARCA 48, COL JUREZ	7				GENERATION: YOU		
CDMX, CDMX, MEXICO 6600	SAME AS CONTROLLING ENTITY	MEXICO			EMPLOYED INC.	х	
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.	х	
GENERATION YOU EMPLOYED INC DUBAI BRANCH							
PO BOX 113014	7				GENERATION: YOU		
DUBAI, DUBAI, UNITED ARAB EMIRATES	SAME AS CONTROLLING ENTITY	UNITED ARAB EMIRATES			EMPLOYED INC.	х	
GENERATION PROGRAMME KENYA							
ABC PLACE, BLOCK D 4TH FLOOR	7				GENERATION: YOU		
WAIYAKI WAY NAIROBI, WAIYAKI WAY NAIROBI,	SAME AS CONTROLLING ENTITY	KENYA			EMPLOYED INC.	х	
FUNDACION GENERATION CHILE							
LUIS ZEGERS N2290	1				GENERATION: YOU		
LAS CONDES, REGION METROPOLITANA, CHILE	SAME AS CONTROLLING ENTITY	CHILE			EMPLOYED INC.	х	
· ·							
	1						
	1						
	•	•	•	•	•	•	•

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General managir partner	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	b)(13)
		country)		ŕ				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	8,028.	344,955.	99.00%	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	1,042,333.	587,853.	100%		Х
MSI GENERATION MEXICO SERVICIOS S.A. DE C.V.			FUNDACION						
PLAYA COPACABANA 75, MILITAR MARTE	SAME AS CONTROLLING		GENERATION						
CDMX, MEXICO, MEXICO	ENTITY	MEXICO	SPAIN	C CORP	1,124,273.	160,102.	99.00%		Х
									<u> </u>

Schedule R (Form 990) 2022

Page 3

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

Not	ite: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			,		Yes	No_
1	During the tax year, did the organization engage in any of the following transactions with one of	or more rela	ated organizations listed in	Parts II-IV?			
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X
	d Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	f Dividends from related organization(s)				1f		X
g	g Sale of assets to related organization(s)				1g		X
h	n Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	 Lease of facilities, equipment, or other assets from related organization(s) 				1k		X
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1 p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		X
	S Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this	s line, including covered re	lationships and transaction thresholds.			
	(a) (b) Name of related organization Transa type	action	(c) Amount involved	(d) Method of determining amount invo	lved		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GENERATION AUSTRALIA LTD	В	1,151,800.	CASH
(2) GENERATION AUSTRALIA LTD	P	552.	CASH
(3) GENERATION AUSTRALIA LTD	L	129,507.	CASH
(4) ASSOCIACAO GENERATION BRASIL	В	484,576.	CASH
(5) ASSOCIACAO GENERATION BRASIL	P	4,964.	CASH
(6) ASSOCIACAO GENERATION BRASIL	L	42,189.	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	1,717,378.	CASH
(8)GENERATION PLUS: TON EMPLOI	Р	181,955.	CASH
(9)GENERATION PLUS: TON EMPLOI	L	196,290.	CASH
(10)GENERATION : YOU EMPLOYED (HK) LIMITED	В	83,648.	CASH
(11)GENERATION : YOU EMPLOYED (HK) LIMITED	L	57,175.	CASH
(12)GENERATION INDIA FOUNDATION	В	2,472,325.	CASH
(13)GENERATION INDIA FOUNDATION	P	116,535.	CASH
(14)GENERATION INDIA FOUNDATION	L	126,781.	CASH
(15)FONDAZIONE GENERATION ITALY	В	1,966,052.	CASH
(16)FONDAZIONE GENERATION ITALY	L	159,181.	CASH
(17)GENERATION PROGRAMME KENYA	В	1,290,096.	CASH
(18)GENERATION PROGRAMME KENYA	P	29,375.	CASH
(19)GENERATION PROGRAMME KENYA	L	41,103.	CASH
(20)CAREER READINESS SOCIAL INITIATIVE LTD	L	830.	CASH
(21)MSI GENERATION MEXICO SERVICIOS S.A. DE C.V	Р	1,115,552.	CASH
(22)PROGRAMA GENERATION MEXICO AC	В	212,847.	CASH
(23)PROGRAMA GENERATION MEXICO AC	L	21,600.	CASH
(24)PROGRAMA GENERATION MEXICO AC	Р	1,346.	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: YOU EMPLOYED, INC BOGOTA	P	123,537.	CASH
(8)FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	В	127,337.	CASH
(9) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	P	230,286.	CASH
(10) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	L	7,385.	CASH
(11)GENERATION SINGAPORE LTD.	В	377,385.	CASH
(12)GENERATION SINGAPORE LTD.	P	51,491.	CASH
	L	18,014.	CASH
(14)FUNDACION GENERATION SPAIN	В	1,137,833.	CASH
(15)FUNDACION GENERATION SPAIN	P	292,498.	CASH
(16)FUNDACION GENERATION SPAIN	L	36,761.	CASH
(17)GENERATION: YOU EMPLOYED, UK	В	1,919,281.	CASH
(18)GENERATION: YOU EMPLOYED, UK	P	7,411.	CASH
(19)GENERATION: YOU EMPLOYED, UK	L	239,859.	CASH
(20)GENERATION USA, INC.	В	674,864.	CASH
(21)GENERATION USA, INC.	L	610,091.	CASH
(22)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	В	719,449.	CASH
(23)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	P	8,032.	CASH
(24)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	L	18,536.	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 YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD	В	100,000.	CASH
(8) GENERATION YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD	L	3,042.	CASH
(9) FUNDACION GENERATION CHILE	L	40,000.	CASH
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

232165 09-14-22 Schedule R (Form 990) 2022