** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

		nue Service	Go to www.irs.gov/	Form990 for instructions and	the latest ir	nformation.	Inspection		
Α	For the	e 2023 calen	ndar year, or tax year beginning	and	dending				
В	Check if applicabl	e: C Name	of organization			D Employer identifica	ation number		
	Addre chang Name	e GENER	RATION: YOU EMPLOYED, INC.						
L	chang		business as			47-1073442			
	Initial return Final return	601 5	er and street (or P.O. box if mail is not de PENNSYLVANIA AVENUE, NW	elivered to street address)	Room/suite 900	E Telephone number 202-629-4410			
	termin ated	í-	r town, state or province, country, and	G Gross receipts \$	25,762,823.				
Г	Amen	ded was	INGTON, DC 20004	Zii oi loreigh postar code		H(a) Is this a group ret	· · · · · · · · · · · · · · · · · · ·		
	return Applic tion pendir	F Name	and address of principal officer: MONA S C ABOVE	MOURSHED		for subordinates? H(b) Are all subordinates incl	Yes X No		
$\overline{}$	Tax-ex	emnt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ` ´	st. See instructions		
J Website: WWW.GENERATION.ORG									
				ssociation Other	I Vaar	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	State of legal domicile: DC		
	art I	Summar		SSOCIATION STREET	L 16ai	oriormation, 2022 W	State of legal dofficile, 20		
•			<u>- </u>	t alamitia ant antimitia a SEE SC	ישקחווו.ד ה				
	1		ribe the organization's mission or most	t significant activities: 511 50	CHEDULE O				
2	2	Check this b	pox if the organization disco	than 25% of its net asse	ts.				
3	≹ ვ	Number of v	oting members of the governing body	3	14				
		Number of ir	ndependent voting members of the go	verning body (Part VI, line 1b)		4	13		
٥	۰ı _		er of individuals employed in calendar				103		
:	≝ 6		er of volunteers (estimate if necessary)				0		
A Delivition	3 7a		ted business revenue from Part VIII, co				0.		
<	t b		d business taxable income from Form				0.		
						Prior Year	Current Year		
	. 8	Contribution	ns and grants (Part VIII, line 1h)			32,420,675.	24,005,046.		
Revenue	9		(5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			1,980,335.	1,013,381.		
	5 40	•		L and 7d)		39,460.	744,396.		
Č	5 10 C 44		ncome (Part VIII, column (A), lines 3, 4			0.	0.		
	1		ue (Part VIII, column (A), lines 5, 6d, 8d			34,440,470.	25,762,823.		
_			ue - add lines 8 through 11 (must equal	14,609,871.					
	1		similar amounts paid (Part IX, column (14,009,871.	9,828,088.				
	1		d to or for members (Part IX, column (0.		
6	ฏ 15		er compensation, employee benefits (10,467,052.	11,574,635.		
9	<u>2</u> 16a	Professional	fundraising fees (Part IX, column (A),			0.	0.		
Š	K I		ising expenses (Part IX, column (D), lin		,989.				
Ц	□ 17	Other expen	ses (Part IX, column (A), lines 11a-11d	I, 11f-24e)		6,869,689.	7,457,405.		
	18	Total expens	ses. Add lines 13-17 (must equal Part I	IX, column (A), line 25)		31,946,612.	28,860,128.		
_	19	Revenue les	s expenses. Subtract line 18 from line	12		2,493,858.	-3,097,305.		
Net Assets or	ces				Ве	ginning of Current Year	End of Year		
sets	뎣 20	Total assets	(Part X, line 16)			35,370,877.	31,717,900.		
As	පු 21	Total liabilitie	es (Part X, line 26)			1,613,000.	1,062,145.		
Nei	3 22	Net assets o	or fund balances. Subtract line 21 from	n line 20		33,757,877.	30,655,755.		
P	art II	Signatu	re Block						
Un	der pena	alties of perjury	y, I declare that I have examined this return	, including accompanying schedule	s and stateme	ents, and to the best of my k	nowledge and belief, it is		
			te. Declaration of preparer (other than offic						
		Signature of	officer			 Date			
Si						σαιο			
He	ere		SHED, PRESIDENT & CEO						
_			t name and title		Т.	Doto I	T DTIN		
			reparer's name	Preparer's signature		Date Check Check	PTIN		
Pa	id	ERIN CRAN	MER CALIBRE CPA GROUP, PLLC	ERIN CRANMER	1	0/30/24 self-employed			
Pre	eparer	Firm's name	Firm's EIN 4	7-0900880					
Us	e Only	Firm's addre							
			BETHESDA, MD 20814			Phone no. 202-	331-9880		

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

47-1073442

Pai	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	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 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	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(2) and 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) organiza	•
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 23,048,955. including grants of \$ 9,828,088.) (Revenue \$	1,013,381.)
	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 SHARE RESEARCH AND DATA TO INFORM NEW APPROACHES THAT	
	WILL OPEN UP OPPORTUNITIES TO EVERYONE. TO DATE, MORE THAN 120,000	
	PEOPLE HAVE GRADUATED FROM GENERATION: YOU EMPLOYED INC. PROGRAMS	
	TOGETHER EARNING OVER \$1 BILLION IN WAGES. GENERATION: YOU EMPLOYED	
	INC. WORKS WITH MORE THAN 15,000 EMPLOYERS AND MANY IMPLEMENTATION	
	PARTNERS AND FUNDERS. FOR MORE INFORMATION, VISIT GENERATION.ORG.	
	TIME THE POLICE TO THE PROPERTY AND THE POLICE THE POLI	
	(6)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 23,048,955.	
		Form 990 (2023)

Form 990 (2023) GENERATION: YOU EMPLOYED, INC. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	T.		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		X
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		х
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		х
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	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	-izu		
D	, ,	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the appropriation projection of the construction of the Light of Object	14a	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

332003 12-21-23

Form 990 (2023) GENERATION: YOU EMPLOYE
Part IV | Checklist of Required Schedules (continue)

ı aı	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
04 -	Schedule J	23	Λ	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		x
_	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C	any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	, , ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
_0	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? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
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? If "Yes," complete			
	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	
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			للم
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 4	_		
b	Enter the number of Porns w-2d included of time 1a. Enter -o- it not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	Х	ı

332004 12-21-23

Form 990 (2023)

GENERATION: YOU EMPLOYED, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) GENERATION: YOU EMPLOYED, INC. 47-1073442

Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return 103 b If at least one is exported on line 2 did the organization field in equal federal employment tax returns? 20		i (continued)		V	
the for the calendary averanding with or within the year covered by this return b if all least on is reported on line 28, did the organization file all regular dideral employment tax returns? b if a least one is reported on line 28, did the organization of the university of the control of the company of	20	Entay the number of employees reported an Earm W.2. Transmittal of Wags and Tay Statements		Yes	NO
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 30 b dith criganization have unrelated business gross income of \$1,000 or more during the year? 41 a Aury time during the calendar year, did the organization of 15,000 or more during the year? 42 a Aury time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or the financial account)? 52 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 53 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 54 b D did any taxoble party notify the organization file Form 888817. 55 a Was the organization and prays to a prohibited tax shelter transaction at any time during the tax year? 55 b X or a considerable party notify the organization file Form 888817. 56 a Does the organization have unaulty gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 56 b If Yes, "did the organization incide with every solicitation an express statement that such contributions orgits were not tax deductible? 57 organizations that may receive deductible contributions under section 170(c). 58 b If Yes, "did the organization nortify the donor of the value of the goods or services provided? 59 b If Yes," did the organization nortify the donor of the value of the goods or services provided? 50 b the organization selle, exchange, or otherwise allogoes of tanglishe personal property for which it was required to file Form 8282? 50 b the organization selle, exchange, or otherwise allogoes of tanglishe personal property for which it was required to file Form 8282? 51 b different services and captal contribution of case, solicitation and personal property for the propagation of the	Za				
Did the organization have unrelated business gross income of \$1,000 or more during the year? If there, "has it filed a form 390" from this year? If "No" to lims 30, provide an explanation on Schedule 0 30 At any time during the calendary year, of the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, excurtes account, or other financial accountry? 5a If "Yes," in granization party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Us "Yes" to limb 6a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Us "Yes", "If the 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction solicit any contributions that were not tax deductibles of achitrable contributions? 5c Us on the organization have annual gross orceipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of achitrable contributions? 5c Us of the organization have annual gross orceipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 5c Us of the organization nature approach that every solicitation an express statement that such contributions orgits were not tax deductibles of achitrable contributions? 6c Us the organization nature approach to the value of the goods or services provided? 7c Organizations that may receive deductible? 7d Us the organization nature approach to exceed a contribution of underty, to pay premiums on a personal benefit contract? 7e Us the organization neceever and contribution of underty, to pay premiums on a personal benefit contract? 7e Us the organization neceeve	h	med for the calculate year change with the year covered by the retain		x	
b If "Yes," has it filed a Form 990-T for this year? If "No" to lime 30, provide an explanation on Schedule O 4a At any time during the callendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account? 5b If "Yes," enter the name of the foreign country 5c entertions for filing requirements for FinoCRI Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888-17. 5c If "Yes" to line 5a or 5b, did the organization file Form 8888-17. 5c Does the organization annual gross necepite that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," did the organization neception appropriate that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5d Did the organization receive apprent in excess of \$75 made party as a contribution and partyl for goods and services provided to the payor? 7a X 7b If "Yes," did the organization notify the othors of the value of the goods or services provided? 7b If "Yes," did the organization ender seed dispose of tangible personal property for which it was required to life Form 8282? 6c Did the organization ender a contribution of organization personal benefit contract? 7c X 7d If "Yes," direct the number of Forms 8282 filed during the year 6 Did the organization received an contribution of organization fundation file Form 8899 as required? 7b If the organization received an contributio	_				х
4a A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? b if "Res," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b If "Yea" in the Sar of Bi, did the organization file from 88617 (FBAR). 5c If "Yea" is the Sar of Bi, did the organization file from 88617 (FBAR). 5c If "Yea" is the Sar of Bi, did the organization file from 88617 (FBAR). 5c If "Yea" is the did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charitable contributions? 6c If "Yea," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charitable contribution and express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the payor? 7b If "Yea," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8 If "Yea," inclinate the number of Forms 8822 filed during the year 9 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7b If Yea," inclinate menumber of Forms 8822 filed during the year 9 Did the organization received a contribution of unique year, pay premiums on a personal benefit contract? 9 Ta If If If Yea," inclinate the number of Forms 8822 filed during the year 1 Did the organization received a contribution of unique year, pay premiums, directly or indirectly, to appression paymaization file a Form 1098-C? 8 Sponsoring organizations make any taxabilidial intellectual property, did the org					
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GENERATION: YOU EMPLOYED, INC.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year 14 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. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MONA MOURSHED - 202-629-4410

Form **990** (2023)

20004

601 PENNSYLVANIA AVENUE, NW, SUITE 900, WASHINGTON, DC

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-NEĆ) 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 hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) MONA MOURSHED	40.00											
PRESIDENT & CEO		Х		Х				486,961.	0.	31,326.		
(2) JEREMY FOX	40.00											
REGIONAL CEO, APAC						Х		294,646.	0.	16,701.		
(3) ALI JAFFER	40.00											
CHIEF OPERATING OFFICER				Х				283,066.	0.	19,470.		
(4) KELLY CASSARO	40.00											
CHIEF OF LEARNING					Х			265,923.	0.	34,832.		
(5) GULI RUZMETOVA	40.00											
CHIEF FINANCIAL OFFICER				Х				227,944.	0.	23,457.		
(6) JENNIFER SIKES	40.00								_			
CHIEF COMMUNICATION OFFICER					Х			215,537.	0.	34,551.		
(7) MINH HUY LAI	40.00	-										
REGIONAL COO, EUROPE						Х		201,097.	0.	32,140.		
(8) BONNI THERIAULT	40.00	-										
CHIEF PARTNERSHIPS OFFICER	40.00	_				Х		216,840.	0.	13,330.		
(9) GILLIAN MCKENNA	40.00	-						012 410		6 460		
CHIEF PEOPLE OFFICER	40.00	-				Х		213,418.	0.	6,469.		
(10) KATHERINE KELLEY	40.00	-						150 040		05 035		
DIRECTOR OF LEARNER ENGAGEMENT	1 00	-				Х		176,040.	0.	25,835.		
(11) MICHAEL HALBYE	1.00	-		٠,						٥		
CHAIR (12) KEVIN STEINBERG	1 00	Х		Х				0.	0.	0.		
SECRETARY	1.00	x		х				0.	0.	0		
(13) MICHAEL SILBER	1.00	^		Λ		\vdash		0.	٠.	0.		
TREASURER	1.00	x		Х				0.	0.	0		
(14) LAURA CORB	1.00	Α		Λ				0.	0.	0.		
DIRECTOR	1.00	х						0.	0.	0.		
(15) LINDA FAYNE-LEVINSON	1.00	A				\vdash		· · · · · · · · · · · · · · · · · · ·	٠.	<u>.</u>		
DIRECTOR	1.00	x						0.	0.	0.		
(16) MAYSA JALBOUT	1.00	+						· ·	· ·	<u>.</u>		
DIRECTOR	1.00	x						0.	0.	0.		
(17) SALAH-EDDINE KANDRI	1.00	+						· ·	· ·	<u>~.</u>		
DIRECTOR	—	х						0.	0.	0.		
		1	_	I		I		1	•••	Form 990 (2022)		

1 61111 666 (E6E6)	N: YOU EMPLOYE	υ,	TNC	•					47-107344	2 Page C
Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	hours per (do not check more that box, unless person is be			than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutio nal tru ste e	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) STEPHANIE KHURANA	1.00									
DIRECTOR		Х						0.	0.	0.
(19) WENDY KOPP	1.00									
DIRECTOR		Х						0.	0.	0.
(20) SIVA KUMARI	1.00	-							_	
DIRECTOR	1.00	Х						0.	0.	0.
(21) SCOTT MCKINLEY DIRECTOR	1.00	x						0.	0.	0
(22) DANA BRAKMAN-REISER	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(23) ANNE-MARIE SLAUGHTER	1.00								- •	
DIRECTOR		Х						0.	0.	0.
1b Subtotal								2,581,472.	0.	238,111.
c Total from continuation sheets to Pa								0.	0.	0,
d Total (add lines 1b and 1c)								2,581,472.	0.	238,111.

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

31

Х

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

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
	Description of services	Compensation
MATERIAL HOLDINGS LLC, 1900 AVENUE OF THE		
STARS, LOS ANGELES, CA 90067	MEDIA SERVICES	494,500.
PAPAYA GLOBAL INC.	PROFESSIONAL EMPLOYER	
1460 BROADWAY, NEW YORK, NY 10036	ORGANIZATION	258,499.
DARBY FILMS, INC.		
75 KENDAL AVE, MAPLEWOOD, NJ 07040	WEB SERVICES	246,738.
INCREMENTA CONSULTING SA DE CV		
RIO DANUBIO 107, CUAUHTEMOC, MEXICO 6500	TECH SERVICES	245,268.
MELTWATER ENTREPRENEURIAL SCHOOL OF TECHNOL		
ABSA HOUSE, JOHN EVANS ATTA MILLS HIGH STRE	TRAINING PROGRAMS	210,000.
2 Total number of independent contractors (including but not limited	to those listed above) who received more than	
\$100,000 of compensation from the organization	12	
		000

Form 990 (2023) GENERATION
Part VIII Statement of Revenue

			Check if Schedule O co	ntains	a respor	nse (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		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
S S			Fundraising events		—						
fts,			Related organizations								
ig ig					1 1						
ons,			Government grants (contribu								
utio			All other contributions, gifts, gra				24 005 046				
ĕ			similar amounts not included at				24,005,046.				
ont			Noncash contributions included in line	es 1a-1f	1g \$			24 005 046			
<u>0</u> 8		n	Total. Add lines 1a-1f				B 0. d.	24,005,046.			
			ADDITION DOD				Business Code	670 136	670 136		
<u>ic</u>	2	_	AFFILIATION FEE			_	900099	670,136.	670,136.		
er v		~	COUNTRY SETUP FEE			_	900099	207,494.	207,494.		
n S	(900099	35,361.	35,361.		
Program Service Revenue				900099	13,202.	13,202.					
og T	e										
Δ.			All other program service re-				900099	87,188.	87,188.		
\rightarrow		g	Total. Add lines 2a-2f					1,013,381.			
	3		Investment income (includin	g divi	dends, in	tere	st, and				
								744,396.			744,396.
	4		Income from investment of t	ax-ex	empt bor	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents6	Sa							
	-	b	Less: rental expenses	3b							
		С	Rental income or (loss)	ic _							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of	(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne ne			and sales expenses	7b							
her Revenue		С	Gain or (loss)	7c							
Re		d	Net gain or (loss)			<u></u>					
ē	8	а	Gross income from fundraising	events	s (not						
₹			including \$		of						
			contributions reported on lin	ne 1c)	. See						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from ful			ts					
			Gross income from gaming								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from ga			<u> </u>					
			Gross sales of inventory, les								
			and allowances			10a					
			Less: cost of goods sold			10b					
			Net income or (loss) from sa								
			,				Business Code				
Snc	11 :	а									
ne		b									
Miscellaneous Revenue		c									
SC.			All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instructions					25,762,823.	1,013,381.	0.	744,396.

332009 12-21-23

Form 990 (2023) GENERATION: YOU EMPLOYED, INC. Part IX Statement of Functional Expenses

7b, 8b, 9b, 1 Grants and do 2 Grant individ 3 Grant organ individ 4 Benef 5 Comp persor persor 7 Other 8 Pension section 9 Other 0 Payro 1 Fees a Mana b Legal c Accord d Lobby e Profes f Invest g Other Colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 1 Paym 2 Depre 1 Paym 2 Depre 3 Insura 4 Other	clude amounts reported on lines 6b, b, and 10b of Part VIII. Its and other assistance to domestic organizations domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Interest paid to or for members Interest paid to or fo	7,985,404. 105,376. 1,621,959. 238,830.	9,828,088. 9,828,088. 385,464. 6,322,996. 102,224. 1,175,633.	1,237,602. 1,382,465. -1,808.	(D) Fundraising expenses
and do Grant individ Grant organ individ Benef Comp persor persor Persor Persor Persor Mana b Legal c Accord d Lobby e Profes f Inves g Other Colum Adver Adver Adver Inform Royal Coccu Trave Paym For an Paym Grant Other	domestic governments. See Part IV, line 21 Ints and other assistance to domestic viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Inefits paid to or for members Impensation of current officers, directors, and key employees Impensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) Iner salaries and wages Ision plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) Iner employee benefits Insign of the contribution of the contributions of the contribution o	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
2 Grant individual individual Grant organ individual Benet 5 Computation From Person Person 7 Other 8 Pensidual Section 9 Other 0 Payro 1 Fees a Mana b Legal c Accord Lobbine Profes f Investigual Grant Payro 1 Fees 9 Other column 2 Advers 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Payro for an 9 Confe 1 Payro 1 Payro 2 Depres 3 Insura 4 Other	nts and other assistance to domestic viduals. See Part IV, line 22 nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 nefits paid to or for members nepensation of current officers, directors, and key employees nepensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) ner salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) ner employee benefits roll taxes so for services (nonemployees):	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
individual individual organis individual ind	viduals. See Part IV, line 22 Ints and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 Inefits paid to or for members Inpensation of current officers, directors, and key employees Inpensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) Iner salaries and wages Ision plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) Iner employee benefits Inserticular includes in for services (nonemployees): Inagement	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
Grant organ individ Benef Comp truste Comp persor Persor Other Pensic section Other Adver Adver Colum Adver	nts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 refits paid to or for members repensation of current officers, directors, and key employees repensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) re salaries and wages repensation accruals and contributions (include ion 401(k) and 403(b) employer contributions) referemployee benefits roll taxes reservices (nonemployees):	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
organindivides of the person person of the p	anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
individe ind	viduals. See Part IV, lines 15 and 16 lefits paid to or for members Inpensation of current officers, directors, stees, and key employees Inpensation not included above to disqualified Inpensation not included abov	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
4 Bener truster Computations for the Pension Section Pension P	nefits paid to or for members npensation of current officers, directors, tees, and key employees npensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	1,623,066. 7,985,404. 105,376. 1,621,959.	385,464. 6,322,996. 102,224.	1,382,465.	279,943
trustee Compositive trustee Confect Co	npensation of current officers, directors, tees, and key employees npensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	7,985,404. 105,376. 1,621,959.	6,322,996.	1,382,465.	279,943
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6 Comppersor persor persor other section 9 Other O Payro 1 Fees a Mana b Legal c Accord Lobby e Profes f Invest g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Payro for an 9 Confe 1 Payro 2 Depre 3 Insura 4 Other	ppensation not included above to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees):	7,985,404. 105,376. 1,621,959.	6,322,996.	1,382,465.	279,94
person person person 7 Other 8 Pensic section 9 Other 0 Payro 1 Fees a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	105,376. 1,621,959.	102,224.		279,943
person 7 Other 8 Pensid section 9 Other 0 Payro 1 Fees a Mana b Legal c Accord Lobbi e Profes f Invest g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	105,376. 1,621,959.	102,224.		279,943
7 Other 8 Pensid section 9 Other 0 Payro 1 Fees a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 1 Paym 2 Depre 3 Insura 4 Other	er salaries and wages sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	105,376. 1,621,959.	102,224.		279,943
8 Penside section section section section 9 Other 10 Payro 11 Fees a Mana b Legal c Accord Lobby e Profes f Invest g Other colum 2 Advers 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Payro for an 9 Confe 10 Payro 2 Depre 3 Insura 4 Other	sion plan accruals and contributions (include ion 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	105,376. 1,621,959.	102,224.		2/9,943
section Other Other Payro Fees Mana Legal Accord Lobby Profes Inves Other Adver Adver Adver Adver Adver Adver Accord Inform Colum Adver Adver Adver Inform Inform Interect	on 401(k) and 403(b) employer contributions) er employee benefits roll taxes s for services (nonemployees): nagement	1,621,959.		_1 808	
9 Other 0 Payro 1 Fees a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	er employee benefits roll taxes s for services (nonemployees): nagement	1,621,959.			4 000
O Payro 1 Fees a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	roll taxes s for services (nonemployees): nagement		1 1/5 0.5.5 1		4,960
1 Fees a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	s for services (nonemployees): nagement	230,030.	· · ·	395,949.	50,37° 7,064
a Mana b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	nagement		168,261.	63,505.	7,064
b Legal c Accord d Lobby e Profes f Inves g Other colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	_				
c Accord d Lobby e Profes f Inves g Other colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	al I	195,770.	98,894.	96,876.	
d Lobby e Profes f Inves g Other colum 2 Advet 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	al	214,708.	30,034.	214,708.	
e Profes f Inves g Other colum Advei G Office Inform Royal Occu Trave Paym for an Confe Intere Paym Insura Other	ounting	214,700.		214,700.	
f Investige Other column 2 Adversige 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Interes 1 Paym 2 Depres 3 Insura 4 Other	bying				
g Other colum 2 Adver 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	essional fundraising services. See Part IV, line 17				
colum Adver Confice Inform Royal Coccu Trave Paym for an Confe Intered Paym Paym Lore Lore Insura Other	estment management fees				
2 Advei 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other	er. (If line 11g amount exceeds 10% of line 25,	3,882,464.	2,684,076.	1,195,388.	3,000
 3 Office 4 Inform 5 Royal 6 Occu 7 Trave 8 Paym for an 9 Confe 0 Intere 1 Paym 2 Depre 3 Insura 4 Other 	mn (A), amount, list line 11g expenses on Sch 0.)	181,154.	9,225.	171,929.	3,000
 Inform Royal Occu Trave Paym for an Confe Interes Paym Depress Insura Other 	rertising and promotion	115,998.	38,334.	75,170.	2,494
 For any angle For any angle	ce expenses	210,605.	201,601.	8,262.	742
 Occu Trave Paym for an Confe Interes Paym Depress Insura Other 	rmation technology	210,003.	201,001.	0,202.	
 7 Trave 8 Paym for an 9 Confe 0 Interes 1 Paym 2 Depres 3 Insura 4 Other 	ralties	20,194.	20,194.		
8 Paym for an for an for an for an for an formal formal for an formal formal formal for an formal formal formal formal for an formal f	cupancy	88,897.	84,329.	4,568.	
for an for an graph of the formal for an graph of the formal for an angle of the formal formal formal formal formal formal for an formal forma	rel ments of travel or entertainment expenses		01,025.	2,000.	
9 Confe0 Intere1 Paym2 Depre3 Insura4 Other	any federal, state, or local public officials				
InterestPaymDepressInsuraOther	of receivers and sections and meetings				
 Paym Depre Insura Other 					
2 Depre3 Insura4 Other	ments to affiliates				
3 Insura 4 Other	preciation, depletion, and amortization				
4 Other		31,048.		31,048.	
	re expenses. Itemize expenses not covered ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25. column (A).				
	unt, list line 24e expenses on Schedule 0.)				
	C CIDCODIDMIONG II	2,259,417.	1,710,784.	542,224.	6,409
~	S, SUBSCRIPTIONS, LI	40,217.	40,217.		
c RECR	DENT RELATED EXPENSE	1,843.	1,843.		
d					
e All otl	DENT RELATED EXPENSE	015 000	176,792.	38,298.	
5 Total 1	DENT RELATED EXPENSE	215,090.	23,048,955.	5,456,184.	354,989
6 Joint (DENT RELATED EXPENSE	28,860,128.			
report	DENT RELATED EXPENSE RUITMENT other expenses		1		
educa [†] Check	DENT RELATED EXPENSE RUITMENT other expenses I functional expenses. Add lines 1 through 24e			l	

Form 990 (2023)

Part X | Balance Sheet

I a	I L A	Dalance Sheet				
		Check if Schedule O contains a response or note	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,634,866.	1	1,666,907.
	2	Savings and temporary cash investments		13,254,051.	2	11,813,406.
	3	Pledges and grants receivable, net		14,847,840.	3	14,898,912.
	4	Accounts receivable, net		3,196,335.	4	1,222,664.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of these	· · ·		5	
	6	Loans and other receivables from other disqualifi				
		under section 4958(f)(1)), and persons described	· · · · · · · · · · · · · · · · · · ·		6	
"	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8		
Ass	9	Prepaid expenses and deferred charges		2,437,785.	9	2,116,011.
		Land, buildings, and equipment: cost or other		, , -		, , ,
	104	basis. Complete Part VI of Schedule D	102			
	h	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - other securities. See Part IV, line 1 Investments - program-related. See Part IV, line 1		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		35,370,877.	15	31,717,900.
	16	Total assets. Add lines 1 through 15 (must equa		1,613,000.	16	1,062,145.
	17	Accounts payable and accrued expenses		1,013,000.	17	1,002,143.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or forme				
≣		trustee, key employee, creator or founder, substa	· ·			
Liabilities		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26			1,613,000.	26	1,062,145.
"		Organizations that follow FASB ASC 958, chec	ck here X			
ĕ		and complete lines 27, 28, 32, and 33.				
<u>la</u>	27	Net assets without donor restrictions		7,916,863.	27	8,140,707.
Ba	28	Net assets with donor restrictions		25,841,014.	28	22,515,048.
Ę		Organizations that do not follow FASB ASC 95	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.	ļ			
S S	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment fund		30	
As	31	Retained earnings, endowment, accumulated inc			31	
Ne l	32	Total net assets or fund balances		33,757,877.	32	30,655,755.
	33			35,370,877.	33	31,717,900.

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	25	762,	823.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	28	860,	128.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	5 Net unrealized gains (losses) on investments 5							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	30	655,	755.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>			
	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?		2c	Х	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	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?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name	of the organization					1	Employer	identification number
		TION: YOU EMPLO						47-1073442
Part	t I Reason for Public C	Charity Status.	(All organizations must o	omplete ti	nis part.) S	ee instructions		
The or	ganization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of chu	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
2	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4	A medical research organiza	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or operat	ed by a go	vernmental uni	it describe	ed in
	section 170(b)(1)(A)(iv). (C	section 170(b)(1)(A)(iv). (Complete Part II.)						
6	A federal, state, or local gov	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	X An organization that normal	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	public described in
	section 170(b)(1)(A)(vi). (Co	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of th	he college	or
_	university:							
10	An organization that normal	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership	o fees, and	d gross receipts from
	activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the orga	ınization a	after June 30, 1975.
_	See section 509(a)(2). (Cor	mplete Part III.)						
11	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 _	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to carr	y out the	purposes of one or
	more publicly supported org	ganizations describe	ed 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 o	* *			-		-	
а	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	·	•	_			
	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees	s of the su	upporting
	organization. You must c	-						
b	Type II. A supporting orga	•				-	•	-
	control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported
	organization(s). You mus							
С	Type III functionally inte					-	integrate	ed with,
	its supported organization		•					
d	Type III non-functionally	•				• •	•	* *
	that is not functionally int	-		-		•	an attentiv	veness
	requirement (see instructi	•	·					
е	Check this box if the orga					Type I, Type II,	, Type III	
	functionally integrated, or		nally integrated supporting	ng organiz	ation.			
	Enter the number of supported of	•						
<u>g</u> '	Provide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount of r	monetary	(vi) Amount of other
	organization	(,	(described on lines 1-10		ing document?	support (see ins	-	support (see instructions)
	-		above (see instructions))	Yes	No			
				 	 			
				 	 			

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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						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	25,232,808.	43,049,677.	16,347,255.	32,420,675.	24,005,046.	141,055,461.
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	25,232,808.	43,049,677.	16,347,255.	32,420,675.	24,005,046.	141,055,461.
	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)						76,670,460.
6	Public support. Subtract line 5 from line 4.						64,385,001.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	25,232,808.	43,049,677.	16,347,255.	32,420,675.	24,005,046.	141,055,461.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		8,973.	306.	39,460.	744,396.	793,135.
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						141,848,596.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	6,249,852.
	First 5 years. If the Form 990 is for the	•		ourth. or fifth tax v	ear as a section 5		· · ·
	organization, check this box and stor						
Sec	tion C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	45.39 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	47.71 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	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	_	•	• • •	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		<u> </u>
			,	. , ,			(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u>
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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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
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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 in	struction	s).	
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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

GENERATION: YOU EMPLOYED, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations	. aga a
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	tion 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	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2		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	tion 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-function	ally integrate	ed Type III supporting orga	nization (see
	instructions)	. 0		•

Sche	dule A (Form 990) 2023 GENERATION: YOU EMP	LOYED, INC.		47-1073442	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)		
Secti	on D - Distributions		•	Current Y	ear
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2	<u>.</u>	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			ļ.	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)	5	;	
6	Other distributions (describe in Part VI). See instructions.		6	;	
7	Total annual distributions. Add lines 1 through 6.		7	,	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8	;	
9	Distributable amount for 2023 from Section C, line 6		9)	
10	Line 8 amount divided by line 9 amount		10)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributa	able
0001		Execes Biodibations	Pre-2023	Amount for	2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
_	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
÷	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
•	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI	Supplemental Information Design and Design a
T dit 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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

GE	47-1073442							
Organization type (check	anization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	is covered by the General Rule or a Special Rule.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.						
General Rule								
-	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's							
Special Rules								
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) If Z, line 1. Complete Parts I and II.	d that received from any one						
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	eientific,						
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a sexclusively for religious, charitable, etc., purposes, but no such contributions totaled mether the total contributions that were received during the year for an exclusively religious amplete any of the parts unless the General Rule applies to this organization because it let, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>						
answer "No" on Part IV, lin	Ition: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must wer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify it doesn't meet the filing requirements of Schedule B (Form 990).							
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)						

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GENERATION: YOU EMPLOYED, INC. 47-1073442

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		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
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	numo, addi 655, una Eli TT	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audress, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

GENERATION: YOU EMPLOYED, INC.

47-1073442

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
7		\$\$	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 8	Name, address, and ZIP + 4	* * 750,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$\$575,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
10	Name, address, and ZIP + 4	Total contributions 500,000.	Person X Payroll	
(a)	(b)	(c) Total contributions	(d)	
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GENERATION: YOU EMPLOYED, INC.

47-1073442

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from 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 following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year intry. For organizations or less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	gift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
		1	

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

 $47\!-\!1073442$

Schedule D (Form 990) 2023

Pa	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ds or Accounts. Complete if the
		(a) Donor advised funds	(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 ac	lvised funds
	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 ac	dvisors in writing that grant funds can	be used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpo	se conferring
	impermissible private benefit?		Yes No
Pa			0, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	` ;	
	Preservation of land for public use (for example, recreat	ion or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ed conservation contribution in the fo	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization 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		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing c	onservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	rvation easements during the year
		3	3 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stat	ements that describes the
_	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publication and its Dark VIII the treat of the free teacher its free		•
	service, provide in Part XIII the text of the footnote to its finance		
р	If the organization elected, as permitted under FASB ASC 958	· ·	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in f	urtherance 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		ıcıal gaın, provide
	the following amounts required to be reported under FASB AS	-	•
a	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) 2023

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

Schedule D (Form 990) 2023 GENERATION: YOU	EMPLOYED, INC.	4	7-1073442 Page 3
Part VII Investments - Other Securities			<u> </u>
Complete if the organization answered "Yes"			
(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, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	14. 666 F 6111 666, F 41 674, III.6 F6.	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	<i>l. (B))</i>		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(5) (c)			
<u>(6)</u>			
<u>(7)</u> (8)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	I (R))		
(Ooidinii (b) must equal i omi 330, Fait A, iiile 23, C0	/الصاء،		1

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

_ X

Complete if the organization answered "Yes" on Form 990, Part IV, I		revenue per ne	turri	
1 Total revenue, gains, and other support per audited financial statements			1	32,900,266.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-4,817.		
b Donated services and use of facilities		7,142,260.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	7,137,443.
3 Subtract line 2e from line 1			3	25,762,823.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
			5	25,762,823.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12 Part XII Reconciliation of Expenses per Audited Financial St		Expenses per F	Return	
Complete if the organization answered "Yes" on Form 990, Part IV, I				
1 Total expenses and losses per audited financial statements			1	36,002,388.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	7,142,260.		
b Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d			2e	7,142,260.
3 Subtract line 2e from line 1			3	28,860,128.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)		5	28,860,128.
Part XIII Supplemental Information	•			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a PART X, LINE 2:			, r art 7, ii	nc 2, 1 art XI,
GYE ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH THE ACCOUNT	TING STANDARDS			
CODIFICATION (ASC) TOPIC INCOME TAXES. THESE PROVISIONS PRO	WIDE			
CODITION (ADC) TOTTE INCOME TAKES. THESE INCOMESTA	, v IDE			
CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN IN	ICOME TAXES			
RECOGNIZED IN AN ENTITY'S CONSOLIDATED FINANCIAL STATEMENTS	AND PRESCRIBE			
A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION AND DE	ERECOGNITION OF			
TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN.				
GYE PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR T	HE YEARS ENDED			
DECEMBER 31, 2023 AND 2022, AND DETERMINED THAT THERE WERE N	O MATTERS THAT			
WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STAT	TEMENTS OR THAT			
MAY HAVE AN EFFECT ON ITS TAX-EXEMPT STATUS.				

Schedule D (Form 990) 2023 GENERATION: YOU EMPLOYED, INC.	47-1073442	Page 5
Schedule D (Form 990) 2023 GENERATION: YOU EMPLOYED, INC. Part XIII Supplemental Information (continued)		
i i (commed)		
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		_

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.

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

OMB No. 1545-0047

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 Yes 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 4 209 PROGRAM SERVICES ENTITY 1,692,579. SAME AS CONTROLLING EUROPE (INCLUDING ICELAND & GREENLAND) 5 237 PROGRAM SERVICES ENTITY 5,150,961. SAME AS CONTROLLING NORTH AMERICA ENTITY 2 46 PROGRAM SERVICES 244,374. SAME AS CONTROLLING ENTITY PROGRAM SERVICES SOUTH AMERICA 93 204,000.

PROGRAM SERVICES

PROGRAM SERVICES

78

765

0

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

17

0

Schedule F (Form 990) 2023

1,418,888.

1,117,284.

9,828,086.

9,828,086.

0.

and 3b)

SOUTH ASIA

SUB-SAHARAN AFRICA

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

SAME AS CONTROLLING

SAME AS CONTROLLING

ENTITY

ENTITY

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EAST ASIA AND THE PACIFIC	PROGRAM SERVICE	1 120 211	WIRE TRANSFER	0.		
		FACIFIC	FROGRAM SERVICE	1,129,211.	WIRE TRANSPER	0.		
		SOUTH AMERICA	PROGRAM SERVICE	204,000.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND						
		GREENLAND)	PROGRAM SERVICE	932,835.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING	DDOGDAM GEDVIGE	E60, 000	WIDE STANGER	0		
		GREENLAND)	PROGRAM SERVICE	560,000.	WIRE TRANSFER	0.		
		EAST ASIA AND THE	PROGRAM SERVICE	53 970	WIRE TRANSFER	0.		
				00,570.				
		SOUTH ASIA	PROGRAM SERVICE	1,413,405.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND						
			PROGRAM SERVICE	693,602.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING						
		GREENLAND)	PROGRAM SERVICE	420,096.	WIRE TRANSFER	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

14

3 Enter total number of other organizations or entities

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Er	ntities Outside the I	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)	(a) Pagion		Purpose of grant	(e) Amount	(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)
		sub-saharan							
		AFRICA	PROGRAM	SERVICE	1,117,284.	WIRE TRANSFER	0.		
		NORTH AMERICA	PROGRAM	SERVICE	244,374.	WIRE TRANSFER	0.		
		SOUTH ASIA	PROGRAM	SERVICE	5,484.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM	SERVICE	391,096.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING	DDOGD W	appuran	1 221 242	WINE TRANSPORT			
		GREENLAND)	PROGRAM	SERVICE	1,231,243.	WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	PROGRAM	SERVICE	118,301.	WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM	SERVICE	1,313,185.	WIRE TRANSFER	0.		

Part III Grants and Other Assistance Part III can be duplicated if ac			ites. Complete i	f the organization answered "Yes'	on Form 990, Part	IV, line 16.	
(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) 2023 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

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 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

Part I Questions Regarding Compensation

Department of the Treasury

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

			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			
	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		
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		
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 X Compensation survey or study			
	Form 990 of other organizations X 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
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	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:			
а	The organization?	5a		Х
	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:			
а	The organization?	6a		Х
	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			
	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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	a		

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

Schedule J (Form 990) 2023

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)	486,961.	0.	0.	16,500.	14,826.	518,287.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JEREMY FOX	(i)	258,735.	35,911.	0.	13,397.	3,304.	311,347.	0.
REGIONAL CEO, APAC	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ALI JAFFER	(i)	257,147.	25,919.	0.	12,502.	6,968.	302,536.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KELLY CASSARO	(i)	241,035.	24,888.	0.	12,435.	22,397.	300,755.	0.
CHIEF OF LEARNING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GULI RUZMETOVA	(i)	206,709.	21,235.	0.	10,610.	12,847.	251,401.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JENNIFER SIKES	(i)	194,940.	20,597.	0.	10,292.	24,259.	250,088.	0.
CHIEF COMMUNICATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MINH HUY LAI	(i)	186,352.	14,745.	0.	25,558.	6,582.	233,237.	0.
REGIONAL COO, EUROPE	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BONNI THERIAULT	(i)	199,240.	17,600.	0.	9,974.	3,356.	230,170.	0.
CHIEF PARTNERSHIPS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GILLIAN MCKENNA	(i)	193,984.	19,434.	0.	5,984.	485.	219,887.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATHERINE KELLEY	(i)	162,414.	13,626.	0.	8,510.	17,325.	201,875.	0.
DIRECTOR OF LEARNER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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 OFTHEIR
TOTAL COMPENSATION IN THE FORM OF VARIABLE COMPENSATION OR AT-RISK
PAYMENTS, CONTINGENT ON ORGANIZATION PERFORMANCE, FUNDING LEVELS AND
INDIVIDUAL PERFORMANCE. THE TOTAL COMPENSATION SHOULD STILL ADHERE TO THE
COMPENSATION PRINCIPLES. TO REALIZE THE BONUS OR AT-RISK COMPNSATION, 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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GENERATION: YOU EMPLOYED INC

Employer identification number 47-1073442

CHARACTER, 100 BM LOTED, INC.	17 1075112
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
OUR MISSION IS TO TRANSFORM EDUCATION TO EMPLOYMENT SYSTEMS TO PREPARE,	
PLACE, AND SUPPORT PEOPLE INTO LIFE-CHANGING CAREERS THAT WOULD	
OTHERWISE BE INACCESSIBLE.	
FORM 990, PART I, LINE 5	
THE ORGANIZATION HAS 103 INDIVIDUALS EMPLOYED IN THE CALENDAR YEAR	
2023: 30 US EMPLOYEES AS REPORTED ON FORM W-3 AND 73 WORKERS HIRED	
GLOBALLY THROUGH PROFESSIONAL EMPLOYMENT ORGANIZATIONS REPORTED ON THE	
EMPLOYMENT FORMS IN OTHER COUNTRIES. GIVEN THE ORGANIZATION'S GLOBAL	
NATURE, IT IS THE ORGANIZATION'S POSITION THAT REPORTING ONLY 30 ON	
PART I, LINE 5 WOULD BE MISLEADING. AS SUCH, THE ORGANIZATION HAS	
INCLUDED THE TOTAL NUMBER OR EMPLOYEES.	
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, GUIDED BY PERIODIC EXTERNAL COMPENSATION SURVEY. THE LATEST	
COMPENSATION SURVEY WAS CONDUCTED IN 2023. COMPENSATION INCLUDES CERTAIN For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023
	30.10 aa.10 G (1 01111 000) 2020

332211 11-14-23

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** GENERATION: YOU EMPLOYED, INC. 47-1073442 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. FORM 990, PART IX, LINE 11G, OTHER FEES: DIRECT SUBCONTRACTOR COSTS: PROGRAM SERVICE EXPENSES 2,684,076. MANAGEMENT AND GENERAL EXPENSES 1,195,388. FUNDRAISING EXPENSES 3,000. TOTAL EXPENSES 3,882,464. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,882,464.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GENERATION: YOU EMPLOYED INC. 47-1073442 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Legal domicile (state or Total income Direct controlling Primary activity End-of-year assets of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (f) (b) (c) (d) (e) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No GENERATION AUSTRALIA LTD LEVEL 15 60 STATION ST EAST GENERATION: YOU PARRAMATTA . NEW SOUTH WALES . AUSTRALIA SAME AS CONTROLLING ENTITY AUSTRALIA EMPLOYED INC. Х ASSOCIACAO GENERATION BRASIL R. CONEGO EUGENIO LEITE, 623 GENERATION: YOU SO PAULO BRAZIL BRAZIL 05414-011 SAME AS CONTROLLING ENTITY BRAZIL EMPLOYED INC. Х GENERATION PLUS: TON EMPLOI 90 AVENUE DES CHAMPS LYSES GENERATION: YOU

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

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SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

Х

EMPLOYED INC.

GENERATION: YOU EMPLOYED INC.

PARIS, LE-DE-FRANCE, FRANCE

GENERATION: YOU EMPLOYED (HK) LTD. 40/F, ICBC TOWER, 3 GARDEN ROAD.

HONG KONG HONG KONG HONG KONG

SAME AS CONTROLLING ENTITY FRANCE

SAME AS CONTROLLING ENTITY HONG KONG

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 501(c)(3))	(f) Direct controlling entity	contr	zation?
GENERATION INDIA FOUNDATION				33.(5)(5))		Yes	No
315, 3RD FLOOR, QUTUB PLAZA MARKET, DLF PHAS	1				GENERATION: YOU		
GURUGRAM, HARYANA, INDIA 22002	SAME AS CONTROLLING ENTITY	INDIA			EMPLOYED INC.	x	
FONDAZIONE GENERATION ITALY							
VIA MAESTRI CAMPIONESI 27	1				GENERATION: YOU		
MILAN, MILAN, ITALY 20135	SAME AS CONTROLLING ENTITY	ITALY			EMPLOYED INC.	х	
FUNDACION GENERATION SPAIN							
CALLE DE SAGASTA, 33	1				GENERATION: YOU		
MADRID, MADRID, SPAIN 28004	SAME AS CONTROLLING ENTITY	SPAIN			EMPLOYED INC.	х	
FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN							
6/A ZAMAN PARK ROAD, CANAL BANK, LAHORE GULB	1				GENERATION: YOU		
LAHORE, PUNJAB, PAKISTAN 54000	SAME AS CONTROLLING ENTITY	PAKISTAN			EMPLOYED INC.	х	
GENERATION: YOU EMPLOYED, SINGAPORE LTD							
6 SHENTON WAY #38-01 OUE DOWNTOWN 1, 068809	1				GENERATION: YOU		
SINGAPORE	SAME AS CONTROLLING ENTITY	SINGAPORE			EMPLOYED INC.	х	
PROGRAMA GENERATION MEXICO AC							
CALLE DINAMARCA, NO. 48, COLONIA JUREZ	1				GENERATION: YOU		
MXICO, CDMX, MEXICO	SAME AS CONTROLLING ENTITY	MEXICO			EMPLOYED INC.	х	
GENERATION: YOU EMPLOYED, UK							
ONE, HIGH STREET, EGHAM, SURREY, ENGLAND, TW	1				GENERATION: YOU		
EGHAM, SURREY, UNITED KINGDOM	SAME AS CONTROLLING ENTITY	UNITED KINGDOM			EMPLOYED INC.	х	
GENERATION YOU EMPLOYED SOCIAL ENTERPRISE							
THAILAND CO., LTD, 466/116 RAMA III RD, BANG	1				GENERATION: YOU		
KHLO, BANGKOK, BANG KHO LAEM, THAILAND	SAME AS CONTROLLING ENTITY	THAILAND			EMPLOYED INC.	Х	
GENERATION PROGRAMME KENYA							
ABC PLACE, BLOCK D 4TH FLOOR					GENERATION: YOU		
WAIYAKI WAY NAIROBI, WAIYAKI WAY NAIROBI,	SAME AS CONTROLLING ENTITY	KENYA			EMPLOYED INC.	Х	
FUNDACION GENERATION CHILE							
LUIS ZEGERS N229					GENERATION: YOU		
LAS CONDES, REGION METROPOLITANA, CHILE	SAME AS CONTROLLING ENTITY	CHILE			EMPLOYED INC.	Х	
COLOMBIA, GENERATION YOU EMPLOYED							
CL 67 NO. 7-35. OFICINA 1204.					GENERATION: YOU		
COLOMBIA	SAME AS CONTROLLING ENTITY	COLOMBIA			EMPLOYED INC.	х	
-							

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)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	General managii partner	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	contr	o)(13) olled
		foreign country)	,	or trust)		assets		Yes	No
CAREER READINESS SOCIAL INITIATIVE LTD			GENERATION:						
ABC PLACE, BLOCK D 4TH FLOOR, WAIYAKI WAY	SAME AS CONTROLLING		YOU EMPLOYED						ĺ
NAIROBI, NAIROBI, KENYA	ENTITY	KENYA	INC.	C CORP	6,693.	199,685.	99.00%	Х	<u> </u>
GENERATION: YOU EMPLOYED, IRELAND COMPANY			GENERATION:						ĺ
LTD, WOOD HOUSE, CANNON STREET, KELLS, CO.	SAME AS CONTROLLING		YOU EMPLOYED						ĺ
MEATH,, KELLS, COUNTY MEATH, IRELAND	ENTITY	IRELAND	INC.	C CORP	1,214,610.	573,778.	100%		Х
MEXICO SA MSI GENERATION MEXICO SERVICIOS,			GENERATION:						ĺ
SOCIEDAD ANNIMA DE CAPITAL VARIA, PLAYA	SAME AS CONTROLLING		YOU EMPLOYED						ĺ
COPACABANA 75, MILITAR MARTE, , 08820 CIUDAD	ENTITY	MEXICO	INC.	C CORP	1,464,241.	160,719.	99.00%		Х
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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	e: 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 or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to related organization(s)					Х	
	Gift, grant, or capital contribution from related organization(s)						Х
							Х
							Х
f	Dividends from related organization(s)				1f		Х
					1g		Х
					1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1						Х	
m		:+:(-)			4		Х
							Х
							Х
	5 1 1 7 5 1 1 1 1 1 1 1 1 1 1						
р	Reimbursement paid to related organization(s) for expenses				1p	х	
	Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets to related organization(s) Purchase of assets from related organization(s) Purchase of assets with related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) In Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Other transfer of cash or property to related organization(s) In Control of the property of the related organization(s) In Control of the property of the p				Х		
·	, , , , , , , , , , , , , , , , , , , ,				•		
r	Other transfer of cash or property to related organization(s)				1r		Х
	• • • • • • • • • • • • • • • • • • • •				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	Transaction		(d) Method of determining amount	nvolved		
(1) ⁽	SENERATION AUSTRALIA LTD	В	1,129,211.	CASH			
. 0. (PENEDAMION AUGMDALIA IMD	T)	_	CACH			

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	932,835.	CASH
(8)GENERATION PLUS: TON EMPLOI	P	0.	CASH
(9)GENERATION PLUS: TON EMPLOI	L	230,287.	CASH
(10)GENERATION : YOU EMPLOYED (HK) LIMITED	В	53,970.	CASH
(11)GENERATION : YOU EMPLOYED (HK) LIMITED	L	173,977.	CASH
(12)GENERATION INDIA FOUNDATION	В	1,413,405.	CASH
(13)GENERATION INDIA FOUNDATION	P	0.	CASH
(14)GENERATION INDIA FOUNDATION	L	184,167.	CASH
(15)FONDAZIONE GENERATION ITALY	В	420,096.	CASH
(16)FONDAZIONE GENERATION ITALY	P	1.	CASH
(17)FONDAZIONE GENERATION ITALY	L	353,787.	CASH
(18)GENERATION PROGRAMME KENYA	В	1,117,284.	CASH
(19)GENERATION PROGRAMME KENYA	P	7,532.	CASH
(20)GENERATION PROGRAMME KENYA	L	82,212.	CASH
(21)CAREER READINESS SOCIAL INITIATIVE LTD	L	653.	CASH
(22)MSI GENERATION MEXICO SERVICIOS S.A. DE C.V	P	1,574,554.	CASH
(23)PROGRAMA GENERATION MEXICO AC	В	245,514.	CASH
(24)PROGRAMA GENERATION MEXICO AC	L	38,872.	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)PROGRAMA GENERATION MEXICO AC	P	0.	CASH
(8)GENERATION: YOU EMPLOYED, INC BOGOTA	P	550,470.	CASH
(9) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	В	5,484.	CASH
(10) FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	P	0.	CASH
(11)FOUNDATION FOR YOUTH EMPLOYMENT PAKISTAN	L	14,587.	CASH
(12)GENERATION SINGAPORE LTD.	В	391,096.	CASH
(13)GENERATION SINGAPORE LTD.	P	22,100.	CASH
(14)GENERATION SINGAPORE LTD.	L	64,363.	CASH
(15)FUNDACION GENERATION SPAIN	В	1,231,243.	CASH
(16)FUNDACION GENERATION SPAIN	P	2,571.	CASH
(17)FUNDACION GENERATION SPAIN	L	92,491.	CASH
(18)GENERATION: YOU EMPLOYED, UK	В	1,313,185.	CASH
(19)GENERATION: YOU EMPLOYED, UK	P	2,570.	CASH
(20)GENERATION: YOU EMPLOYED, UK	L	330,551.	CASH
(21)GENERATION USA, INC.	В	0.	CASH
(22)GENERATION USA, INC.	L	19,000.	CASH
(23)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	В	693,602.	CASH
(24)GENERATION: YOU EMPLOYED, IRELAND COMPANY LTD	P	0.	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, IRELAND COMPANY LTD	L	60,211.	CASH
(8) GENERATION YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD	В	118,301.	CASH
(9) GENERATION YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD	P	8.	CASH
(10) GENERATION YOU EMPLOYED SOCIAL ENTERPRISE THAILAND CO., LTD	L	78,349.	CASH
(11) FUNDACION GENERATION CHILE	L	107,299.	CASH
(12)			
(13)			
(15)			
(16)			
(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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
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