## Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

ł Open to Public Inspection

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OMB No. 1545-0047

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nternal Revenue Service	
Department of the Treasury	

AF	or the	and and a second a se	enaing		
B C	heck if pplicab	c Name of organization		D Employer identific	cation number
	Addre chang				
	Name Chang	e Doing business as		84-42662	86
X	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	3962 THREE MILE ROAD N.		231-360-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	250,320.
	Amen return			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MARJORIE RICH		for subordinates	? 🖸 Yes  X No
	pendi	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🔄 501(c) ( )◀ (insert no.) 🗌 4947(a)(1)	or 🔄 527	If "No," attach a	list. See instructions
JV	Vebsi	te: 🕨 GENERATIONSAHEAD. ORG		H(c) Group exemptior	n number 🕨
κF	orm of	organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 2020 N	State of legal domicile: MI
Pa	rt I	Summary			
6	1	Briefly describe the organization's mission or most significant activities: GENE	RATION	S AHEAD EMP	OWERS YOUNG
Activities & Governance		PARENTS TO BECOME RESILIENT BY BUILDING	POSITI	VE RELATION	SHIPS,
rna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	sets.
ove					8
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
s S		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
∕itie		Total number of volunteers (estimate if necessary)			20
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)			250,020.
Revenue	9	Program service revenue (Part VIII, line 2g)			0.
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			300.
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			250,320.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			37,190.
Expenses					0.
per	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	41.		-
ы		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			28,936.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			66,126.
		Revenue less expenses. Subtract line 18 from line 12			184,194.
or es	15			ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		ginning of our out four	184,619.
Ass Ba		Total liabilities (Part X, line 26)			425.
Net		Net assets or fund balances. Subtract line 21 from line 20			184,194.
Pa	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the hest of my	knowledge and belief it is
	•	et, and complete. Declaration of preparer (other than officer) is based on all information of w			and bollon, it is
	551100				
Sigr		Signature of officer		Date	
Here		MARJORIE RICH, EXECUTIVE DIRECTOR			
		Type or print name and title			

		-							
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	TRINA EDWARDS, CPA		05/13/21		P00209084				
Preparer	Firm's name 🍗 DGN , LLC		Firm's	s EIN ▶ 20 -	-2349670				
Use Only	Firm's address P.O. BOX 947								
	TRAVERSE CITY, MI 49685-0947 Phone no.2								
May the IRS discuss this return with the preparer shown above? See instructions									
032001 12-2	032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) GENERATIONS AHEAD	84-4266286 <sub>Pa</sub>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	GENERATIONS AHEAD EMPOWERS YOUNG PARENTS TO BECOME R	
	BUILDING POSITIVE RELATIONSHIPS, STRENGTHENING FAMIL	Y STABILITY, AND
	RAISING HEALTHY CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	prior Form 990 or 990-EZ?	Yes X
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices?Yes X
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		(Revenue \$
	PROVIDE SERVICES FREE OF CHARGE TO TEEN AND YOUNG AD	
	(MOTHERS AND FATHERS) LIVING IN THE GRAND TRAVERSE R	
	PROVIDED INCLUDE: MENTORING, HOME VISITS, MENTAL HEA	LTH THERAPY, WEEK
	PARENTING EDUCATION, SUPPORT GROUPS AND FAMILY ACTIV	
	AND BABY SUPPLIES. THE GOALS OF GENERATIONS AHEAD IN	
	YOUNG PARENTS TO COMPLETE HIGH SCHOOL, PURSUE POST-S	
	TRAINING OR EDUCATION, INCREASE THEIR FAMILY RESILIE	
	HEALTHY RELATIONSHIPS WITH THEIR CHILDREN AND LARGER	FAMILY. IN 2020,
	WE HELPED 39 FAMILIES.	
1h	(Code: ) (Expenses \$ including grants of \$ )	(Pevenue \$
10		
4c	(Code:) (Expenses \$ including grants of \$ )	(Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses > 22,983.	1
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GENERATIONS AHEAD Form 990 (2020) GENERATIONS .
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)?		37	
	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			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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		x
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
16	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 11
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 23
16	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,	10		
	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			<u> </u>
	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
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	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 (	2020)	GENERATIONS	AHEAD
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	23		x
<b>24</b> a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
<b>~</b>	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X
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? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34		x
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00		L
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	x	
03200	(gambling) winnings to prize winners?	Form		(2020)
032004	5	1 UIII	550	(2020)

Form 990	(2020	) GENERATIONS AHEAD
Part V	St	atements 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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
4a	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).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x
h	any contributions that were not tax deductible as charitable contributions?	0a		- 23
D	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
'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 payors	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12       10a         Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b	-		
ы 11	Section 501(c)(12) organizations. Enter:	-		
'' 2	Gross income from members or shareholders			
h	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	_		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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			v
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2020)

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Form 990 (2020)
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI							
Sec	tion A. Governing Body and Management							-
			1		<b>م</b> ٦		Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a			8			
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b			8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip wit	h any o	ther				L
	officer, director, trustee, or key employee?					2		Ι
3	Did the organization delegate control over management duties customarily performed by or under	the dir	ect sup	ervision				T
	of officers, directors, trustees, or key employees to a management company or other person?					3		
4	Did the organization make any significant changes to its governing documents since the prior Form					4		t
5	Did the organization become aware during the year of a significant diversion of the organization's a					5		t
6	Did the organization have members or stockholders?					6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or				····  -	-		t
74	more members of the governing body?					7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members				····  -	74		t
D		<i>,</i>		,		76		
~	persons other than the governing body?				-	7b		╉
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	-		-		•	v	l
	The governing body?					8a	X	╡
	Each committee with authority to act on behalf of the governing body?				… ⊢	8b	Х	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-							I
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9		
ec	tion <b>B. Policies</b> (This Section B requests information about policies not required by the Internal	Reven	ue Cod	e.)				1
_					г		Yes	┦
	Did the organization have local chapters, branches, or affiliates?					10a		4
b	If "Yes," did the organization have written policies and procedures governing the activities of such							I
	and branches to ensure their operations are consistent with the organization's exempt purposes?				L	10b		1
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody be	fore filin	g the form	I?	11a	Х	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13					12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri	se to co	onflicts?		Г	12b	Х	Ι
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describ	е				T
	in Schedule O how this was done					12c	Х	I
3	Did the organization have a written whistleblower policy?					13		T
4	Did the organization have a written document retention and destruction policy?					14		t
5	Did the process for determining compensation of the following persons include a review and appro				···· F			t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision							I
а	The organization's CEO, Executive Director, or top management official				- 1	15a	Х	I
	Other officers or key employees of the organization					15a 15b	X	t
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				····  -	100		╉
6-		oment	with a					I
od	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang					16-		I
<b>I</b> -	taxable entity during the year?				… ⊢	16a		$\frac{1}{1}$
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			oation				I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janizat	ion's					ł
	exempt status with respect to such arrangements?		<u></u>			16b		
	tion C. Disclosure							
	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				( ) (=)			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 9	90-T (Se	ection 501	(c)(3)s	sonly	) avai	l
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website Upon request Other (expla			,				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflic	t of inte	erest policy	/, and	finar	ncial	
	statements available to the public during the tax year.							
0	State the name, address, and telephone number of the person who possesses the organization's to	books	and rec	ords 🕨				
	MARJORIE RICH - 231-360-0053							
	3962 THREE MILE RD. N, TRAVERSE CITY, MI 49686							
2006	§ 12-23-20					Form	990	(
	7							
	513 792967 12197 2020.03042 GENERATIONS AN					4 0 4	97	

Part VII	Compensation of Officers,	Directors, Trustees,	, Key Employees,	Highest Compense	ated
	Employees, and Independe	ent 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.

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

(A) Name and title	(B) Average hours per	(do box		(C Pos heck ss pe	<b>C)</b> ition more rson	than	one h an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Offlicer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARJIE RICH EXECUTIVE DIRECTOR	40.00	x						20,769.	0.	0.
(2) MARSHA SMITH	4.00							20,709.	0.	0.
CHAIR		x		x				Ο.	0.	0.
(3) ALISON METIVA	4.00									
SECRETARY/TREASURER		x		x				0.	Ο.	0.
(4) KATE GREENE	4.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) ROBERT COONEY	2.00									_
DIRECTOR		Х						0.	0.	0.
(6) REV. HOMER NYE	2.00								0	0
DIRECTOR	2 00	X						0.	0.	0.
(7) LAUREN FLYNN	2.00	x						0.	0.	0
DIRECTOR (8) CE'ERICA CHRISS	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(9) JENIFER DOHM	2.00							0.	0.	
DIRECTOR	2.00	x						0.	0.	0.
		-								
032007 12-23-20										Form <b>990</b> (2020)

032007 12-23-20

c       Total from continuation sheets to Part VII, Section A       ▶       0.00000000000000000000000000000000000		990 (2020) GENERATIO	ONS AHEA	٩D							84-42	266	286	Pa	age <b>8</b>
Name and title       Average hours par week (ist ary par an atoms of granizations presention related organizations below line)       Option and calculations there and directivitately in a strain below line)       Reportable organizations (W2/1099-MISC)       Reportable compensation from the organizations (W2/1099-MISC)       Estimated organizations (W2/1099-MISC)         Image: the state of the state organizations below line)       Image: the state organizations organizations       Image: the state organizations (W2/1099-MISC)       Reportable compensation from the organizations (W2/1099-MISC)       Reportable compensation from the organizations (W2/1099-MISC)         Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Reportable organizations (W2/1099-MISC)       Reportable organizations (W2/1099-MISC)         Image: the state organization         Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state organization       Image: the state orga	Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghes	st C	ompensated Employe	es (continued)				
Ib Subtotal       20,769.0.0.0         Ib Subtotal       20,769.0.0.0         Ib Subtotal       0.0.0.00         Ib Subtotal       20,769.0.0.0         Ib Subtotal       0.0.0.00         Ib Subtotal       0.0.00         Ib Subtotal       Is the sum of reportable compensation and other compensation from the organization and reportable compensation from the organization         Ib Subtotal       Is the sum of reportable compensation from the organization         Ib Subtotal Sted on line 1a receive or acrue compensation from many unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person         Ib Id any person list			Average hours per week	box, offic	not cl , unle:	Posi heck r ss per	i <b>tion</b> more rson i	than d is both	n an	Reportable compensation from	Reportable compensatio from related	n I	am	timate nount o other	of
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo			hours for related organizations below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•		fr org and	om the anizati d relate	e on ed
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
c       Total from continuation sheets to Part VII, Section A       ●       0.0000       0.0000         d       Total (add lines 1b and 1c)       ●       20,769.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed fo															
d Total (add lines 1b and 1c)       ▶       20,769.0.0.0.000       0.0000         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       Yes       N         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensa	1b	Subtotal						]		20,769.					0.
compensation from the organization         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       Yes       N         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.       (A)       (B)       (C)	d	Total (add lines 1b and 1c)							> >	20,769.		0.			0.
3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       2 <td>2</td> <td></td> <td>ot limited to th</td> <td>iose</td> <td>liste</td> <td>ed at</td> <td>DOVE</td> <td>e) wh</td> <td>o re</td> <td>eceived more than \$100</td> <td>0,000 of reportab</td> <td>le</td> <td></td> <td></td> <td>0</td>	2		ot limited to th	iose	liste	ed at	DOVE	e) wh	o re	eceived more than \$100	0,000 of reportab	le			0
line 1a? If "Yes," complete Schedule J for such individual       3       2         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Section B. Independent Contractors       5       2         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)												г		Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       2         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       2         5       Section B. Independent Contractors       5       2         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)		line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
rendered to the organization? If "Yes," complete Schedule J for such person       5       2         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       6       (C)		and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	for such individual			4		X
1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)		rendered to the organization? If "Yes," com	-				-			-			5		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)			mponeatod in	done	ndo	nt c	ontr	acto	rc t	bat received more than	\$100.000 of cor	20000	ation f	rom	
	<u> </u>											ipens	ation	IOIII	
			address	NC	ONE	2					ervices	C			<u>ו</u>
		Table and a state of the state				-1.					4				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0 Form 990 (20)	2		•	ot III	nite				teo	above) who received in	iore than		Form	<b>990</b> (2	2020)

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Ра	rt v	VII					or noto to ony lin	a in this Dart VIII			
			Check if Schedule O	conta	ains a respo	nse	or note to any lin	(A)	(B)	(C)	D
								Total revenue	Related or exempt		Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s s	4		E devete de como cione e		4-						3000013 012 014
ant	ין		Federated campaigns								
ωĒ											
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events								
ja Gi			Related organizations				2,900.				
Sins			5 (				2,900.				
ier i		f	All other contributions, gifts,				247 120				
- Ē Ē			similar amounts not included				247,120.				
- pu		g	Noncash contributions included in				3,240.				
<u>n O</u>		h	Total. Add lines 1a-1f		<u></u>			250,020.			
							Business Code				
ice	2	а									
ne C		b									
Program Service Revenue		С									
Jrar Rev		d									
5 D		е									
д.		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (inclue								
			other similar amounts)					300.			300.
	4		Income from investment of		•		· · ·				
	5		Royalties				🕨				
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses $\dots$	6b							
		С	Rental income or (loss)	6c							
		d	Net rental income or (loss	)			►				
	7	a	Gross amount from sales of		(i) Securit	ies	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
anu			and sales expenses	7b							
vel		С	Gain or (loss)	7c							
		d	Net gain or (loss)			. <u></u>	►				
Other Revenue	8	а	Gross income from fundraising	ng eve	ents (not						
			including \$		of						
			contributions reported on	line	1c). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	raising ever	nts	►				
	9	а	Gross income from gamin	g act	tivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activities	s <u>.</u> .	►				
	10	а	Gross sales of inventory,	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of invento	ry					
s							Business Code				
e e	11	а									
Miscellaneous Revenue		b									
eve eve		с									
Alisc		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					250,320.	0.	0.	300.
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Form 990 (2020)

GENERATIONS AHEAD

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> 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,		0.115	10 150	c . 1
	trustees, and key employees	20,769.	2,117.	12,453.	6,199
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	4.0.005	10 005		
7	Other salaries and wages	13,327.	13,327.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		1 1 1 0		
0	Payroll taxes	3,094.	1,449.	1,098.	547
1	Fees for services (nonemployees):				
а	Management	1 - 000		11 000	
b	Legal	17,800.		11,200.	6,600
С	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				105
13	Office expenses	1,765.	3.	1,567.	195
14	Information technology				
15	Royalties				
16	Occupancy	0.0	27	4.0	
17	Travel	86.	37.	49.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 0/2		1 0 4 2	
19	Conferences, conventions, and meetings	1,043.		1,043.	
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	857.		857.	
23		• / 00		• / 60	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CLIENT SUPPORT	3,916.	3,916.		
b	VOLUNTEER EXPENSE	1,634.	1,634.		
с	EQUIPMENT	963.		963.	
d	CLIENT TRANSPORTATION	500.	500.		
е	All other expenses	372.		372.	
25	Total functional expenses. Add lines 1 through 24e	66,126.	22,983.	29,602.	13,541
6	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)				

032010 12-23-20

Check here

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if following SOP 98-2 (ASC 958-720)

13130513 792967 12197

84-4266286 Page 11

## GENERATIONS AHEAD

		Check if Schedule O contains a response or note	to any line in this Part X		<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	184,072.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	547.
	5	Loans and other receivables from any current or f				
		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 [			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal		0.	16	184,619.
	17	Accounts payable and accrued expenses			17	425.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	art IV of Schedule D		21	
es	22	Loans and other payables to any current or forme	er officer, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial contributor, or 35%			
iab		controlled entity or family member of any of these	persons		22	
	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, paya	ables to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	425.
s		Organizations that follow FASB ASC 958, check	k here ▶ X			
JCe		and complete lines 27, 28, 32, and 33.				
alar	27			0.	27	300.
dBå	28	Net assets with donor restrictions		0.	28	183,894.
nn		Organizations that do not follow FASB ASC 958	8, check here 🕨 🛄			
чF		and complete lines 29 through 33.				
ts c	29	Capital stock or trust principal, or current funds $\dots$			29	
sse	30	Paid-in or capital surplus, or land, building, or equ			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			31	101 101
Ne	32	Total net assets or fund balances		0.	32	184,194.
	33	Total liabilities and net assets/fund balances		0.	33	184,619.
						Form <b>990</b> (2020)

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Form	990 (2020) GENERATIONS AHEAD	84-	-4266286	Pag	ge <b>12</b>
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			20.
2	Total expenses (must equal Part IX, column (A), line 25)	2			26.
3	Revenue less expenses. Subtract line 2 from line 1	3	184	.,1	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			0.
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	184	.,1	94.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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	d 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 separat	e basis	s,		
	consolidated basis, or both:				
	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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		
	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 requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

SCHEDULE A

(Form 990 or 990-EZ)

# 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.

l	OMB No. 1545-0047
	2020
	Open to Public Inspection
r	identification numbe

L

		of the Treasury nue Service			► Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.								
Nam	e of t	the organizati								identification r			
_				RATIONS AH						4-426628	6		
Pa					(All organizations must o				ns.				
The	organ				(For lines 1 through 12, o								
1					on of churches describe			1)(A)(i).					
2					Attach Schedule E (Forr								
3					anization described in <b>s</b>								
4			-	ation operated in co	onjunction with a hospita	l describe	d in <b>sectio</b>	on 170(b)(1)(A	<b>.)(iii).</b> Enter	the hospital's na	ame,		
		city, and stat											
5		0	•		ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	ped in			
		section 170	(b)(1)(A)(iv). (C	Complete Part II.)									
6			· -	-	mental unit described in								
7					antial part of its support	from a gov	vernmenta	unit or from	the general	public describe	d in		
				omplete Part II.)									
8					(1)(A)(vi). (Complete Par								
9					l in section 170(b)(1)(A)								
		-	or a non-land-g	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	of the colleg	je or			
	37	university:											
10	Χ				than 33 1/3% of its sup								
					ct to certain exceptions;								
		income and u	unrelated busir	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1	975.		
				mplete Part III.)									
11		-	-		sively to test for public sa	-							
12					sively for the benefit of, t								
					ed in section 509(a)(1) o					Check the box in			
	_	7	-	• •	of supporting organizatio		-		-				
а					supervised, or controlled	•							
			-		egularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
	_	٦ <sup>-</sup>		complete Part IV, Se									
b				-	d or controlled in connec			-		-			
			-		anization vested in the s	same perso	ons that co	ontrol or man	age the sup	oported			
		٦ Ŭ	. ,	t complete Part IV,									
С			-		ig organization operated				ally integrat	ed with,			
		- ··	0		s). You must complete								
d			-		oorting organization ope				-				
			-	•	zation generally must sa	•		-	id an attent	liveness			
	_	- ·			mplete Part IV, Section								
е			•		written determination fro			a Type I, Type	e II, Type III				
					onally integrated support	ing organi	zation.						
f			of supported o	•									
<u> </u>		i) Name of supp		about the support (ii) EIN	ed organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of	other		
	``	organizatior		(1) 2.13	(described on lines 1-10	in your govern Yes	ing document? No	support (see i	-	support (see instr			
					above (see instructions))	165	NO						
Tota	1												
	-												

Schedule A (Form 990 or 990-EZ) 2020 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 14

## Schedule A (Form 990 or 990 EZ) 2020 GENERATIONS AHEAD

84-4266286 Page 2

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

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

Sei	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	l i					
	or expended on its behalf	ſ					
3	The value of services or facilities						
	furnished by a governmental unit to	l i					
	the organization without charge	l i					
4							
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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) _0.0	(,	(0) = 0 + 0	(0, 2010	(0)=0=0	(.)
8	Gross income from interest,						
-	dividends, payments received on	l i					
	securities loans, rents, royalties,	l i					
	and income from similar sources	l i					
9	Net income from unrelated business						
5	activities, whether or not the	l i					
	business is regularly carried on	l i					
10							
10	•	l i					
	or loss from the sale of capital	l i					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
12			,				
13	First 5 years. If the Form 990 is for the				•		
Ser	organization, check this box and stor ction C. Computation of Publ						
-	Public support percentage for 2020 (			column (f))		14	%
	Public support percentage for 2020 ( Public support percentage from 2019					15	% %
	33 1/3% support test - 2020. If the						
104		-					
h	stop here. The organization qualifies 33 1/3% support test - 2019. If the o						
L.		-					
47-	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-		-	
	meets the facts-and-circumstances to	-					
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

## Schedule A (Form 990 or 990 EZ) 2020 GENERATIONS AHEAD

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

84-4266286 Page 3

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					250,020.	250,020.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5					250,020.	250,020.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						250,020.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6					250,020.	250,020.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					300.	300.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
						300.	300.
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)					250,320.	250,320.
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	-			-		
Sec	ction C. Computation of Publ						
15	Public support percentage for 2020 (	ine 8, column (f), (	divided by line 13,	, column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Investion					•	
17	Investment income percentage for 20	<b>20</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
<b>1</b> 9a	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization qual	lifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	nstructions	
03202	23 01-25-21				Scl	nedule A (Form 990	or 990-EZ) 2020
				16			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 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 line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17 2020.03042 GENERATIONS AHEAD 10a

1

2

No

Yes No

			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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			

	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated

supervised, or controlled the supporting organization.

000	cion o. Type il oupporting organizations			
			Yes	Γ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ſ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		I

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy	fy the Integral Part Test during the yea <b>fsee instructions</b> )	١.

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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18 2020.03042 GENERATIONS AHEAD

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#### Schedule A (Form 990 or 990-EZ) 2020 GENERATIONS AHEAD

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Dep	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adju	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	regate fair market value of all non-exempt-use assets (see			
instr	ructions for short tax year or assets held for part of year):			
a Aver	rage monthly value of securities	1a		
<b>b</b> Aver	rage monthly cash balances	1b		
<b>c</b> Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp	lain in detail in Part VI):			
2 Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3 Sub	tract line 2 from line 1d.	3		
4 Cas	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	tiply line 5 by 0.035.	6		
7 Rec	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
<b>1</b> Adju	isted net income for prior year (from Section A, line 8, column A)	1		
2 Ente	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
4 Ente	er greater of line 2 or line 3.	4		
5 Inco	me tax imposed in prior year	5		
6 Dist	ributable Amount. Subtract line 5 from line 4, unless subject to			
eme	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior		d Type III evenerting are	ani-ation (and

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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## Schedule A (Form 990 or 990 EZ) 2020 GENERATIONS AHEAD

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continue	ed)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 GENERATIONS AHEAD

	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
32028 01-25-3	21 Schedule A (Form 990 or 990-EZ) 21
20512	792967 12197 2020.03042 GENERATIONS AHEAD 12197_

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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 **Open to Public** Inspection

GENERATIONS AHEAD

Employer identification number 84-4266286

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

STRENGTHENING FAMILY STABILITY, AND RAISING HEALTHY CHILDREN.

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

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THEN A COPY OF APPROVED

FORM IS PROVIDED TO THE BOARD OF DIRECTORS.

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

CONFLICTS OF INTEREST ARE NOTED PRIOR TO AUTHORIZING A TRANSACTION WHEREIN

CONFLICT MAY EXIST AND A DETERMINATION IS MADE IF IT IS IN THE А

ORGANIZATION'S BEST INTEREST TO PROCEED WITH THAT TRANSACTION.

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

STUDY WAS COMPLETED BY GOVERNANCE COMMITTEE BOARD MEMBERS OF REGIONAL

EXECUTIVE DIRECTORS TO DETERMINE SALARY. EXECUTIVE DIRECTOR EVALUATED

COMPARABLE POSITIONS IN AREA TO SET EMPLOYEE'S SALARY.

FORM 990, PART VI, SECTION C, LINE 19:

UPON REQUEST. ONCE THE FIRST 990 IS COMPLETE, IT WILL BE PLACED ON THE

ORGANIZATION'S WEBSITE.

LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020