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## EXTENDED TO AUGUST 16, 2021

(Rev. January 2020)

**Return of Organization Exempt From Income Tax** 

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

Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending SEP 30 OCT 1 2010

Open to Public

OMB No. 1545-0047

	JI 111	e 20 19 Calefidat year, of tax year beginning OC1 1, 2019 and	enuing ,	<u> </u>	040	
В	Check if applicab	C Name of organization		D Employer id	dentific	cation number
	Addre					
	Name	e Doing business as		46-51	268	39
	Initial return		Room/suite			
	Final return	6 LIBERTY SQUARE #2062		857-2	20-	
	termir ated			<b>G</b> Gross receipts 5	\$	1,819,340.
L	Amen	BOSION, MA 02109		H(a) Is this a g		
	Application pendi	20		for subord		
		SAME AS C ABOVE				cluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) €	or 527	If "No," at	tach a	list. (see instructions)
		te: > WWW.GENERATIONTEACH.ORG		H(c) Group exe		
	orm o	forganization: X Corporation Trust Association Other ►  Summary	<b>L</b> Year	of formation: 20	14  N	1 State of legal domicile: DE
	1	Briefly describe the organization's mission or most significant activities: <b>GENEI</b>	RATION	TEACH P.	ARTI	NERS WITH
Activities & Governance		DISTRICTS TO OFFER SUMMER PROGRAMS TO:				
r	2	Check this box  if the organization discontinued its operations or dispos	sed of more	e than 25% of its	net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)				6
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)				5
es &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)				82
ξį	6	Total number of volunteers (estimate if necessary)				5
<b>Ç</b>	7 a	Total unrelated business revenue from Part VIII, column (C), line 12				0.
_	b	Net unrelated business taxable income from Form 990-T, line 39			. 7b	0.
				Prior Year		Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		1,025,6		646,770.
enc	9	Program service revenue (Part VIII, line 2g)		1,420,0		1,161,231.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1 1	0.	0.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,1		11,339.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,446,8		1,819,340.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		1 000 7	0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,292,7		1,066,702.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)   29,32		7.00	2.6	425 002
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		768,2	30.	425,083.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,061,0		1,491,785.
	19	Revenue less expenses. Subtract line 18 from line 12		385,8		327,555.
SOI			В	eginning of Current		End of Year
Sset	20	Total assets (Part X, line 16)		1,118,5		1,681,561.
Net Assets or	21	Total liabilities (Part X, line 26)		46,4 1,072,0		281,971. 1,399,590.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		1,072,0	33.	1,333,330.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	onte and to the her	et of my	knowledge and helief it is
		thes of perjury, i declare that i have examined this return, including accompanying schedules and complete. Declaration of preparer (other than officer) is based on all information of wh			-	Knowledge and Deller, it is
uuc	, 60116	is, and complete. Declaration of preparer (other than officer) is based on an information of will	iicii pi epai ei	Thas any knowledge	<b>C.</b>	
Sig	n	Signature of officer		Date		
Her		LAURA ZAHN, CHIEF EXECUTIVE OFFICER				
Hei	C	Type or print name and title				
		Print/Type preparer's name Preparer's signature		Date	Check	PTIN
Paid	j	MICHELLE CAIN MICHELLE CAIN	lo	08/03/21	f self-emplov	P00150750
	parer	Firm's name MENGEL, METZGER, BARR & CO. LLP				16-1092347
-	Only	Firm's address 100 CHESTNUT STREET, SUITE 1200		701		
	•	ROCHESTER, NY 14604		Phone i	no.58	5-423-1860
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)		,		X Yes No

including grants of \$

1,327,919.

Total program service expenses ▶

Form **990** (2019)

# Form 990 (2019) GENERATION TEACH, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
	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,	۰		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	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 appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  17</del> 4		<del> </del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2019)

Form 990 (2019) GENERATION TEACH,
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\alpha \alpha \Lambda$	(010)

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# Form 990 (2019) GENERATION TEACH, 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 82			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х
a	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		Α_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		х
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	· · · · · · · · · · · · · · · · · · ·	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2010)

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

<u>Sac</u>	tion A. Governing Body and Management						21
360	tion A. Governing body and Management					Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	1a	1	6		res	No
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	la		Ť			
	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		5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	$\dashv$			
2	efficient diseases to take a substitution of				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			·  -	_	- 21	
3	f office and discount to the state of the st				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			··	5		X
6	Did the appropriation have manch are an at-sub-sub-sub-sub-sub-sub-sub-sub-sub-sub		•••••	" Г	6		X
7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or ap			·  -	•		
<i>i</i> a				.   .	7a		x
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·  -	1 a		
b	and the state of t			.   .	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			.	7.0		
а	The governing body?				8a	Х	
b				- 1	8b	X	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· ۲	OD		
•	organization's mailing address? <i>If</i> "Yes." <i>provide the names and addresses on Schedule</i> O				9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codo		J		
	This Section B requests information about policies not required by the internal ne	venue	Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			T	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			· F			
-	O Company of the comp		, aa.cc,	1	I0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			·· ⊢	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	3				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			- [1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			- 1	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			"   T			
	in Schedule O how this was done	,		1	12c	X	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	•				
а	The organization's CEO, Executive Director, or top management official			1	15a	Х	
	Other officers or key employees of the organization				I5b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	vith a				
	taxable entity during the year?			1	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	า'ร				
	exempt status with respect to such arrangements?			. 1	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY, MA, RI, CO						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	)-T (Section 501(c)	(3)s o	nly)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, a	and fi	nanc	ial	
	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 boo	oks an	d records 🕨				
	GENERATION TEACH INC 857-220-7240						
	6 LIBERTY SQUARE #2062, BOSTON, MA 02109						

Form **990** (2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box offi	not c , unle:	Pos heck i ss per	more rson i	than of s both or/trus	an	( <b>D</b> ) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
(1) ROBERT KARR	1.00	- -		3,7					0	_
CHAIR AND DIRECTOR		X		Х				0.	0.	0
(2) THACKSTON LUNDY TREASURER AND DIRECTOR	1.00	X		х					0	,
(3) SUZANNE KARR	1 00	^		^				0.	0.	0
DIRECTOR	1.00 5.00	X						0.	0.	0
(4) LAURA ZAHN	60.00	Α						0.	0.	
CEO AND DIRECTOR	00.00	х		Х				168,963.	0.	31,923
(5) TIM MCMANUS	1.00							100,303.	•	31,325
DIRECTOR	5.00	х						0.	0.	C
(6) SHAYNE SPALTEN	1.00									-
DIRECTOR - AS OF OCT 2019		Х						0.	0.	c
(7) HEIDI DOTTERER	60.00									
CHIEF PROGRAM OFFICER				Х				110,352.	0.	13,928
(8) BEE NANCE	60.00									
DIRECTOR OF FINANCE				Х				96,050.	0.	25,902
		ļ								
		-								
		1								
		_								
		-								

Form **990** (2019)

46-5126839

	(A)	(B)			(C		,		ompensated Employee (D)	(E)	$\neg$		(F)	
	Name and title	Average hours per week	box	not cl	Posi heck r ss per	ition more rson is	than o s both r/trust	an	Reportable compensation from	Reportable compensation from related		am	imated ount o other	-
		(list any hours for related	Individual trustee or director	ustee			ensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	- 1	comp fro	ensation om the inizatio	)
		organizations below line)	Individual trus	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					relate nizatio	
			•											
1h	Subtotal							_	375,365.	(	0.	71	.,75	3.
	Total from continuation sheets to Part V								0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but							re	375,365. ceived more than \$100,		0.	71	. <b>,</b> 75	33. 2
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> office		-	кеу е	mple	oye	e, or	hig	hest compensated empl	oyee on				37
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s								er compensation from the			3		X
•	and related organizations greater than \$15											4	х	
5						sche	dule	J f	or such individual		L		-	
J	Did any person listed on line 1a receive or				om a	any	unre	late	ed organization or individ	lual for services				v
	Did any person listed on line 1a receive or rendered to the organization? If "Yes," contion B. Independent Contractors				om a	any	unre	late	ed organization or individ	lual for services		5		Х
	rendered to the organization? If "Yes." con	mplete Schedule	e <i>J f</i> e lepe	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	ed organization or indiviced and transfer of the state of	lual for services	nsatio	5		<u>X</u>
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest continues.	ompensated inc	e <i>J fe</i> lepe ear e	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	ed organization or indiviced and transfer of the state of	lual for services  100,000 of compe		5 on fro	m	
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest or the organization. Report compensation for (A)	ompensated inc	e <i>J fe</i> lepe ear e	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	nat received more than \$ the organization's tax ye  (B)	lual for services  100,000 of compe		5 on fro	m )	
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest or the organization. Report compensation for (A)	ompensated inc	e <i>J fe</i> lepe ear e	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	nat received more than \$ the organization's tax ye  (B)	lual for services  100,000 of compe		5 on fro	m )	
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest or the organization. Report compensation for (A)	ompensated inc	e <i>J fe</i> lepe ear e	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	nat received more than \$ the organization's tax ye  (B)	lual for services  100,000 of compe		5 on fro	m )	
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest or the organization. Report compensation for (A)	ompensated inc	e <i>J fe</i> lepe ear e	or su	om a	any oe <u>rse</u> ontra	unre o <u>n</u> . actor	late	nat received more than \$ the organization's tax ye  (B)	lual for services  100,000 of compe		5 on fro	m )	
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors  Complete this table for your five highest or the organization. Report compensation for (A)	ompensated incompensated incom	lepe NC	nder nder endir	nt co	any operson	e list	s th	ed organization or individual at received more than \$ the organization's tax younger (B)  Description of s	100,000 of compe ear.		5 on fro	m )	

932008 01-20-20

					ON TE	ACH, INC	•		46-5126	839 Page <b>9</b>
Pa	rt \	/	Statement of Rev	venue						
			Check if Schedule O c	contains a	response	or note to any lir				
							(A)	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
							Total revenue		business revenue	from tax under
								Tariotion Tovorido	Basiness revenue	sections 512 - 514
S S	1	а	Federated campaigns		1a					
ani					1b					
ලි සි			Fundraising events		1c		_			
fts,					1d		_			
ig ig				hutions)			_			
ons,			Government grants (contri	•	1e		_			
Contributions, Gifts, Grants and Other Similar Amounts		T	All other contributions, gifts, g			646 770				
듗됨			similar amounts not included			646,770.	_			
E D		g	Noncash contributions included in li		1g \$		646 550			
<u>ŏ</u> ĕ		h	Total. Add lines 1a-1f				646,770.			
						Business Code	1 1 1 1 1 1 1			
ė	2	а	PARTNER AND M	URSIO	N FE	611710	1,161,231.	1,161,231.		
ē Š		b	-							
Se		С								
am		d								
Program Service Revenue		е								
Pro		f	All other program service r	revenue						
		q	Total. Add lines 2a-2f				1,161,231.			
	3		Investment income (includ				,			
			other similar amounts)	-						
	4		Income from investment or							
	5		Royalties			•				
	J		noyancs		) Real	(ii) Personal				
	6	а	Gross rents	6a	<i>,</i>	() : 5.55.14.				
	U		***************************************				_			
			Less: rental expenses	6b			_			
			Rental income or (loss)	6c						
	_		Net rental income or (loss)			(::) Oth -::				
	7	а	Gross amount from sales of		ecurities	(ii) Other				
			assets other than inventory	7a			_			
		b	Less: cost or other basis							
ne			and sales expenses	7b			_			
evenue			Gain or (loss)	7c						
æ		d	Net gain or (loss)		·····	<u>,</u>				
Other R	8	а	Gross income from fundraisin	ng events (r	not					
₽			including \$		of					
			contributions reported on	line 1c). Se	ee					
			Part IV, line 18		8a					
		b	Less: direct expenses							
		С	Net income or (loss) from f	fundraising	events					
	9		Gross income from gaming							
			Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from g			<b>&gt;</b>				
	10		Gross sales of inventory, le							
	.0	u	and allowances							
		<b>L</b>								
			Less: cost of goods sold							
-		С	Net income or (loss) from s	sales of IN	veniory	Business Code				
S		_				900099	11,339.	11,339.		
ieo Ne	11		OTHER REVENUE			900033	11,339.	11,339.		_
Miscellaneous Revenue		b						+		
Se Be		C	All allandon					+		
١			All other revenue				11,339.			
		_	Total, Add lines 11a-11d				1 11.559			

Total revenue. See instructions

▶ 1,819,340.1,172,570.

# Form 990 (2019) GENERATION TEACH, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising 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	466,377.	413,546.	30,163.	22,668.
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	471,747.	430,202.	37,096.	4,449.
8	Pension plan accruals and contributions (include				<u> </u>
	section 401(k) and 403(b) employer contributions)	13,117.	11,632.	1,331.	154.
9	Other employee benefits	52,323.	39,057.	12,655.	611.
10	Payroll taxes	63,138.	56,265.	5,436.	1,437.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	22,705.		22,705.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	15.400	22.172		
13	Office expenses	45,608.	22,170.	23,438.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.)  PROGRAM OPERATIONS	214,569.	214,569.		
a b	PROGRAM PLANNING	94,448.	94,448.		
c	ORGANIZATIONAL PLANNING	47,753.	46,030.	1,723.	
d		,	,	,	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,491,785.	1,327,919.	134,547.	29,319.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					Earm 990 (2010

Form 990 (2019)
Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		998,133.	1	1,506,481.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		102,147.	4	150,098.
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges	18,250.	9	24,982.	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1 110 -00	15		
	16	Total assets. Add lines 1 through 15 (must e		1,118,530.	16	1,681,561.
	17	Accounts payable and accrued expenses		46,495.	17	51,671.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or fo				
≣		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of the			22	
_	23	Secured mortgages and notes payable to unr			23	230,300.
	24	Unsecured notes and loans payable to unrela			24	230,300.
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin			25	
	26	of Schedule D  Total liabilities. Add lines 17 through 25		46,495.	25 26	281,971.
	20	Organizations that follow FASB ASC 958, or	hock here	40,400	20	201,571.
Se		and complete lines 27, 28, 32, and 33.	Heck Here			
ğ	27			1,072,035.	27	1,399,590.
3ale	28				28	
βE		Organizations that do not follow FASB ASC				
Ξ		and complete lines 29 through 33.	occ, oncok nere			
ō	29	Capital stock or trust principal, or current fun	ds		29	
ets	30	Paid-in or capital surplus, or land, building, or			30	
Ass	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32			1,072,035.	32	1,399,590.
Z	33	Total liabilities and net assets/fund balances		1,118,530.	33	1,681,561.
	,			,,		Form <b>990</b> (2019

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,81	9,3	<u>40.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,49	1,7	<u>85.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		7,5	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,07	2,0	35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,39	9,5	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

## **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

2019

Open to Public Inspection

Name of the organization **Employer identification number** GENERATION TEACH, INC. 46-5126839 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# 

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	575,005.	577,439.	1066914.	1025683.	646,770.	3891811.
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	575,005.	577,439.	1066914.	1025683.	646,770.	3891811.
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)						2440820.
	Public support. Subtract line 5 from line 4.						1450991.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	575,005.	577,439.	1066914.	1025683.	646,770.	3891811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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						3891811.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,300,931.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stor	here	·····				
	ction C. Computation of Publi						
	Public support percentage for 2019 (I					14	37.28 %
	Public support percentage from 2018					15	65 <b>.</b> 56 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>▶</b> X
b	33 1/3% support test - 2018. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac			-	•	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the		•		•		•
	organization meets the "facts-and-circ			•	,		<b>.</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2019

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					+	<del> </del>
6 Total. Add lines 1 through 5					1	
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	T -	T -	Τ.	T -	<del> </del>
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						-
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	n 501(c)(3) organiz	zation,
check this box and <b>stop here</b>			······			<b>&gt;</b>
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2019 (li	ne 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2018					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2018</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2018. If the						
line 18 is not more than 33 1/3%, chec						▶∐
20 Private foundation If the organization	n did not check a	hoy on line 1/ 10	a or 10h check th	nie hay and sea inc	tructions	<b>▶</b>

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Pal	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		İ
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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			l
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove 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			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	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			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	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			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			l
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions		
2	Activities Test. Answer (a) and (b) below.	40110110)	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,			1
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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 <b>Part VI</b> the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	_~		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Ju		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	5 II Too. Gooding III This fold blayed by the organization in this regald.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must o	omplete Sec	ctions 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 1-1/2% 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 .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 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	TV │ Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GENERATION TEACH, INC.

**Employer identification number** 46-5126839

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	'Si	milar Funds o	r Acc	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.					
		(a) Donor adv	ised	funds	(b	) Fund	ds 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 $\boldsymbol{\nu}$	vriting that the assets	held	d in donor advised	d funds	3	
	are the organization's property, subject to the organization's e						Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	grar	nt funds can be us	sed on	ly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose co	onferrin	ng	
Б.	impermissible private benefit?						Yes No
Par				on Form 990, Pa	art IV, I	ine 7.	
1	Purpose(s) of conservation easements held by the organization	-	y).				
	Preservation of land for public use (for example, recreat	tion or education)	_			-	important land area
	Protection of natural habitat	L		Preservation of a	certifi	ed his	toric structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	ribut	tion in the form of	a con		•
	day of the tax year.				- 1		Held at the End of the Tax Year
а	Total number of conservation easements				├	2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a				•		
_	listed in the National Register				L	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	rganız	ation (	during the tax
_	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
•	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	, and	enforcing conse	rvation	ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violetions, and	onfo	roing concentation	n 000	mont	a during the year
7	S	iling of violations, and	emic	ording conservation	ni ease	emem	s during the year
8	Does each conservation easement reported on line 2(d) above	a catisfy the requirem	onto	of section 170(h)	(4)(D)(i)		
Ü							Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	1131	manciai statemen	ito tilat	. uesc	TIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	er Si	milar	Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		-			
1a	If the organization elected, as permitted under FASB ASC 95		ever	nue statement and	d balar	nce sh	eet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	ŕ				•	
b	If the organization elected, as permitted under FASB ASC 956					sheet	works of
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:	,	,			•	•
	(i) Revenue included on Form 990, Part VIII, line 1					▶ 5	<b>.</b>
							<u> </u>
2	If the organization received or held works of art, historical trea					rovide	
	the following amounts required to be reported under FASB A				, , , , ,		
а	Revenue included on Form 990, Part VIII, line 1	-				<b>&gt;</b> 5	<b>.</b>
	Assets included in Form 990, Part X					<b>&gt;</b> 9	

932051 10-02-19

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

Schedule D (Form 990) 2019

Par	t III Organizations Maintaining Coll	ections of Art	t, Histo	rical Tre	asures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	following tha	t make sigi	nificant u	se of its	•	ĺ	
	collection items (check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	am					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explair	n how the	y further th	ne organizatio	on's exemp	ot purpos	e in Part	XIII.		
5	During the year, did the organization solicit or re	ceive donations of	of art, hist	torical treas	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be maint								Yes		No
Par	t IV Escrow and Custodial Arrange	ments. Comple	ete if the	organizatio	n answered	"Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X	, line 21.									
1a	Is the organization an agent, trustee, custodian	or other intermed	iary for co	ontributions	s or other as:	sets not in	cluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII and										
									Amount	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Form	990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liability	/?		Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch										
Par	t V Endowment Funds. Complete if the	e organization an	swered "	Yes" on Fo	rm 990, Part	t IV, line 10					
		a) Current year	<b>(b)</b> Pr	rior year	(c) Two yea	ırs back (d	d) Three ye	ears back	(e) Four	years	back_
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the current	year end balance	e (line 1g,	, column (a)	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment										
	The percentages on lines 2a, 2b, and 2c should	equal 100%.									
За	Are there endowment funds not in the possession	on of the organiza	tion that	are held ar	nd administe	red for the	organizat	tion	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the organization		wment fu	ınds.							
Par	t VI Land, Buildings, and Equipmen	it.									
	Complete if the organization answered "\	es" on Form 990	, Part IV,	line 11a. S	See Form 990	), Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investn			or other (other)		cumulated eciation	d	(d) Bool	k value	e 
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part	X. columi	n (B). line 1	0c.)			<b></b>			0.

Schedule D (Form 990) 2019

		GENERATION	TEACH,	INC.	46	-5126839	Page 3
Part VI							
(-) Dans	· · · · · · · · · · · · · · · · · · ·		1		1b. See Form 990, Part X, line 12.	1 - 6 1 4	-1
	ription of security or category		( <b>b</b> ) Bo	ok value	(c) Method of valuation: Cost or end	a-or-year market va	alue
. ,							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(h) must squal Form 000. Day	rt V and (D) line 10 )					
	. (b) must equal Form 990, Par III Investments - Pro						
		_	on Form 000	Dort IV line 1	1c. See Form 990, Part X, line 13.		
	(a) Description of inve			ok value	(c) Method of valuation: Cost or end	d-of-vear market va	alue
(1)	(a) Bescription of inve	odinoni	(8) 80	ok value	(b) Method of Valuation. Cost of one	Joi your market ve	aide
(1)							
(2)							
<u>(3)</u> (4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	. (b) must equal Form 990, Pai	rt X col (B) line 13 )					
Part IX		11 / Ook (B) IIIIO 10.)	<u>I</u>				
	_	ation answered "Yes"	on Form 990	). Part IV. line 1	1d. See Form 990, Part X, line 15.		
-	1 5		Description	,	, ,	(b) Book va	lue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Co	olumn (b) must equal Form (	990, Part X, col. (B) line	e 15.)		<b>&gt;</b>		
	Complete if the organiz	ation answered "Yes"	on Form 990	), Part IV, line 1	1e or 11f. See Form 990, Part X, line 25		
1.	(a) Descri	iption of liability				(b) Book va	lue
(1) Fe	ederal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

Schedule D (Form 990) 2019

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

Schedule D (Form 990) 2019 GENERATION TEACH, TNC:			JIZOUJJ Page ¬
Part XI Reconciliation of Revenue per Audited Financial State		e per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	1.1	1 010 240
		1	1,819,340.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما		
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			0.
e Add lines 2a through 2d			1,819,340.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			1,010,040.
<ul><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li><li>a Investment expenses not included on Form 990, Part VIII, line 7b</li></ul>	4a		
b Other (Describe in Part XIII.)			
A 1112 A 1 A		4c	0.
c Add lines 4a and 4b  5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			1,819,340.
Part XII   Reconciliation of Expenses per Audited Financial State	tements With Expens		
Complete if the organization answered "Yes" on Form 990, Part IV, line	-	,	
		1	1,491,785.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		·····	1,451,705.
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	0.
• • • • • • • • • • • • • • • • • • • •		ا م ا	1,491,785.
Subtract line 2e from line 1     Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.			1,491,785.
Part XIII Supplemental Information.	<del>'/</del>		, ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	: Part IV. lines 1b and 2b: Pa	art V. line 4: Part >	(, line 2: Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		, ,	
	,		
PART X, LINE 2:			
GENERATION TEACH INC. IS TAX-EXEMPT UNDER	SECTION 501(C)	(3) OF TE	ΗE
INTERNAL REVENUE CODE.			
THE ORGANIZATION HAS FILED FOR AND RECEIVE	D INCOME TAX E	EXEMPTIONS	S IN THE
VARIOUS JURISDICTIONS WHERE THEY ARE REQUI	RED TO DO SO.	THE ORGAL	NIZATION
FILES FORM 990 TAX RETURNS IN THE U.S. FED	ERAL JURISDICT	I DIA NOI	IN THE
STATES OF NEW YORK, MASSACHUSETTS AND RHOD	E TSTAND WITH	I FEW EXC	EPTIONS,
	TODANO. WIII		
	LIGHAND: WIII		
AS OF SEPTEMBER 30, 2020, THE ORGANIZATION		SUBJECT :	ro u.s.
	IS NO LONGER		
AS OF SEPTEMBER 30, 2020, THE ORGANIZATION FEDERAL OR STATE INCOME TAX EXAMINATIONS B	IS NO LONGER		
	IS NO LONGER Y TAX AUTHORIT	TIES FOR	YEARS

SEPTEMBER 30, 2017 THROUGH SEPTEMBER 30, 2020 ARE STILL SUBJECT TO

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

GENERATION TEACH, INC.

Employer identification number 46-5126839

			Yes	No
<b>1</b> a	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.			
	Compensation committee Written employment contract			
	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		
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		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
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		<u>X</u>
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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) LAURA ZAHN	(i)	168,963.	0.	0.	8,875.	23,048.	200,886.	0.
CEO AND DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							_
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	1 1/5 200) 2040

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

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

GENERATION TEACH, INC.

Employer identification number 46-5126839

221721212121111117 21707
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
(1) ENGAGE MIDDLE-SCHOOL STUDENTS IN SUMMER LEARNING
(2) INTRODUCE UNDERGRADUATE AND HIGH-SCHOOL STUDENTS TO TEACHING
(3) DEVELOP PROFESSIONAL TEACHERS AS COACHES AND LEADERS
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERS.
FORM 990, PART VI, SECTION A, LINE 2:
THE BOARD DIRECTORS ROBERT AND SUZANNE KARR HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS PROVIDED TO THE BOARD FOR THEIR COMMENTS AND FEEDBACK PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS
CONFLICT OF INTEREST POLICY ANNUALLY. ALL MEMBERS OF THE BOARD OF
DIRECTORS, OFFICERS AND KEY SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO
REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE AN ANNUAL
CERTIFICATION AND DISCLOSURE FORM, WHICH ARE REVIEWED BY THE FULL BOARD.
FORM 990, PART VI, SECTION B, LINE 15A:
COMPENSATION FOR THE CEO IS DISCUSSED AND DETERMINED BY THE BOARD OF
DIRECTORS, TAKING INTO ACCOUNT COMPENSATION PACKAGES OF COMPARABLE
ORGANIZATIONS. THE INDEPENDENT BOARD MEMBERS THEN DETERMINE THE
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

COMPENSATION, AND THE DECISION IS DOCUMENTED VIA A BOARD RESOLUTION.  COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETERMINED BY THE CEO, WITH INPUT AND SUGGESTIONS FROM THE BOARD, TAKING INTO ACCOUNT COMPENSATION PACKAGES FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.  FORM 990, PART VI, SECTION C, LINE 19: GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION THE PROCESS IS CONSISTENT WITH PRIOR YEAR.	GENERATION TEACH, INC.	46-5126839
WITH INPUT AND SUGGESTIONS FROM THE BOARD, TAKING INTO ACCOUNT COMPENSATION  PACKAGES FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.  FORM 990, PART VI, SECTION C, LINE 19:  GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION	COMPENSATION, AND THE DECISION IS DOCUMENTED VIA A BOARD R	ESOLUTION.
PACKAGES FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS.  FORM 990, PART VI, SECTION C, LINE 19:  GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION	COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS DETER	MINED BY THE CEO,
FORM 990, PART VI, SECTION C, LINE 19:  GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND  FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION	WITH INPUT AND SUGGESTIONS FROM THE BOARD, TAKING INTO ACC	OUNT COMPENSATION
GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION	PACKAGES FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATI	ONS.
GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION		
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.  PART XII, LINE 2C EXPLANATION	FORM 990, PART VI, SECTION C, LINE 19:	
PART XII, LINE 2C EXPLANATION	GENERATION TEACH'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY AND
	FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON WRITTEN REQUE	ST.
THE PROCESS IS CONSISTENT WITH PRIOR YEAR.	PART XII, LINE 2C EXPLANATION	
	THE PROCESS IS CONSISTENT WITH PRIOR YEAR.	

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GENERATION TE	ACH, INC.				46	-51268	39	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "	es" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year	I	Direct c	<b>(f)</b> ontrolling ntity	)
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizat	ion answered "Yes" on Form 990	), Part IV, line 34, I	pecause it had one	or more relat	ted tax-exer	mpt	
(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f Direct co ent	ontrolling	Section 5 contr	olled
		J ,,		501(c)(3))			Yes	No
THE HOLLYHOCK FOUNDATION - 54-2091336  55 EAST 59TH STREET  NEW YORK, NY 10022	PRIVATE FOUNDATION	NEW YORK	501(C)(3)				X	

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

1a

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s)  f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  m Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  p Reimbursement paid to related organization(s) for expenses q Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) l If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threst					Х	
				1d		Х
				1e		X
f Dividends from related organization(s)				1f		X
				1g		Х
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
L. Lease of facilities and import or other sects from related againstica(s)				1k		Х
				11		X
				1m		X
				1n		X
				10		X
C Chairing of paid on professor with related organization (c)						
p Reimbursement paid to related organization(s) for expenses				1p		Х
				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	volved		
(1) THE HOLLYHOCK FOUNDATION	С	250,000.	CASH RECEIVED			
70)						
(2)						
(3)						
0)						
(4)						
(5)						
(6)						
932163 09-10-19			Schedule	R (Forr	n 990)	2019

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0040