

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012**

|   |  |   |
|---|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br><b>GENERATION CITIZEN, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>89 SOUTH STREET</b><br>City or town, state or country, and ZIP + 4<br><b>BOSTON, MA 02111</b><br><b>F Name and address of principal officer: SCOTT WARREN</b><br><b>SAME AS C ABOVE</b> | <b>D Employer identification number</b><br><b>27-2039522</b><br><b>E Telephone number</b><br><b>617-933-9336</b><br><b>G Gross receipts \$</b> <b>336,904.</b><br><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |
| <b>J Website:</b> ▶ <b>GENERATIONCITIZEN.ORG</b>  |  |   |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L Year of formation:</b> <b>2010</b>   |
| <b>M State of legal domicile:</b> <b>MA</b>   |  |   |

| Part I Summary              |   |                                  |                     |
|-----------------------------|---|----------------------------------|---------------------|
|                             | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO EMPOWER HISTORICALLY UNDER-REPRESENTED YOUTH TO BE ACTIVE PARTICIPANTS IN THE DEMOCRATIC</b> |                                  |                     |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
| Activities & Governance     | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....  | <b>3</b>                         | <b>8</b>            |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....  | <b>4</b>                         | <b>0</b>            |
|                             | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....   | <b>5</b>                         | <b>6</b>            |
|                             | <b>6</b> Total number of volunteers (estimate if necessary) .....   | <b>6</b>                         | <b>0</b>            |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>                        | <b>0.</b>           |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....   | <b>7b</b>                        | <b>0.</b>           |
| Revenue                     |   | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>8</b> Contributions and grants (Part VIII, line 1h) .....  | <b>107,058.</b>                  | <b>336,904.</b>     |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) .....   | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | <b>107,058.</b>                  | <b>336,904.</b>     |
| Expenses                    |   |                                  |                     |
|                             | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....  | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....   | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | <b>73,741.</b>                   | <b>199,654.</b>     |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....  | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>48,453.</b>   |                                  |                     |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | <b>37,974.</b>                   | <b>123,990.</b>     |
|                             | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | <b>111,715.</b>                  | <b>323,644.</b>     |
|                             | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....  | <b>-4,657.</b>                   | <b>13,260.</b>      |
| Net Assets or Fund Balances |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>20</b> Total assets (Part X, line 16) .....  | <b>18,906.</b>                   | <b>41,981.</b>      |
|                             | <b>21</b> Total liabilities (Part X, line 26) .....   | <b>0.</b>                        | <b>9,815.</b>       |
|                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....  | <b>18,906.</b>                   | <b>32,166.</b>      |

|   |  |                                 |      |  |                          |
|---|--|---------------------------------|------|--|--------------------------|
| <b>Part II Signature Block</b>  |  |                                 |      |  |                          |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |  |                                 |      |  |                          |
| <b>Sign Here</b>  | ▶ Signature of officer   |                                 | Date |  |                          |
|   | ▶ <b>SCOTT WARREN, EXECUTIVE DIRECTOR</b>  |                                 |      |  |                          |
|   | Type or print name and title   |                                 |      |  |                          |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>TIMOTHY MURRAY</b>                                | Preparer's signature            | Date | Check if self-employed <input checked="" type="checkbox"/> | PTIN<br><b>P00119701</b> |
|   | Firm's name ▶ <b>CHARLAND, MARCIANO &amp; COMPANY, CPAS, LLP</b>                   | Firm's EIN ▶ <b>05-0430561</b>  |      |  |                          |
|   | Firm's address ▶ <b>18 IMPERIAL PLACE, SUITE 1G</b><br><b>PROVIDENCE, RI 02903</b> | Phone no. <b>(401) 331-9600</b> |      |  |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO EMPOWER HISTORICALLY UNDER-REPRESENTED YOUTH TO BE ACTIVE PARTICIPANTS IN THE DEMOCRATIC PROCESS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 (Code: ) (Expenses \$ 239,610. including grants of \$ ) (Revenue \$ ) TO EXPAND DEMOCRATIC PARTICIPATION AMONG YOUTH POPULATIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 239,610.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....  | X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   |     | X  |
| <b>6</b> 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> .....  |     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....   |     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| <b>11</b> 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.   |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | X   |    |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....   |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....   |     | X  |
| <b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....  |     | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   |     | X  |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | X   |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....   |     | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  |     | X  |
| <b>b</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 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... |     | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....  |     | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....  |     | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....   |     | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   |     | X  |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   |     |    |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....   |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....                            |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....   |     |    |
| <b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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 "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> 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> .....  |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....   |     | X  |
| <b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....  | X   |    |

**Note.** All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question ID, description, sub-questions, and Yes/No columns. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4a, 5a-5c, 6a-6b, 7, 7a-7g, 8, 9, 9a-9b, 10, 10a-10b, 11, 11a-11b, 12a, 12b, 13, 13a-13c, 14a, 14b.

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 in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (0), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SCOTT WARREN, EXECUTIVE DIRECTOR - 617-933-9336 89 SOUTH STREET, BOSTON, MA 02111

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

Check if Schedule O contains a response to any question 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) SCOTT WARREN<br>EXECUTIVE DIRECTOR, TREASURER | 40.00  | X  |                       | X       |              |                              | 43,333. | 0.   | 0.  |   |
| (2) EDWIN COHEN<br>BOARD MEMBER                   | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (3) ROBERT FLANDERS JR<br>BOARD MEMBER            | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (4) LOUISE LANGHEIER DAVID<br>BOARD MEMBER        | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (5) KATIE PAKENHAM<br>BOARD MEMBER                | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (6) MARY VASCELLARO<br>PRESIDENT                  | 1.00   | X  |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (7) ANDREW OFFIT<br>BOARD MEMBER                  | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (8) THOMAS PANITZ<br>BOARD MEMBER                 | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (9) MATTHEW SEGNERI<br>BOARD MEMBER               | 1.00   | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |
|   |  |  |                       |         |              |                              |         |  |   |   |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week<br>(describe hours for related organizations in Schedule O) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization<br>(W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations<br>(W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
|  |   |  |                       |         |              |                              |        |   |  |   |
| <b>1b Sub-total</b> .....  |   |  |                       |         |              |                              |        | 43,333.   | 0.   | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |  |                       |         |              |                              |        | 43,333.   | 0.   | 0.  |

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 **0**

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....                                       |     | X  |
| 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 ..... |     | X  |
| 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 .....                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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**



**Part VIII Statement of Revenue**

|   |   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|---|---|---|----------------------|---|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>           | <b>1 a</b> Federated campaigns .....  | <b>1a</b>   |                      |   |   |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>   |                      |   |   |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>   |                      |   |   |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>   |                      |   |   |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>   |                      |   |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....   | <b>1f</b> 336,904.  |                      |   |   |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |   |                      |   |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |   | 336,904.             |   |   |  |  |
|   | <b>Program Service Revenue</b>  | <b>2 a</b> _____ Business Code                              |                      |   |   |  |  |
| <b>b</b> _____  |   |   |                      |   |   |  |  |
| <b>c</b> _____  |   |   |                      |   |   |  |  |
| <b>d</b> _____  |   |   |                      |   |   |  |  |
| <b>e</b> _____  |   |   |                      |   |   |  |  |
| <b>f</b> All other program service revenue .....                        |   |   |                      |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....                                   |   |   |                      |   |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....   |   |                      |   |   |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |   |                      |   |   |  |  |
|   | <b>5</b> Royalties .....  |   |                      |   |   |  |  |
|   | <b>6 a</b> Gross rents .....  | (i) Real  | (ii) Personal        |   |   |  |  |
|   |   | <b>b</b> Less: rental expenses .....                        |                      |   |   |  |  |
|   |   | <b>c</b> Rental income or (loss) .....                      |                      |   |   |  |  |
|   |   | <b>d</b> Net rental income or (loss) .....                  |                      |   |   |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....   | (i) Securities  | (ii) Other           |   |   |  |  |
|   |   | <b>b</b> Less: cost or other basis and sales expenses ..... |                      |   |   |  |  |
|   |   | <b>c</b> Gain or (loss) .....                               |                      |   |   |  |  |
|   |   | <b>d</b> Net gain or (loss) .....                           |                      |   |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>  |                      |   |   |  |  |
|   |   | <b>b</b> Less: direct expenses .....                        | <b>b</b>             |   |   |  |  |
|   |   | <b>c</b> Net income or (loss) from fundraising events ..... |                      |   |   |  |  |
|   | <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>a</b>  |                      |   |   |  |  |
| <b>b</b> Less: direct expenses .....                                    |   | <b>b</b>  |                      |   |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....              |   |   |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances ..... | <b>a</b>  |   |                      |   |   |  |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>  |                      |   |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>  |   | <b>Business Code</b>  |                      |   |   |  |  |
| <b>11 a</b> _____   |   |   |                      |   |   |  |  |
|   | <b>b</b> _____  |   |                      |   |   |  |  |
|   | <b>c</b> _____  |   |                      |   |   |  |  |
|   | <b>d</b> All other revenue .....  |   |                      |   |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |   |                      |   |   |  |  |
| <b>12 Total revenue.</b> See instructions. ....                         |   |   | 336,904.             | 0.  | 0.                                      | 0.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 185,208.              | 144,896.                        | 10,458.                                | 29,854.                     |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| 7 Other salaries and wages  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)  |                       |                                 |  |                             |
| 9 Other employee benefits   |                       |                                 |  |                             |
| 10 Payroll taxes  | 14,446.               | 11,302.                         | 815.                                   | 2,329.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  | 31,408.               | 25,258.                         |  | 6,150.                      |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 7,322.                |                                 | 7,322.                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  |                       |                                 |  |                             |
| g Other   |                       |                                 |  |                             |
| 12 Advertising and promotion  |                       |                                 |  |                             |
| 13 Office expenses  | 2,322.                | 1,817.                          | 131.                                   | 374.                        |
| 14 Information technology   |                       |                                 |  |                             |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 25,726.               | 19,305.                         | 6,421.                                 |                             |
| 17 Travel   | 16,544.               | 16,544.                         |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   |                       |                                 |  |                             |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 465.                  |                                 | 465.                                   |                             |
| 23 Insurance  | 9,696.                |                                 | 9,696.                                 |                             |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a <b>DEVELOPMENT</b>  | 9,228.                |                                 |  | 9,228.                      |
| b <b>EDUCATION &amp; TRAINING</b>   | 8,167.                | 8,167.                          |  |                             |
| c <b>EVALUATIONS</b>  | 5,550.                | 5,550.                          |  |                             |
| d <b>CIVICS DAY</b>   | 4,389.                | 4,389.                          |  |                             |
| e All other expenses  | 3,173.                | 2,382.                          | 273.                                   | 518.                        |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24e  | 323,644.              | 239,610.                        | 35,581.                                | 48,453.                     |
| 26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |  | (A)<br>Beginning of year |         | (B)<br>End of year |         |      |
|---|--|--------------------------|---------|--------------------|---------|------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 17,895.                  | 1       | 6,053.             |         |      |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | 2       |                    |         |      |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | 3       |                    |         |      |
|   | <b>4</b> Accounts receivable, net .....  |                          | 4       | 35,000.            |         |      |
|   | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |                          | 5       |                    |         |      |
|   | <b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |                          | 6       |                    |         |      |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | 7       |                    |         |      |
|   | <b>8</b> Inventories for sale or use .....   |                          | 8       |                    |         |      |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | 9       |                    |         |      |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a                      | 382.    |                    |         |      |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b                      | 32.     | 0.                 | 10c     | 350. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          |         | 11                 |         |      |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          |         | 12                 |         |      |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          |         | 13                 |         |      |
|   | <b>14</b> Intangible assets .....  |                          | 1,011.  | 14                 | 578.    |      |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          |         | 15                 |         |      |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |  | 18,906.                  | 16      | 41,981.            |         |      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  |                          | 17      | 9,815.             |         |      |
|   | <b>18</b> Grants payable .....   |                          | 18      |                    |         |      |
|   | <b>19</b> Deferred revenue .....   |                          | 19      |                    |         |      |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20      |                    |         |      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          |         | 21                 |         |      |
|   | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |                          |         | 22                 |         |      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          |         | 23                 |         |      |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          |         | 24                 |         |      |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  |                          |         | 25                 |         |      |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   |                          | 0.      | 26                 | 9,815.  |      |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                          |         |                    |         |      |
|   | <b>27</b> Unrestricted net assets .....  |                          |         | 27                 |         |      |
|   | <b>28</b> Temporarily restricted net assets .....  |                          |         | 28                 |         |      |
|   | <b>29</b> Permanently restricted net assets .....  |                          |         | 29                 |         |      |
|   | <b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.</b>   |                          |         |                    |         |      |
|   | <b>30</b> Capital stock or trust principal, or current funds .....   |                          | 0.      | 30                 | 0.      |      |
|   | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 0.      | 31                 | 0.      |      |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 18,906. | 32                 | 32,166. |      |
| <b>33</b> Total net assets or fund balances .....                         |  | 18,906.                  | 33      | 32,166.            |         |      |
| <b>34</b> Total liabilities and net assets/fund balances .....            |  | 18,906.                  | 34      | 41,981.            |         |      |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

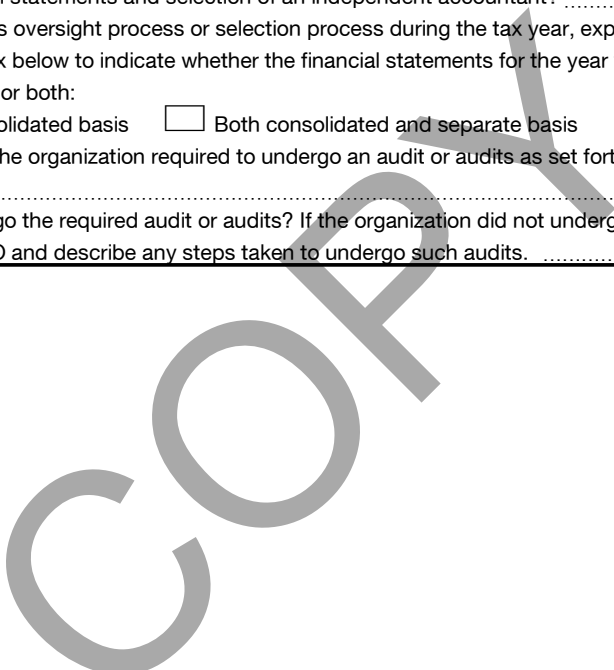
|   |  |   |          |
|---|--|---|----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)  | 1 | 336,904. |
| 2 | Total expenses (must equal Part IX, column (A), line 25)   | 2 | 323,644. |
| 3 | Revenue less expenses. Subtract line 2 from line 1   | 3 | 13,260.  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4 | 18,906.  |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)   | 5 | 0.       |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 32,166.  |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| 2b | Were the organization's financial statements audited by an independent accountant?  | X   |    |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | X   |    |
| d  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

Form 990 (2011)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization **GENERATION CITIZEN, INC.** Employer identification number **27-2039522**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... |     |    |
| (ii) A family member of a person described in (i) above? .....   |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  |     |    |
- h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          | 108,356. | 336,904. | 445,260.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          | 108,356. | 336,904. | 445,260.  |
| <b>5</b> 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) ..... |          |          |          |          |          | 119,405.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 325,855.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total                           |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          | 108,356. | 336,904. | 445,260.                            |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  |          |          |          |          |          |                                     |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                                     |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |          |          |          |          |          |                                     |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 445,260.                            |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                                     |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input checked="" type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                          |   |
|---|--------------------------|---|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....  | 14                       | % |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....  | 15                       | % |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input type="checkbox"/> |   |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/> |   |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/> |   |
| <b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/> |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/> |   |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

THE ORGANIZATION WAS CREATED 02/12/10 AND FILED THEIR RETURN WITH A  
CALENDAR YEAR END. THE ORGANZIATION THEN CHANGED TO A JUNE 30TH YEAR END  
AND FILED ANOTHER RETURN FOR 01/01/11 - 06/30/11. THE CURRENT RETURN FOR  
YEAR END 06/30/12 IS THE FIRST FULL YEAR RETURN BEING FILED.

COPY



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

Name of the organization

GENERATION CITIZEN, INC.

Employer identification number

27-2039522

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds | (b) Funds and other accounts                             |
|---|-------------------------|--|
| 1 Total number at end of year .....   |                         |  |
| 2 Aggregate contributions to (during year) .....  |                         |  |
| 3 Aggregate grants from (during year) .....   |                         |  |
| 4 Aggregate value at end of year .....  |                         |  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

|                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Temporarily restricted endowment \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      | 382.                            | 32.                          | 350.           |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 350.           |

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows 1-10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows 1-10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-11.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |  |    |          |
|----|--|----|----------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                 | 1  | 336,904. |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                  | 2  | 323,644. |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                            | 3  | 13,260.  |
| 4  | Net unrealized gains (losses) on investments   | 4  |          |
| 5  | Donated services and use of facilities   | 5  |          |
| 6  | Investment expenses  | 6  |          |
| 7  | Prior period adjustments   | 7  |          |
| 8  | Other (Describe in Part XIV.)  | 8  |          |
| 9  | Total adjustments (net). Add lines 4 through 8   | 9  |          |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 13,260.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |          |
|---|---|----|----------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 336,904. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |          |
| a | Net unrealized gains on investments   | 2a |          |
| b | Donated services and use of facilities  | 2b |          |
| c | Recoveries of prior year grants   | 2c |          |
| d | Other (Describe in Part XIV.)   | 2d |          |
| e | Add lines 2a through 2d   | 2e | 0.       |
| 3 | Subtract line 2e from line 1  | 3  | 336,904. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |          |
| b | Other (Describe in Part XIV.)   | 4b |          |
| c | Add lines 4a and 4b   | 4c | 0.       |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 336,904. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |          |
|---|--|----|----------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 323,644. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |          |
| a | Donated services and use of facilities   | 2a |          |
| b | Prior year adjustments   | 2b |          |
| c | Other losses   | 2c |          |
| d | Other (Describe in Part XIV.)  | 2d |          |
| e | Add lines 2a through 2d  | 2e | 0.       |
| 3 | Subtract line 2e from line 1   | 3  | 323,644. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |          |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |          |
| b | Other (Describe in Part XIV.)  | 4b |          |
| c | Add lines 4a and 4b  | 4c | 0.       |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 323,644. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2: THE ORGANIZATION IS A NON-PROFIT CORPORATION EXEMPT**

**FROM INCOME TAXES UNDER THE INTERNAL REVENUE CODE SECTION 501 (C)(3) AS AN OTHER THAN PRIVATE FOUNDATION. THE ORGANIZATION DOES NOT OPERATE A TRADE OF BUSINESS THAT WOULD MAKE IT SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE.**

**THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS FOR ALL OPEN TAX YEARS.**

**CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL**

**Part XIV** Supplemental Information (continued)

REVENUE SERVICE ARE THE INITIAL YEAR ENDED DECEMBER 31, 2010, AND THE  
SHORT YEAR FROM JANUARY 1, 2011 THROUGH JUNE 30, 2011. HOWEVER, THE  
ORGANIZATION IS NOT CURRENTLY UNDER AUDIT NOR HAS IT BEEN CONTACTED BY ANY  
JURISDICTION. BASED ON THE EVALUATION OF THE ORGANIZATION'S TAX  
POSITIONS, MANAGEMENT BELIEVES ALL TAX POSITIONS TAKEN WOULD BE UPHELD  
UNDER EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFECTS OF UNCERTAIN  
TAX POSITIONS HAVE BEEN RECORDED FOR THE FISCAL YEAR ENDED JUNE 30, 2012.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

GENERATION CITIZEN, INC.

Employer identification number

27-2039522

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

PROCESS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS FORM  
990 BEFORE IT IS SIGNED AND MAILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS PERFORMS  
PERIODIC REVIEWS CONSISTING OF, AT A MINIMUM, THE FOLLOWING: ENSURING  
COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT  
SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING; AND WHETHER  
TRANSACTIONS AND ARRANGEMENTS CONFORM TO THE ORGANIZATION'S WRITTEN  
POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS  
FOR GOODS AND SERVICES, FURTHER THE ORGANIZATION'S CHARITABLE PURPOSES AND  
DO NOT RESULT IN PRIVATE INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT OR IN AN  
"EXCESS BENEFIT" TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL  
STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

PRIOR YEAR 990 WAS FILED ON THE CASH BASIS OF ACCOUNTING. AUDITED  
FINANCIAL STATEMENTS WERE REQUIRED FOR NY AND WERE PREPARED ON THE  
ACCRUAL BASIS OF ACCOUNTING AS REQUIRED BY GAAP.

| Asset No. | Description                            | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
|           | MANAGEMENT AND GENERAL                 |               |        |      |          |                          |            |                      |                        |                          |                 |                        |
| 1         | WEBSITE DEVELOPMENT                    | 111210        |        | 36M  | 43       | 1,300.                   |            |                      | 1,300.                 | 289.                     |                 | 433.                   |
| 2         | HP LAPTOP                              | 050412        | 200DB  | 3.00 | 19A      | 382.                     |            |                      | 382.                   |                          |                 | 32.                    |
|           | * 990 PAGE 10 TOTAL MANAGEMENT AND GEN |               |        |      |          | 1,682.                   |            | 0.                   | 1,682.                 | 289.                     | 0.              | 465.                   |
|           | * GRAND TOTAL 990 PAGE 10 DEPR & AMOR  |               |        |      |          | 1,682.                   |            | 0.                   | 1,682.                 | 289.                     | 0.              | 465.                   |

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 41,981., D Employer identification number 27-2039522, E Unrelated business activity codes, F Group exemption number, G Check organization type 501(c) corporation, H Describe the organization's primary unrelated business activity.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No. J The books are in care of SCOTT WARREN, EXECUTIVE DIRECTOR Telephone number 617-933-9336

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income of a section 501(c)(7), (9), or (17) organization, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12. Total income 0.

Table with 4 columns: Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Rows include: 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest, 19 Taxes and licenses, 20 Charitable contributions, 21 Depreciation, 22 Less depreciation claimed on Schedule A and elsewhere on return, 23 Depletion, 24 Contributions to deferred compensation plans, 25 Employee benefit programs, 26 Excess exempt expenses, 27 Excess readership costs, 28 Other deductions, 29 Total deductions, 30 Unrelated business taxable income before net operating loss deduction, 31 Net operating loss deduction, 32 Unrelated business taxable income before specific deduction, 33 Specific deduction, 34 Unrelated business taxable income. Total deductions 1,000.



Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded amount.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign financial accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, Title (EXECUTIVE DIRECTOR), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (TIMOTHY MURRAY), Preparer's signature, Date, Check self-employed (checked), PTIN (P00119701), Firm's name (CHARLAND, MARCIANO & COMPANY, CPAS, LLP), Firm's EIN (05-0430561), Firm's address (18 IMPERIAL PLACE, SUITE 1G, PROVIDENCE, RI 02903), and Phone no. ((401) 331-9600).

Depreciation and Amortization 990 (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

GENERATION CITIZEN, INC.

FORM 990 PAGE 10

27-2039522

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 500,000. Line 3: 2,000,000. Line 7: [blank]. Line 13: [blank].

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 14: [blank]. Line 15: [blank]. Line 16: [blank].

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: [blank]. Line 18: [checkbox].

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Row 19a: 3-year property, 382., 3 YRS., MQ, 200DB, 32.

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) [blank], (c) [blank], (d) [blank], (e) [blank], (f) [blank]. Row 20a: Class life, 12-year, 40 yrs., MM, S/L.

Part IV Summary (See instructions.)

Table with 2 rows for Part IV. Line 21: [blank]. Line 22: 32. Line 23: [blank].

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2011 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2011 tax year 43 433.

44 Total. Add amounts in column (f). See the instructions for where to report 44 433.

**Credit for Small Employer Health Insurance Premiums**

▶ Information about Form 8941 and its instructions is available at [www.irs.gov/forms8941](http://www.irs.gov/forms8941).

▶ Attach to your tax return.

Name(s) shown on return

Identifying number

**GENERATION CITIZEN, INC.**

**27-2039522**

|           |  |                |
|-----------|--|----------------|
| <b>1</b>  | Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) .....   | <b>5</b>       |
| <b>2</b>  | Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 .....  | <b>4</b>       |
| <b>3</b>  | Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12 .....   | <b>46,000.</b> |
| <b>4</b>  | Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions) .....   | <b>6,657.</b>  |
| <b>5</b>  | Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions) .....  | <b>29,500.</b> |
| <b>6</b>  | Enter the <b>smaller</b> of line 4 or line 5 .....   | <b>6,657.</b>  |
| <b>7</b>  | Multiply line 6 by the applicable percentage:<br>• Tax-exempt small employers, multiply line 6 by 25% (.25)<br>• All other small employers, multiply line 6 by 35% (.35) .....   | <b>1,664.</b>  |
| <b>8</b>  | If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions .....   | <b>1,664.</b>  |
| <b>9</b>  | If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions .....   | <b>266.</b>    |
| <b>10</b> | Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) .....   |                |
| <b>11</b> | Subtract line 10 from line 4. If zero or less, enter -0- .....   | <b>6,657.</b>  |
| <b>12</b> | Enter the <b>smaller</b> of line 9 or line 11 .....  | <b>266.</b>    |
| <b>13</b> | If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) .....   | <b>5</b>       |
| <b>14</b> | Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13 .....   | <b>4</b>       |
| <b>15</b> | Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) .....  |                |
| <b>16</b> | Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h ..... | <b>266.</b>    |
| <b>17</b> | Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions) .....  |                |
| <b>18</b> | Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h .....   |                |
| <b>19</b> | Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions) .....  | <b>14,446.</b> |
| <b>20</b> | Tax-exempt small employers, enter the <b>smaller</b> of line 16 or line 19 here and on Form 990-T, line 44f .....  | <b>266.</b>    |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2011)

**Information Needed to Complete Lines 1-3**

| (a)<br>Individuals Considered Employees | (b)<br>Employee Hours<br>of Service | (c)<br>Employee Wages Paid |
|---|-------------------------------------|----------------------------|
| WARREN, S                               | 2,080.                              | 43,333.                    |
| ANDES, S                                | 2,080.                              | 34,375.                    |
| MILLENSON, D                            | 2,080.                              | 41,250.                    |
| MILLS, M                                | 2,080.                              | 40,000.                    |
| PRESSMAN, G                             | 1,040.                              | 26,250.                    |
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|   |                                     |                            |
| Total                                   | 9,360.                              | 185,208.                   |

**Full-Time Equivalent Employees (FTEs)**

- |  |        |
|--|--------|
| 1. Enter the total employee hours of service from column (b) above ..... | 9,360. |
| 2. Hours of service per FTE .....  | 2,080  |
| 3. Full-time equivalent employees. Divide line 1 by line 2 .....         | 4      |

**Average Annual Wages**

- |  |          |
|--|----------|
| 1. Enter the total employee wages paid from column (c) above ..... | 185,208. |
| 2. Enter FTEs from line 3 above .....                              | 4        |
| 3. Average wages. Divide line 1 by line 2 .....                    | 46,000.  |

Additional Information Needed to Complete Lines 4-14

| (a)<br>Enrolled Individuals<br>Considered Employees | (b)<br>Employer<br>Premiums Paid | (c)<br>Employer State<br>Average Premiums | (d)<br>Enrolled Employee<br>Hours of Service |
|---|----------------------------------|---|--|
| WARREN, S   | 1,398.                           | 5,900.                                    | 2,080.                                       |
| ANDES, S  | 1,478.                           | 5,900.                                    | 2,080.                                       |
| MILLENSON, D  | 1,478.                           | 5,900.                                    | 2,080.                                       |
| MILLS, M  | 1,435.                           | 5,900.                                    | 2,080.                                       |
| PRESSMAN, G   | 868.                             | 5,900.                                    | 1,040.                                       |
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| Total   | 6,657.                           | 29,500.                                   | 9,360.                                       |

FTE Limitation

- 1. Enter the amount from Form 8941, line 7 ..... 1,664.
- 2. Enter the amount from Form 8941, line 2 ..... 4
- 3. Subtract 10 from line 2 (if line 2 is 10 or less, skip to line 6) .....
- 4. Divide line 3 by 15 .....
- 5. Multiply line 1 by line 4 .....
- 6. Subtract line 5 from line 1. Reported this amount on Form 8941, line 8 ..... 1,664.

Average Annual Wages Limitation

- 1. Enter the amount from Form 8941, line 8 ..... 1,664.
- 2. Enter the amount from Form 8941, line 7 ..... 1,664.
- 3. Enter the amount from Form 8941, line 3 ..... 46,000.
- 4. Subtract 25,000 from line 3 ..... 21,000.
- 5. Divide line 4 by 25,000 ..... .840
- 6. Multiply line 2 by line 5 ..... 1,398.
- 7. Subtract line 6 from line 1. Reported this amount on Form 8941, line 9 ..... 266.

FTEs Enrolled in Coverage

- 1. Enter the total enrolled employee hours of service from column (d) above ..... 9,360.
- 2. Hours of service per FTE ..... 2,080
- 3. Divide line 1 by line 2. Report this amount on Form 8941, line 14 ..... 4