### Form **8868** (Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the

Contracts	s, for which an extension request must be sent to the IR is form, visit www.irs.gov/e-file-providers/e-file-for-chari	S in paper	format (see instructions). For more										
Automa	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).										
All corpor	ations required to file an income tax return other than Form 7004 to request an extension of time to file incom	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts								
Type or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	ridentification n	umber (TIN)							
<b>print</b> File by the	GENERATION CITIZEN, INC.		27-2039	522									
due date for filing your return. See	e for Number, street, and room or suite no. If a P.O. box, see instructions.												
instructions.	City, town or post office, state, and ZIP code. For a following YORK, NY 10006	oreign add	ress, see instructions.										
Enter the	er the Return Code for the return that this application is for (file a separate application for each return)												
Applicati	on	Return	Application			Return							
ls For		Code	Is For			Code							
Form 990	or Form 990-EZ	01	Form 1041-A			80							
Form 472	0 (individual)	03	Form 4720 (other than individual)			09							
Form 990		04	Form 5227			10							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069													
Form 990-T (trust other than above)         06         Form 8870         12           Form 990-T (corporation)         07         Image: Corporation of the corporatio													
Teleph  If the c  If this is box ▶  1 I ret the ▶ [	1 I request an automatic 6-month extension of time until												
any <b>b</b> If the	any nonrefundable credits. See instructions.  3a \$												
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.							
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-TE an	nd Form 8879-Ti	E for payment							
LHA F	A For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)												

Form 8868 (Rev. 1-2022)

#### EXTENDED TO MAY 15, 2023

Form **990** 

### **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.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021D Employer identification number B Check if applicable: C Name of organization X Address GENERATION CITIZEN, INC. Name change 27-2039522 Doing business as ]Initial ]return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ 5TH FI 617-933-9336 115 BROADWAY 4,734,963. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return NEW YORK, NY 10006 H(a) Is this a group return Applica-F Name and address of principal officer: JOSHUA SOLOMON for subordinates? 」Yes LX No SAME AS C ABOVE H(b) Are all subordinates included? Yes No ) ◀ (insert no.) 4947(a)(1) or L I Tax-exempt status: ■ 501(c)(3) ■ 501(c) ( If "No," attach a list. See instructions J Website: ► GENERATIONCITIZEN.ORG **H(c)** Group exemption number ▶ Other -L Year of formation: 2010 M State of legal domicile: MA K Form of organization: X Corporation Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: GENERATION CITIZEN (GC) ENABLES Governance INDIVIDUALS AND FAMILIES TO ACHIEVE SELF-SUFFICIENCY AND ECONOMIC Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 41 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 <u>16</u> 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... **Prior Year Current Year** 3,799,055. 4,375,642. 8 Contributions and grants (Part VIII, line 1h) Revenue 259,471 352,791. 9 Program service revenue (Part VIII, line 2g) 5,574 6,530. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,064,100. 4,734,963. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,623,288. 2,969,961. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 

678,764. 585,143. 804,364. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,208,431. 3,774,325. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 960,638. 855,669. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year los Ses End of Year 3,046,738. 3,332,519. 20 Total assets (Part X, line 16) 850,309 21 Total liabilities (Part X, line 26) 183,452. 2,196,429.3,149,067. 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05 / 11 / 2023 Signature of officer Sign JOSHUA SOLOMON, CHIEF OPERATING OFFICER Here Type or print name and title Print/Type preparer's name Preparer's signature 05/10/23 self-employed ₽00632647 Paid LAURENCE SCOT, MBA, CPA LAURENCE SCOT, MBA, Firm's name ▶ SKODY SCOT & CO, CPAS, PC Firm's EIN  $\triangleright$  13-3597814Preparer Firm's address 520 EIGHTH AVE, SUITE 2200 Use Only NEW YORK, NY 10018 Phone no. 212 967-1100 May the IRS discuss this return with the preparer shown above? See instructions X Yes J No

Form 990 (2021)

## 27-2039522 Page 2 GENERATION CITIZEN, INC. Form 990 (2021) Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: GENERATION CITIZEN (GC) WORKS TO ENSURE THAT EVERY STUDENT IN THE UNITED STATES RECEIVES AN EFFECTIVE ACTION CIVICS EDUCATION, WHICH PROVIDES THEM WITH THE KNOWLEDGE AND SKILLS NECESSARY TO PARTICIPATE IN OUR DEMOCRACY AS ACTIVE CITIZENS. WE ENVISION A COUNTRY OF YOUNG Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 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. 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 expenses, and revenue, if any, for each program service reported. 352,791.<sub>)</sub> 2,360,279. including grants of \$ ) (Expenses \$ ) (Revenue \$ GENERATION CITIZEN SUPPORTED 442 TEACHERS IN 7 STATES TO DELIVER CIVICS TRAINING TO 28, 135 STUDENTS DURING THE 2021 - 2022 SCHOOL YEAR. WE ENGAGED WITH MA PARTNERS TO SUCCESSFULLY ADVOCATE FOR \$2 MILLION IN FUNDING FOR SCHOOLS TO IMPLEMENT TEACHER PD AND CURRICULUM FOR CIVICS, SUPPORTED CONTINUED IMPLEMENTATION OF RHODE ISLAND'S 2021 CIVICS BILL, AND LED AN INTERIM STUDY WITH OKLAHOMA POLICYMAKERS ON ACCESS TO EQUITABLE CIVICS EDUCATION. including grants of \$ (Code: ) (Expenses \$ including grants of \$

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2,360,279.

Total program service expenses ▶

Other program services (Describe on Schedule O.)

# Form 990 (2021) GENERATION C 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)?		v	
_	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
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	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	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,	10		
••	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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			
ızu	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7.7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
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	4-		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>

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Form **990** (2021)

Form 990 (2021) GENERATION CITIZEN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			₹.
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		Х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
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,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
9	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash 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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			₹.
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
Pai	Note: All Form 990 filers are required to complete Schedule O  't V   Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	
ı uı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Concodic Coortians a response of note to any line in this fact v		Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   45		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
13200	4 12-09-21			(2021)

Form 990 (2021) GENERATION CITIZEN, INC.

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 41		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		┢
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		⊢
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		┢
		6a		X
	any contributions that were not tax deductible as charitable contributions?	oa		<del>  _</del>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Σ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Σ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			۱
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
3	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
•	If "Yes," complete Form 4720, Schedule O.			
	ii res, complete rom 4720, scriedule O.			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
7		17		

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.

						X
Sec	tion A. Governing Body and Management					
		1 1	1 c	_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other				
	officer, director, trustee, or key employee?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	Г	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		···			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		····			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
	,	,		1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		····			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	dy before filling the form	'' <b> </b>	ı ıa		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	···· —	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		···· ├	120		
С				12c	х	
12	on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14 15	-	val by independent		14	21	
15	Did the process for determining compensation of the following persons include a review and approx	•				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	<i>(</i>		45-	х	
	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization		F	15b	77	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			.		Х
	taxable entity during the year?		···· [	16a		Λ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of					
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	D T				
17	List the states with which a copy of this Form 990 is required to be filed NY, CA, TX, OK, I		/=:			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-1 (section 501)	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	0 / / 0				
	Own website Another's website X Upon request X Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy	, and	finan	ıcial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records				
	THE ORGANIZATION - 617-933-9336					
	115 BROADWAY, 5TH FLOOR, NEW YORK, NY 10006					

Form **990** (2021)

# Part VIII 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average	(do	not c	(C Pos heck	ition more	than	one	(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week	box offic	, unle cer an	ss pe ıd a d	rson i irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(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) JULIE HUDMAN	1.00									
CHAIR & TREASURER		Х		Х				0.	0.	0.
(2) JANE LO	1.00	l								_
VICE CHAIR		Х		Х				0.	0.	0.
(3) DAN TANGHERLINI	1.00	ļ								_
DIRECTOR		Х						0.	0.	0.
(4) ELIZABETH CLAY	1.00									
DIRECTOR	1	Х						0.	0.	0.
(5) FALLON MANYIKA	1.00							•		•
DIRECTOR	1 00	Х						0.	0.	0.
(6) HANNA RODRIGUEZ-FARRAR	1.00	,,						_		0
DIRECTOR	1 00	Х						0.	0.	0.
(7) ISHRAT JAHAN	1.00							_		•
DIRECTOR	1 00	Х						0.	0.	0.
(8) JAKE MAZEITIS	1.00	١.,						_		0
DIRECTOR	1 00	Х					_	0.	0.	0.
(9) JOSEPH MCGEEHIN	1.00	ļ.,						_	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(10) KUNAL MODI	1.00	ļ.,						0.	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(11) LIZZETTE GONZALEZ REYNOLDS	1.00	ļ ,,						_	0	0
DIRECTOR (12) MAR JORGE TANAGENER	1.00	Х						0.	0.	0.
(12) MARJORIE INNOCENT	1.00	X						0.	0.	0
DIRECTOR (13) MARY VASCELLARO	1.00	^						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(14) MATTHEW SEGNERI	1.00	Α						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(15) PRISCILA GUILLEN	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(16) SAVANNAH SLAYTON	1.00	^						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) ELIZABETH ROY	40.00	127	$\vdash$	$\vdash$	$\vdash$		$\vdash$	· ·	0.	<u> </u>
CHIEF EXECUTIVE OFFICER	40.00	1		х				168,483.	0.	17,603.
- Indon't dilicult		Ь		-22	<u> </u>			100,100.	U •	17,003.

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Form 990 (2021)

Form 990 (2021)

GENERATION CITIZEN, INC.

Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi		than (	nne	Reportable Reportable			Es	timate	d
	hours per	box	, unle	ss per	rson	is botl	n an	compensation	compensation	า	am	ount o	of
	week		Jer an	a a a	recio	or/trus	iee)	from	from related			other	
	(list any hours for	recto						the	organizations			pensat	
	related	or di	99:			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	C/		om the	
	organizations	ruste	l trusi		99	ubeu		1099-NEC)	1099-1120)		•	anizati d relate	
	below	dualt	ıtiona		n ploy	st cor	<b>5</b>	1000 (420)				nizatio	
	line)	In divid ual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former						
(18) JOSHUA SOLOMON	40.00												
CHIEF OPERATING OFFICER				Х				113,973.		0.	1	6,32	22.
(19) ANDREW JAMES WILKES	40.00												
CHIEF POLICY & ADVOCACY OFFICER						Х		101,396.		0.	1	2,28	32.
(20) DARCY ELAINE RICHIE	40.00												
CHIEF PROGRAM & IMPACT OFFICER						Х		110,843.		0.		3,34	18.
(21) JULIA ANNE LOVE	40.00												
CHIEF DEVELOPMENT OFFICER						Х		144,315.		0.		2,10	06.
1b Subtotal							<b>▶</b>	639,010.		0.	5:	1,66	51.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)							<b>•</b>	639,010.		0.	5:	1,66	51.
2 Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportable	<u></u> е			
compensation from the organization						•			•				5
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	Х	
5 Did any person listed on line 1a receive or a										ĺ			
rendered to the organization? If "Yes," com											5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	onti	racto	rs t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax y	ear.				
(A)								(B)			(C	;)	
Name and business	address	NO	ONE	3				Description of s	ervices	С	omper	nsation	1
							_						
							_						
2 Total number of independent contractors (i	•	ot li	mite	d to	tho	se lis	stec	dabove) who received m	ore than				
\$100,000 of compensation from the organiz	zation >					J					Fauna (	200	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d 1,283,394. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 3,092,248 similar amounts not included above ... 1g |\$ g Noncash contributions included in lines 1a-1f ▶ 4,375,642. h Total. Add lines 1a-1f **Business Code** 900099 352,791. 352,791. 2 a PROGRAM SERVICE INCOME Program Service Revenue f All other program service revenue ..... 352,791. Total. Add lines 2a-2f Investment income (including dividends, interest, and 6,530. 6,530. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses ...... 7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d  $\blacktriangleright 4,734,963.$ 352,791. 6,530. Total revenue. See instructions

132009 12-09-21

# Form 990 (2021) GENERATION CITIZEN, INC. Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		X
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	358,186.	226,248.	57,226.	74,712.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,209,645.	1,396,036.	353,225.	460,384.
8	Pension plan accruals and contributions (include			T	_
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	197,442.	124,340.	31,264.	41,838.
10	Payroll taxes	204,688.	129,185.	32,675.	42,828.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	32,705.		32,705.	
d	Lobbying	39,168.		39,168.	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	406,868.	306,983.	70,204.	29,681.
12	Advertising and promotion	05.005	24 256	11 105	
13	Office expenses	85,087.	34,256.	41,196.	9,635.
14	Information technology				
15	Royalties			10 111	
16	Occupancy	27,220.	6,208.	19,111.	1,901.
17	Travel	26,614.	7,778.	14,142.	4,694.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			0.604	
20	Interest	2,604.		2,604.	
21	Payments to affiliates	25 420	25 100	000	
22	Depreciation, depletion, and amortization	35,432.	35,199.	233.	0 000
23	Insurance	9,327.	6,041.	1,263.	2,023.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a	DUES AND SUBSCRIPTIONS	66,977.	41,242.	18,933.	6,802.
b	SUPPLIES	44,908.	38,999.	3,271.	2,638.
C	STAFF DEVELOPMENT	16,622.	5,594.	9,863.	1,165.
d	RECRUITMENT EXPENSES	5,652.	-, -, -, -, -, -, -, -, -, -, -, -, -, -	5,652.	_,
	All other expenses	5,180.	2,170.	2,547.	463.
25	Total functional expenses. Add lines 1 through 24e	3,774,325.	2,360,279.	735,282.	678,764.
26	Joint costs. Complete this line only if the organization	3,,5234	_, _ , _ , _ ,	,	,
_5	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
13201	0 12-09-21				Form <b>990</b> (2021)

132010 12-09-21

# Form 990 (2021) Part X | Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	ote to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,200,608.	1	1,347,186
	2	Savings and temporary cash investments			995,291.	2	1,083,944
	3	Pledges and grants receivable, net			775,707.	3	841,684
	4	Accounts receivable, net		Г		4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	rsons (as defined				
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
şt	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			11,829.	9	27,859
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		700.			4.0=
	b	Less: accumulated depreciation		593.	341.	10c	107
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		64 505	13	0.5 0.00	
	14	Intangible assets		61,597.	14	26,399	
	15	Other assets. See Part IV, line 11			1,365.	15	5,340
	16	Total assets. Add lines 1 through 15 (must eq			3,046,738.	16	3,332,519
	17	Accounts payable and accrued expenses			102,522.	17	136,810
	18	Grants payable			10 667	18	16 612
	19	Deferred revenue	40,667.	19	46,642		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
≣		trustee, key employee, creator or founder, sub					
Lia		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line	-				
		•		· · ·	707,120.	25	l o
	26	of Schedule D  Total liabilities. Add lines 17 through 25			850,309.		183,452
	20	Organizations that follow FASB ASC 958, ch	neck he	X	03073031	20	103/132
es		and complete lines 27, 28, 32, and 33.	icok iici				
and	27	Net assets without donor restrictions			1,105,733.	27	1,833,989
Bal	28	Net assets with donor restrictions			1,090,696.	28	1,315,078
5		Organizations that do not follow FASB ASC					, ,
₽.		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current fund	s			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,196,429.	32	3,149,067
_	33	Total liabilities and net assets/fund balances			3,046,738.	33	3,332,519

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI				X				
1 2 3 4 5	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1 2 3 4 5	4,73 3,77 96 2,19	4,3 0,6	25. 38.				
6 7	Net unrealized gains (losses) on investments 5  Donated services and use of facilities 6  Investment expenses 7								
9 10	Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
Pai	column (B)) rt XII Financial Statements and Reporting	10	3,14	9,0	07.				
. u	Check if Schedule O contains a response or note to any line in this Part XII				Х				
	Check in deficultie of contains a response of flote to any line in this rate All			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								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х					
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			х				
	Act and OMB Circular A-133?		3a						
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		21-						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b						

Form **990** (2021)

### SCHEDULE A

(Form 990)

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

	GENE	RATION CIT	IZEN, INC.				21-2039322
Part I	Reason for Public	Charity Status.	All organizations must c	omplete tl	nis part.) S	ee instructions.	
The orga	anization is not a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)		
1	A church, convention of ch					I)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)			
з 🗆	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).	
4	A medical research organiz					•	r the hospital's name.
	city, and state:		,			TAKE A T	· · · · · · · · · · · · · · · · · · ·
5	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit descri	ibed in
	section 170(b)(1)(A)(iv). (0		maga ar arm arang arma	. c. cpc.u			
6	A federal, state, or local go	•	nental unit described in s	section 17	70(h)(1)(A)	(v)	
7 X	_						al public described in
/	section 170(b)(1)(A)(vi). (C	•	illiai part of its support i	ioiii a gov	emmema	unit or from the genera	ii public described iii
	7	•	(4)(A)(vi) (Complete Davi				
8	☐ A community trust describe						+II
9	☐ An agricultural research org	•			-		-
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colle	ge or
	university:						
10 ∟	□ An organization that norma	•				· · ·	
	activities related to its exer		•				-
	income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	n after June 30, 1975.
	See <b>section 509(a)(2).</b> (Co	mplete Part III.)					
11  -		•	•	•			
12		•	•	•		•	
	more publicly supported or	-					Check the box on
_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and con	nplete lines	s 12e, 12f, and 12g.	
a L	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically b	y giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
_	organization. <b>You must o</b>	complete Part IV, Se	ections A and B.				
b L	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by h	aving
	control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the su	pported
_	organization(s). You mus	t complete Part IV,	Sections A and C.				
c L	Type III functionally interest	grated. A supporting	g organization operated	in connec	tion with, a	and functionally integra	ted with,
_	its supported organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.	
d L	Type III non-functionally	<b>y integrated.</b> A supp	orting organization oper	ated in co	nnection v	vith its supported orgar	nization(s)
	that is not functionally int	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an atten	tiveness
_	requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.	
e L	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type II	l
	functionally integrated, o	r Type III non-functio	nally integrated supporti	ng organiz	zation.		
<b>f</b> Er	nter the number of supported	organizations					
<b>g</b> Pr	ovide the following information	about the supporte		C > 1 - 11	et alta alta de		
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

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

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

<u> </u>	ection A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	4322478.	4211105.	4363152.	3799055.	4375642.	21071432.					
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	4322478.	4211105.	4363152.	3799055.	4375642.	21071432.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						2562026.					
6	Public support. Subtract line 5 from line 4.						18509406.					
	tion B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total					
7	Amounts from line 4	4322478.	4211105.	4363152.	3799055.	4375642.	21071432.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	3,836.	15,797.		5,574.	6,530.	31,737.					
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						21103169.					
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 3	,220,163.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	_					
	organization, check this box and stop	here					<u></u>					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage									
14	Public support percentage for 2021 (	line 6, column (f), d	ivided by line 11,	column (f))		14	87.71 %					
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	90.51 %					
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b						
	stop here. The organization qualifies	as a publicly supp	orted organization	١			<b>▶</b> X					
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box					
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□					
17a	10% -facts-and-circumstances tes											
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and <b>stop he</b> i	r <b>e.</b> Explain in Part	VI how the organiz	zation					
	meets the facts-and-circumstances to						<b>.</b> □					
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not o	check a box on line								
	more, and if the organization meets the	_										
	organization meets the facts-and-circ				-		<b>&gt;</b> □					
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	ns ▶					
						Cabadula A	(Form 990) 2021					

Schedule A (Form 990) 2021

# Schedule A (Form 990) 2021 GENERATION CITIZEN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	, , ,					
Cale	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business 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						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons						
ŀ	not						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(-) 0017	(h) 0010	(-) 0010	(4) 0000	(-) 0001	(f) Tatal
		<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
							<b>&gt;</b>
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2021 (	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>21</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	▶□
ŀ	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<u></u>

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		1		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3a		
3c				
3c				
4a 4b 4c 5a 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3b		
4a 4b 4c 5a 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b		4-		
5b 5c 6 7 8 9a 9b 9c 10a		4C		
5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a				
5b 5c 6 7 8 9a 9b 9c 10a		-		
5c 6 7 8 9a 9b 9c 10a 10b		5a		
6 7 8 9a 9b 9c 10a 10b		5b		
7 8 9a 9b 9c 10a		5c		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
9a 9b 9c 10a		6		
9a 9b 9c 10a				
9a 9b 9c 10a		7		
9a 9b 9c 10a				
9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a		9a		
9c 10a 10b				
10a		9b		
10a		0.0		
10b		ac		
10b				
		10a		
		401		
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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?			
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		
	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			
<u>Sac</u>	detail in Part VI. tion B. Type I Supporting Organizations	11c		
-	tion B. Type Toupporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	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			
Ū	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 <b>Part VI</b> 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 yea(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	structio	ns).	
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. <b>Answer lines 3a and 3b below.</b>			
а				
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
n	- Dio the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see				
	instructions).	-						

Schedule A (Form 990) 2021

Par	rt V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ıed)	
Secti	ion D -	Distributions		· ·		Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		1	
2		ints paid to perform activity that directly furthers exemp				
	organ	izations, in excess of income from activity		2		
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amou	ints paid to acquire exempt-use assets	-		4	
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6		distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distrib	outions to attentive supported organizations to which the	he organization is responsive	е		
	(provi	de details in Part VI). See instructions.			8	
9	Distrib	outable amount for 2021 from Section C, line 6			9	
10	Line 8	amount divided by line 9 amount			10	
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distrib	outable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able c	cause required - explain in Part VI). See instructions.				
3	Exces	s distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
С	From	2018				
d	From	2019				
е	From	2020				
f	Total	of lines 3a through 3e				
g	Applie	ed to underdistributions of prior years				
h	Applie	ed to 2021 distributable amount				
i	Carry	over from 2016 not applied (see instructions)				
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distrib	outions for 2021 from Section D,				
	line 7:					
		ed to underdistributions of prior years				
		ed to 2021 distributable amount				
		inder. Subtract lines 4a and 4b from line 4.				
5		ining underdistributions for years prior to 2021, if				
	-	Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6		ining underdistributions for 2021. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		/I. See instructions.				
7		ss distributions carryover to 2022. Add lines 3j				
	and 4					
8		down of line 7:				
		ss from 2017				
		ss from 2018 ss from 2019				
		ss from 2020				
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Schedule A (Form 990) 2021

e Excess from 2021

Part VI	Supplemental Information. Provide the explanations required by Part II. line 10: Part II. line 17a or 17b: Part III. line 12:
	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.)
	(See instructions.)
-	

### SCHEDULE C (Form 990)

### Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. 
➤ Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

, ,	parate msu ucuons,, men				
	601(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of orga				Emp	loyer identification number
		ION CITIZEN, INC			27-2039522
Part I-A	Complete if the org	ganization is exempt und	der section 501(c)	or is a section 527 of	organization.
		zation's direct and indirect politic			
		rures			S
3 Volunte	er hours for political campa	ign activities			
Part I-B	Complete if the ord	ganization is exempt und	der section 501(c)	(3).	
	<u> </u>	incurred by the organization un		•	
2 Enter th	e amount of any excise tax	incurred by organization manag	ers under section 495	5	
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 4720	for this year?	•	Yes No
	describe in Part IV.				
		ganization is exempt und	der section 501(c)	, except section 501	(c)(3).
1 Enter th	e amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	3
2 Enter th	e amount of the filing organ	ization's funds contributed to of	ther organizations for s	section 527	
exempt	function activities			▶\$	3
		s. Add lines 1 and 2. Enter here a			
line 17b				<b>▶</b> 9	S
		1120-POL for this year?			
		nployer identification number (E			
made pa	ayments. For each organiza	tion listed, enter the amount pa	id from the filing organi	ization's funds. Also enter t	he amount of political
	•	omptly and directly delivered to			ate segregated fund or a
political	action committee (PAC). If	additional space is needed, pro	vide information in Par	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and promptly and directly
				funds. If none, enter -0	delivered to a separate
					political organization.
					If none, enter -0

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Sch	edule C (For	m 990) 2021 <b>GENER</b> 2	ATION CITIZEN, INC.	27-2	039522 Page <b>2</b>
			n is exempt under section 501(c)(3) and fil		
	s	ection 501(h)).			
A (	Check 🕨	if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,
		expenses, and share of exces	s lobbying expenditures).		
<b>B</b> (	Check 🕨 🗌	if the filing organization check	ed box A and "limited control" provisions apply.		
		Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals	
1 8	Total lobby	ring expenditures to influence pub	ic opinion (grassroots lobbying)		
k	Total lobby	ring expenditures to influence a leg	gislative body (direct lobbying)	39,168.	
c	Total lobby	ring expenditures (add lines 1a and	J 1b)	39,168.	
c	d Other exer	npt purpose expenditures		3,735,157.	
e	Total exem	npt purpose expenditures (add line	s 1c and 1d)	3,774,325.	
1	<b>f</b> Lobbying r	nontaxable amount. Enter the amo	unt from the following table in both columns.	338,716.	
	If the amou	nt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$	500,000	20% of the amount on line 1e.		
	Over \$500	,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,00	00,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,50	00,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,0	000,000	\$1,000,000.		
ç	g Grassroots	s nontaxable amount (enter 25% of	f line 1f)	84,679.	
ŀ	n Subtract lii	ne 1g from line 1a. If zero or less, e	nter -0-	0.	
i	i Subtract lii	ne 1f from line 1c. If zero or less, er	nter -0-	0.	
j	j If there is a	an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_	
	reporting s	ection 4911 tax for this year?		L	Yes No

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	<b>(e)</b> Total			
2a Lobbying nontaxable amount	817,834.	436,741.	311,731.	338,716.	1,905,022.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,857,533.			
c Total lobbying expenditures	68,823.	21,617.	25,091.	39,168.	154,699.			
<b>d</b> Grassroots nontaxable amount	204,458.	109,185.	77,933.	84,679.	476,255.			
e Grassroots ceiling amount (150% of line 2d, column (e))					714,383.			
f Grassroots lobbying expenditures	3,143.	7,034.	377.		10,554.			

Schedule C (Form 990) 2021

132042 11-03-21

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	)	(k	o)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
b	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?				
d	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
g	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?				
i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912				
d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912  If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(a)	(E) av a	ation.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	(5), or se		
1 2	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the		2	Yes	No
	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part		e 3, is
1	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		1		
а	Current year		2a		
	Carryover from last year				
C					
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the section 162(e) dues	cess	3		
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	<b>t IV</b> Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information.	o list); Part II	-A, lines 1	and 2 (See	

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

GENERATION CITIZEN, INC.

**Employer identification number** 27-2039522

Pai			r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ine 6.	
		(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	-	
	are the organization's property, subject to the organization's		
6	$\operatorname{Did}$ the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor		
D	impermissible private benefit?		
Pai		•	t IV, line 7.
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (for example, recre	· —	nistorically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua day of the tax year.	lified conservation contribution in the form of a	Held at the End of the Tax Year
_			
	Total number of conservation easements		
D	Number of conservation easements on a certified historic st		
q	Number of conservation easements included in (c) acquired		
ŭ	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶	<b>3</b> ,	3
4	Number of states where property subject to conservation e	asement is located ▶	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conservation	n easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170(h)(	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conserva	-	
	balance sheet, and include, if applicable, the text of the foo	tnote to the organization's financial statement	s that describes the
Day	organization's accounting for conservation easements.	of Aut. Historical Transcrutes ar Oth	au Cinsilau Asasta
Pai	t III Organizations Maintaining Collections		er Similar Assets.
_	Complete if the organization answered "Yes" on Form		Lhalana ahari ahari
па	If the organization elected, as permitted under FASB ASC 9	·	
	of art, historical treasures, or other similar assets held for pu	· · ·	lerance of public
h	service, provide in Part XIII the text of the footnote to its final		ance cheet works of
D	If the organization elected, as permitted under FASB ASC 9 art, historical treasures, or other similar assets held for publ	· · · · · ·	
	provide the following amounts relating to these items:	ic exhibition, education, or research in further	ance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tr		
_	the following amounts required to be reported under FASB		an, provido
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

132051 10-28-21

	rt III   Organizations Maintaining C			torical T	reasures, o	or Other	Similar As	sets(contir	nued)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	e following tha	t make sig	nificant use of	its	
	collection items (check all that apply):			•	_				
а	Public exhibition	d		Loan or exc	change progra	am			
b	Scholarly research	е			0 1 0				
С	Preservation for future generations	_							
4	Provide a description of the organization's co	Illections and explai	n how th	nev further	the organizati	on's exemr	nt nurnose in F	Part XIII	
5	During the year, did the organization solicit or	' <del>-</del> '		-	-	· ·		art Am.	
Ū	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par			ga <u>-</u> a			555, 1 4.1	.,,	
	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contributio	ns or other as	sets not in	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								
	3.							Amount	t .
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIII.					•			
_	rt V Endowment Funds. Complete if								
		(a) Current year		rior year	(c) Two year		) Three years ba	ck (e) Four	years back
1a	Beginning of year balance	, ,	_ ` ,		1	<u> </u>	,	<del>  ` ´                                  </del>	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
								_	
е	Other expenditures for facilities								
	and programs				+			_	
	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the curr	ent year end baland	•	g, column (	(a)) held as:				
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		6							
	The percentages on lines 2a, 2b, and 2c shou	-							
За	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are held	and administe	ered for the	organization	ſ	
	by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on S	Schedule R'	?			3b	
4	Describe in Part XIII the intended uses of the		wment	funds.					
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	D, Part I			), Part X, lir	ne 10.		
	Description of property	(a) Cost or o basis (investr			t or other (other)		umulated eciation	(d) Bool	k value
1a	Land								
	Buildings								
	Leasehold improvements								
d	Equipment				700.		593.		107.
е	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must ed		X, colur	nn (B), line	10c.)				107.
	·		_						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 GENERATION  Part VII Investments - Other Securities.	CITIZEN, INC.	27	-2039522 Page 3
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) = 1	(-)	(0)	,
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15 )		
Part X Other Liabilities.	<del>- 10.)</del>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

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) 2021

(6)

(8)

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

Par	<b>EXI</b> Reconciliation of Revenue per Audited Financial S		Revenue per R	Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV	*			4 564 011
1	Total revenue, gains, and other support per audited financial statements			1	4,764,911.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	Net unrealized gains (losses) on investments		20 040		
	Donated services and use of facilities		29,948.	-	
	Recoveries of prior year grants			-	
	Other (Describe in Part XIII.)	2d		-	20 040
	Add lines 2a through 2d			2e	29,948. 4,734,963.
3	Subtract line 2e from line 1			3	4,/34,903.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)			┥, │	0
	Add lines 4a and 4b			4c	0. 4,734,963.
Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII   Reconciliation of Expenses per Audited Financial		Evpansas par	5 Potu	
Fai	Complete if the organization answered "Yes" on Form 990, Part IV		Lxperises per	netu	
1	Total expenses and losses per audited financial statements			1	3,812,273.
				-	3,012,273.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a	29,948.		
			23,340.		
	Prior year adjustments Other lesses			-	
c C	Other losses		8,000.		
	Other (Describe in Part XIII.)		· · · · · · · · · · · · · · · · · · ·	2e	37,948.
е 3	Add lines 2a through 2d			3	3,774,325.
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				3777173231
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b	·		4c	0.
	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			5	3,774,325.
	t XIII Supplemental Information.	<i> </i>			.,,
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a al 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid			4; Part	X, line 2; Part XI,
PAF	T XII, LINE 2D - OTHER ADJUSTMENTS:				
UNC	OLLECTABLE ACCOUNTS				8,000.

2021.05080 GENERATION CITIZEN INC. GC2952 1 Doc ID: 394a9c308b31e1150adf0aec73c5d9669d8d6782

### 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

GENERATION CITIZEN, INC.

Employer identification number 27-2039522

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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 Compensation survey or study			
	X 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		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	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)?	9		

 $\label{eq:LHA} \mbox{ Harden For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

Schedule J (Form 990) 2021

Page 2

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

Do not list any individuals that aren't listed on Form 990, Part VII. 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).

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.

Schedule J (Form 990) 2021	Schedu			ມ ກ			
							(ii)
							(i)
							(ii)
							(1)
							(ii)
							(i)
							(ii)
							(3)
							(ii)
							(3)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(1)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(3)
							(ii)
							(i)
							(ii)
							(i)
							(ii)
							(1)
0.	0.	0.	0.	0.	0.	0.	CHIEF EXECUTIVE OFFICER (ii)
0.	186,086.	17,603.	0.	0.	0.	168,483.	(1) ELIZABETH ROY (i)
reported as deferred on prior Form 990			compensation	(iii) Other reportable compensation	(ii) Bonus & incentive compensation	(i) Base compensation	(A) Name and Title
<b>(F)</b> Compensation in column (B)	<b>(E)</b> Total of columns (B)(i)-(D)	( <b>D</b> ) Nontaxable benefits	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (C) Retirement and other deferred	and/or 1099-NEC	'-2 and/or 1099-MISC compensation	(B) Breakdown of W	

132112 11-02-21

Schedule J (Form 990) 2021										Sait for any additional information.

#### 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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GENERATION CITIZEN, INC.

Employer identification number 27-2039522

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STABILITY, TO DEVELOP RESILIENCE IN BOTH PARENT AND CHILDREN, AND TO

ALLOW FAMILIES TO BECOME A CONTIBUTING PART OF THE COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE WORKING AS ACTIVE AND EFFECTIVE CITIZENS TO COLLECTIVELY REBUILD

OUR AMERICAN DEMOCRACY. GC TEACHES TEENAGERS HOW TO TAKE EFFECTIVE

POLITICAL ACTION. THROUGH AN INNOVATIVE IN-CLASS CURRICULUM, STUDENTS

WORK WITH LOCAL LEADERS TO FIX LOCAL PROBLEMS. THROUGH THIS REAL-WORLD

EXPERIENCE, OUR TEENS ARE BUILDING AN ACTIVE DEMOCRACY. OUR INNOVATIVE,

ACTION-BASED PROGRAM WILL REVOLUTIONIZE CIVICS EDUCATION IN THIS

COUNTRY. GENERATION CITIZEN IS BUILDING A NEW GENERATION OF YOUTH

ACTIVISTS AND LEADERS; A GENERATION INSPIRED AND EQUIPPED TO MAKE

CHANGE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE TAX RETURN IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. AFTER COMPLETION
OF SAID RETURNS, THE ORGANIZATION IS SENT A DRAFT OF THE TAX RETURNS TO BE
REVIEWED AND EXAMINED. THE ORGANIZATION MAKES COPIES OF THE RETURNS AND
DISTRIBUTES TO THOSE INDIVIDUALS CHARGED WITH GOVERNANCE. THOSE INDIVIDUALS
AT THAT TIME CAN REVIEW AND IF APPLICABLE DISCUSS ANY LINE ITEMS IN THE
RETURN WITH THE ACCOUNTANT WHO HAS PREPARED THE RETURN. IF ALL ITEMS ARE
FOUND TO BE ACCEPTABLE, AN AUTHORIZATION IS SIGNED AND PROVIDED TO
AUTHORIZE THE OUTSIDE ACCOUNTING FIRM TO PROCESS, SIGN AND PROVIDE COPIES
OF THE RETURNS TO BE FILED (PAPER OR ELECTRONICALLY) WITH THE DESIGNATED
GOVERNMENTAL AGENCIES. THE TAX RETURNS ARE THEN SIGNED BY THE ORGANIZATION,
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
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Name of the organization

GENERATION CITIZEN, INC.

**Employer identification number** 27-2039522

STAMPED AND MAILED WITH CERTIFIED RETURN RECEIPT OR THE SIGNED FORM 8879 IS PROVIDED TO THE OUTSIDE ACCOUNTING FIRM ALLOWING ELECTRONIC FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST ARISES WHEN THE PROFESSIONAL INTEREST OF A BOARD MEMBER OR GENERATION CITIZEN PERSONNEL IS POTENTIALLY AT ODDS WITH THE BEST INTERESTS OF GC. NO PERSONNEL ASSOCIATED WITH GC OR ANY OF ITS COMMITTEES SHALL DERIVE ANY PERSONAL PROFIT OR GAIN, DIRECTLY OR INDIRECTLY, THROUGH HIS/HER CONNECTION WITH GC. GC WILL WORK HARD TO AVOID EVEN THE APPEARANCE OF POSSIBLE IMPROPRIETY. ALL PERSONNEL AT GC MUST DISCLOSE ANY PERSONAL INTEREST HE/SHE MAY HAVE IN ANY BUSINESS-RELATED MATTER, AND GC WILL REFRAIN FROM INVOLVING SAID EMPLOYEE IN PARTICIPATION IN ANY DECISION REGARDING THAT MATTER. IF AN EMPLOYEE HAS ANY QUESTION, CONCERN, OR PROPOSED ACTION THAT WOULD CREATE A CONFLICT OF INTEREST, HE/SHE SHOULD IMMEDIATELY CONTACT THE COO ON THE ISSUE.

FORM 990, PART VI, SECTION B, LINE 15:

GENERATION CITIZEN CAREFULLY BENCHMARKS COMPENSATION FOR ALL EMPLOYEES AGAINST PEER NONPROFITS OF SIMILAR SIZE AND STRUCTURE IN OUR FIELD. WE ALSO HAVE A COMPREHENSIVE ANNUAL REVIEW PROCESS ALONG WITH A SET STRUCTURE FORT SALARY AND TITLE BANDS THAT ENSURES TRANSPARENCY AND COMPENSATION TIED TO PERFORMANCE. THE COMPENSATION OF OUR EXECUTIVE DIRECTOR, MANAGING DIRECTOR, AND DIRECTOR OF PROGRAMS, IS REVIEWED ANNUALLY BY OUR BOARD FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 18:

GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION ON THE MASSACHUSETTS CORPORATION SITE.

THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S FINANCIAL STATEMENTS

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Name of the organization  GENERATION CITIZEN, INC.	Employer identification number 27 – 2039522
AREAVAILABLE UPON REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
FEDERAL TAX RETURNS ARE AVAILABLE AT GUIDESTAR.ORG & CHAI	RITYNAVIGATOR.ORG.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS & OUTSIDE CONTRACTORS:	
PROGRAM SERVICE EXPENSES	306,983
MANAGEMENT AND GENERAL EXPENSES	70,204
FUNDRAISING EXPENSES	29,681
TOTAL EXPENSES	406,868
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	406,868
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
UNCOLLECTABLE ACCOUNTS	-8,000
FORM 990. PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

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