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Form **990**

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)

OMB No 1545-0047 2010

Open to Public Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2010 calendar year, or tax year beginning . 2010, and ending Check if applicable D Employer Identification Number GENERATIONS OF VIRTUE Address change 14-1875193 870 COMMERCIAL LANE E Telephone number Name change PALMER LAKE, CO 80133 Initial return (303) 662-0845 Terminated Amended return 368,668. G Gross receipts \$ F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes No SAME AS C ABOVE H(b) Are all affiliates included? If 'No,' attach a list (see instructions) X 501(c)(3) 501(c) (Tax-exempt status 4947(a)(1) or) ◀ (insert no) 527 WWW. GENERATIONSOFVIRTUE. ORG H(c) Group exemption number X Corporation Form of organization Trust L Year of Formation 2003 M State of legal domicile Part I Summarv Briefly describe the organization's mission or most significant activities GENERATION OF VIRTUE IS A MINISTRY AND TRAINING ORGANIZATION TO EMPOWER PARENTS TO TRAIN THEIR CHILDREN IN VIRTUE, Governance ABSTINENCE AND SEX EDUCATION. TO RAISE UP AND RELEASE THE NEXT GENERATION THAT HAS PURITY AS A VALUE AND ESTABLISH A HIGHER STANDARD AND PURITY FOR GENERATIONS Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 5 4 Total number of individuals employed in calendar year 2010 (Part V. line 2a) 0 5 Total number of volunteers (estimate if necessary) 6 25 7a Total unrelated business revenue from Part VIII, column (Q) Hine 7 a **b** Net unrelated business taxable income from Form 990 Ō. 7h 8 Ŕ **Prior Year Current Year** JUL 26 2011 Contributions and grants (Part VIII, line 1h) 68,634. 52,054. ũ Program service revenue (Part VIII, line 2q) 550. 3,668. Investment income (Part VIII, column (A), lines 3, 4 and 10 -12,552. 6._ Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9c, 190,844. 172,891. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 247,476. 228,619. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e). 2,803. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 206,318 206,693. 206,318. 206,693. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 41,158. 21,926. (K) Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) 139,414. 147,690. 21 Total liabilities (Part X, line 26) 29,977. 16,327. Net assets or fund balances Subtract line 21 from line 20 109,437. 131,363. | Signature Block return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and on all information of which preparer has any knowledge Under penalties of perjury, I complete Declaration of pre Sign Here Print/Type preparer's name PTIN Preparer's signature Check 07/01 2011 **Paid** N/A self-employed - SCHUBERT & ASSOCIATES, P.C Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address

► 8800 NORTH GAINEY CENTER DRIVE,

SCOTTSDALE, AZ 85258

Firm's EIN ► N/A

Phone no

(480)

X Yes

SUITE 154

No

951-5202

	990 (2010) GENERATIONS OF VIRTUE	14-1875193	Page 2
Pa	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	and the organization of th		
	SEE .SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes X	No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services	s 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 expenses, and revenue, if any, for each program service reported	d allocations to others, the t	otal
	Superiode, and revenue, it diffy for each program service reported		
4-	(Code (Expenses \$ 158,073. including grants of \$) (f	Daviania ė	
44	SPONSORED CONFERENCES AND MEETINGS TO EQUIP PARENTS WITH THE RES	Revenue \$)
	PROMOTE ABSTINENCE AND PURITY. SPONSOR SPEAKERS TO TRAIN PARENT		
	VIRTUE, ABSTINENCE AND SEX EDUCATION. MANUFACTURE ITEMS TO PROM	OTE THE MESSAGE.	
4b	(Code) (Expenses \$) (Figure 1) (Code)	Revenue \$)
	_		
4c	(Code) (Expenses \$including grants of \$) (F	Revenue \$	<u> </u>
	, (Lasto J., (Lastonia) 4		
		- -	
			
		- -	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 158,073.		

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Form 990 (2010) GENERATIONS OF VIRTUE Part IV Checklist of Required Schedules

	The state of the s			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4_		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments 2 If 2 Yes, 2 complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ı	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 ь		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	<u> </u>	Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b	ļ	Х
	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? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	ļ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	Х
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 b		

Form 990 (2010) GENERATIONS OF VIRTUE

Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		res	MO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		X
22	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 ⁷ If 'Yes,' complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
24a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part l	25a		Х
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	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? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X_
ь	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	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? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule Q	38	Х	
BAA		Form	990 ((2010)

_	Check if Schedule O contains a response to any question in this Part V				
	1			Yes	No
1	a Enter-the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 1a 1			
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1ь 0			ŀ
	c Did the organization comply with backup withholding rules for reportable payments to vendor	s and reportable gaming			<u> </u>
	(gambling) winnings to prize winners?	· ·	1c	Х	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-				
	ments, filed for the calendar year ending with or within the year covered by this return	2a 0			
	b If at least one is reported on line 2a, did the organization file all required federal employment		2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	•			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ır?	3a		X
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>		3b		
4	a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other financial account.)	or other authority over, a	4a		X
	b If 'Yes,' enter the name of the foreign country	nancial accounty.	74		
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F	inancial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax		- <u>-</u> 5a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	•	5b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c		
0	a Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such co not tax deductible?	ontributions or gifts were	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and page 1	artly for goods and			<u> </u>
	services provided to the payor?		7a		Х
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		ļ
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for wl Form 8282?	nich it was required to file	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e		Х
	${f f}$ Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization as required?	on file Form 8899	7g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, he	g organizations. Did the			
	holdings at any time during the year?	ave excess business	8		
9					<u>.</u>
	a Did the organization make any taxable distributions under section 4966?		9a		
	b Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь		
	Section 501(c)(7) organizations. Enter	1 1			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ы			
	Section 501(c)(12) organizations. Enter	l aa . l			
	a Gross income from members or shareholders	11a			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
,	a Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule	e O			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	136			
	Enter the amount of reserves on hand	13c			
14	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	Schedule O	14b		

Pai	rt VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	elow, nges	and in	for					
	Schedule O. See instructions.	_		T.					
500	Check if Schedule O contains a response to any question in this Part VI			X					
366	Con A. Governing Body and Management		Yes	No					
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1a 5		162	NO					
	b Enter the number of voting members included in line 1a, above, who are independent 1b 5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	2	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Does the organization have members or stockholders?									
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
Ŀ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
a	The governing body?	8a	X						
t	Each committee with authority to act on behalf of the governing body?	8ь		X					
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10 a		X					
	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b 11a	х						
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?									
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	1	7,7						
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12c	Х						
	Does the organization have a written whistleblower policy?	13	Х						
	Does the organization have a written document retention and destruction policy?	14	Х						
	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
	The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q	15a	Х						
b	Other officers of key employees of the organization SEE SCHEDULE O	15b	Х						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	l							
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		X					
b	olf 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b							
Sec	tion C. Disclosure	מניי							
	List the states with which a copy of this Form 990 is required to be filed ► NONE								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available inspection Indicate how you make these available. Check all that apply	able f	or pub	olic					
	Own website								
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, statements available to the public SEE SCHEDULE O	and	fınanc	al					
	State the name, physical address, and telephone number of the person who possesses the books and records of the organic STEVEN H. LENCKE 970 COMMERCIAL LANE PALMER LAKE CO 80133 (303) 662-0845	zatıoı 	n 						

BAA

Form 990 (2010)

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

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

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

(A)	(B)	(C)				iii coii	ipei	(D)	(E)	(F)
Name and title	Average	Position (check all that apply)			-	Reportable	Reportable	Estimated amount of other		
	hours per week (describe hours for related organiza tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
						ted	ļ			
_(1)_JULIE_MHIRAMINEPRESIDENT	60	x		х				0.	0.	0.
(2) KAY KIZO HIRAMINE, JR.	00			Λ				0.	0.	<u></u>
VICE PRESIDENT	1	Х		Х				0.	0.	0.
(3) MICHAEL A. MASTRODONATO DIEECTOR	1	х						0.	0.	0.
(4) MARY WHITLOCK								Ŭ.		
TREASURER	20	X		Х				0.	0.	0.
_(5) SARA_RALEY	40	,						_	0	^
SECRETARY	40	Х		Х				0.	0.	0.
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
(15)										
<u>(16)</u>										
(17)						;				
	L	\Box	L					I		

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Part VIII Section A. Officers, Directors, Trus	I.	1					,			
(A)	(B)) 	•		دامم	(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organi- zations in Sch O)			Officer	_	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
18)										
19)										
20)										
21)				,	-					
22)										
23)										
24)										
25)			·							
26)										
27)										
28)										
29)										
1 b Sub-total							•	0.	0	
c Total from continuation sheets to Part VII, Section A	١						•	0.	0	
d Total (add lines 1b and 1c)				- h - ı				0.	100,000	<u> </u>
2 Total number of individuals (including but not limited from the organization ► 0	i to trios	e iis			ve) 	wi 10		eived more man 1		·
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in the organization and related organizations greater the organization and related organizations greater the such individual 5 Did any person listed on line 1a receive or accrue con the organization in the language. 	oortable nan \$150	com 0,000	pen)? //	isatio f <i>'Ye</i> m ar	on a es' c	and (comp	othe olete	r compensation fr Schedule J for	om	3 2 2
for services rendered to the organization? If 'Yes,' c ection B. Independent Contractors	omplete	Sch	edu	ıle J	for	suc	h pe	rson		5 2
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent (cont	raci	ors	that	received more th	an \$100,000 of	
(A) Name and business addres	s							Description		(C) Compensation

Ра	rt VIII Statement of Revenue	(4)	(B)	(C)	(D)
	,	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Z S	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				!
S, G	c Fundraising events.				
	d Related organizations 1d				'
SIMI SIMI	e Government grants (contributions)				
UTIO TER:	f All other contributions, gifts, grants, and similar amounts not included above 1f 52,054.				
E O	similar amounts not included above 1f 52,054.				
AND	h Total. Add lines 1a-1f	52,054.			
<u> </u>	Business Code	32,034.		•	
ÆNL	2a HONORARIUM	3,668.	3,668.		
RE	b	ŕ	,		
VICE	c				
SER	d		- · · · -		
₩¥	e				
950	f All other program service revenue				
<u> </u>		3,668.]
	Investment income (including dividends, interest and other similar amounts)	6.	6.		
	4 Income from investment of tax-exempt bond proceeds	0.	0.		-
	5 Royalties				
	(i) Real (ii) Personal				1
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)		·····		
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss).				
	d Net gain or (loss)				
IUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)				
R	See Part IV, line 18				
THE	b Less direct expenses b				
Ŭ	c Net income or (loss) from fundraising events		- 		,
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a 310,829.				
	and allowances a 310,829. b Less cost of goods sold b 140,049.				
	c Net income or (loss) from sales of inventory	170,780.	170,780.		·
	Miscellaneous Revenue Business Code				
	11a OTHER INCOME	2,111.	2,111.		
	b				
	c				
	d All other revenue				<u> </u>
	e Total. Add lines 11a-11d	2,111.			
- 1	12 Total revenue. See instructions	228,619.	176,565.	0.	0.

Page 10

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)

		() = 1		(0)	(5)
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
	b Legal	119.		119.	
	: Accounting	4,929.		4,929.	
	d Lobbying			-,	
	e Professional fundraising services See Part IV, line 17				
	Investment management fees				
	Other	1,800.	1,800.		
	Advertising and promotion	1,170.	1,170.		
13	Office expenses	8,599.	1,170.	8,599.	
14	Information technology	0,399.		0,333.	· <u>-</u>
	Royalties			-	
15	3	20,000.	20,000.		
16	Occupancy	78,223.	78,223.		
17	Travel	10,223.	10,223.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	15,170.	15,170.		
21	Payments to affiliates	٠,			
22	Depreciation, depletion, and amortization	16,532.		16,532.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
í	POSTAGE AND SHIPPING	16,460.	16,460.		
1	CREDIT CARD FEES	9,495.	9,495.		
	TELEPHONE & TELECOMMUNICATIONS	8,806.		8,806.	
(SUPPLIES	7,480.	3,463.	4,017.	
	WEB_HOSTING/INTERNET	5,606.		2,803.	2,803.
1	All other expenses	12,304.	12,292.	' 12.	
25	Total functional expenses. Add lines 1 through 24f	206,693.	158,073.	45,817.	2,803.
26	Joint costs. Check here ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2010)
					, ,

Pai	<u>rt X</u>	Balance Sheet				
		•		(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	<u> </u>	18,602.	1	25,33
	2	Savings and temporary cash investments		10,052.	2	16,900
-	3	Pledges and grants receivable, net			3	
-	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I		5		
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contril sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions).	d under section 4958(f)(1)),		6	
3	7	Notes and loans receivable, net	Į		7	
55	8	Inventories for sale or use		49,907.	8	54,224
s	9	Prepaid expenses and deferred charges		-	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 94,046.	<u>.</u> .		
	b	Less accumulated depreciation.	10b 45,448.	58,222.	10 c	48,598
	11	Investments – publicly traded securities	100)	30,000	11	,
	12	Investments – other securities See Part IV, line 11	İ		12	
	13	Investments – program-related See Part IV, line 11	Ì		13	
	14	Intangible assets	ŀ		14	
ı	15	Other assets See Part IV, line 11	ŀ	2,631.	15	2,63
	16	Total assets Add lines 1 through 15 (must equal line 3	34)	139,414.	16	147,69
+	17	Accounts payable and accrued expenses	77	15,087.	17	16,32
	18	Grants payable	ŀ	13,007.	18	10,32
	19	Deferred revenue	ŀ		19	
ւ	20	Tax-exempt bond liabilities.	ľ		20	
A	21	Escrow or custodial account liability Complete Part IV	/ of Schodulo D		21	
B	21	Escrow of custodial account liability. Complete Part N	of Scriedule D		21	
†	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified person of Schedule L	tees, key employees, sons Complete Part II		22	
E S	23	Secured mortgages and notes payable to unrelated the	ird parties	14,890.	23	2
	24	Unsecured notes and loans payable to unrelated third	' +	,	24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		29,977.	26	16,327
\neg		Organizations that follow SFAS 117, check here ►	and complete lines			
		27 through 29 and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets	ľ		27	
5	28	Temporarily restricted net assets	ľ		28	
[Permanently restricted net assets			29	
₹		Organizations that do not follow SFAS 117, check here	e ► X and complete		-25	
		lines 30 through 34.	and complete			
	30	Capital stock or trust principal, or current funds	-		20	
	31	Paid-in or capital surplus, or land, building, or equipme	ant fund		30 31	
١,			<u> </u>	100 427		121 261
ìl	32	Retained earnings, endowment, accumulated income,	or other lunus	109,437.	32	131,363
Εl		Total habitus and not seed of trad habitus		109,437.	33	131,363
AA		Total liabilities and net assets/fund balances		139,414.	34	147,690 Form 990 (201

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Form 990 (2010) GENERATIONS OF VIRTUE	14-187519	3	Pa	ge 12
Reconciliation of Net Assets				
Check if Schedule O contains a response to any question in this Part XI				
·	1 1			
1 Total revenue (must equal Part VIII, column (A), line 12)	1 1	_		<u> 19.</u>
2 Total expenses (must equal Part IX, column (A), line 25)	_2			93.
3 Revenue less expenses Subtract line 2 from line 1	3			26.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	10)9,4	<u>.37.</u>
5 Other changes in net assets or fund balances (explain in Schedule O)	5			<u>0.</u>
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	13	31,3	63.
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 X Cash Accrual Other		-		
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?		2a		X
b Were the organization's financial statements audited by an independent accountant?		2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both	ssued on a			
Separate basis Consolidated basis 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 Audit Act and OMB Circular A-133?	the Single	3a	.—	_X_
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3 b		
BAA		Form	990 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2010

Open to Public Inspection

Employer identification number

GEN	ER/	ATIONS O	F_VIRT	CUE						<u> 14-18</u>	375193	<u> </u>	
Par	<u>. 18. </u>	Reason f	or Pub	lic Charity Status	(All organizations	must	compl	ete thi	s part.) See	ınstruc	tions	
The c	rgai	nization is no	ot a priva	te foundation because	it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox)				
1		A church, co	onventior	of churches or assoc	iation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2		A school de	scribed in	section 170(b)(1)(A)	(ii). (Attach Schedule E	:)							
3	П	A hospital o	га сооре	erative hospital service	e organization describe	d in sect	ion 170(b)(1)(A)	(iii).				
4		A medical re	esearch d	organization operated	in conjunction with a ho	ospital di	escribed	ın secti	on 170()(1)(A)	(iii) Ente	er the hospital	's
_	_	name, city,						,		- -		-	
5		170(b)(1)(A)	(iv). (Co	mplete Part II)	a college or university			-	_	nentai t	unit aesa	ribea in secti	on
6					vernmental unit describ							ممام مناطريم امر	ام مطابع ما
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	닏		•		0(b)(1)(A)(vi). (Complete		•						
9	X 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)											gross	
10	Ш	An organiza	ition orga	nized and operated e	xclusively to test for pul	blic safe	ty See	section !	509(a)(4).			
11	Ш	more public	ly suppor	ted organizations des	xclusively for the benefi cribed in section 509(a) on and complete lines	(1) or se	ection 50	9(a)(2)	tions of, See se	or carr ction 50	y out the 9(a)(3).	purposes of Check the bo	one or x that
		a ☐ Type I		b Type II	c ☐ Type II	I — Fund	tionally	ıntegrate	ed		d 🗌	Type III — O	ther
е		By checking other than for section 5096	oundation	, I certify that the organisms and other	nization is not controlle than one or more publ	ed direct icly supp	ly or ind oorted oi	irectly by ganizati	y one or ons des	more c	lisqualifi n section	ed persons n 509(a)(1) or	
f			zation re	ceived a written deter	mination from the IRS	that is a	Type I,	Type II o	or Type	III supp	orting or	ganızatıon,	
g)6 has the organization	on accepted any gift or	contribi	ition froi	m any of	the foll	owina n	ersons?		
9		Onice riaga	50 17, 200	o, nas tile organizatio	m decepted any gift of	COMMISS	21.011 1101			og p	0,00,.0	Y	es No
		(i) A pers	son who d	directly or indirectly co	ntrols, either alone or t	together	with per	sons de	scribed	ın (ıı) aı	nd (III)		
			-	erning body of the sup								11 g (i)	
		• •	-	er of a person describ	• • • • • • • • • • • • • • • • • • • •	_						11 g (ii)	 -
				- '	lescribed in (i) or (ii) ab							11 g (iii)	
<u>h</u>				1	supported organizatio	n(s)		ı	1				
		(i) Name of sup organization		(iı) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (Is the vation in i) listed in overning	(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the			
					, "		ment?			Ü	3 ?		
						Yes	No	Yes	No	Yes	No		
<u>(A)</u>						┼		<u> </u>				_	
(B)													
<u>(U)</u>						1		 					
(C)													
(-)						1							
(D)													
<u>(E)</u>						<u> </u>							
							7.	.	,				
Total							ic:	<u> </u>			l		
DAA	For	Paperwork	Reductio	n Act Notice, see the	Instructions for Form 9	90 or 99	0-EZ.			Schedul	e A (For	m 990 or 990	EZ) 2010

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

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

Sec	tion A. Public Support							
begi	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')		_					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge.							
4	Total. Add lines 1 through 3					_		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•						
6	Public support. Subtract line 5 from line 4	,						
Sec	tion B. Total Support							· · · · · · · · · · · · · · · · · · ·
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related active	ities, etc (see inst	ructions)				12	
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(d	:)(3)	>
_	tion C. Computation of Pu					1	<u> T</u>	
	Public support percentage for 20 Public support percentage from 2	• '	• ,	e 11, column (f)).		├	14 15	<u>%</u> %
		·	•			_		
16 a	33-1/3% support test – 2010. If the and stop here. The organization				the line 14 is 33-	1/3% or more,	che	ck this box
b	33-1/3% support test — 2009. If the and stop here. The organization of	ne organization di qualifies as a pub	d not check a box licly supported or	c on line 13 or 16a ganization	, and line 15 is 33	8-1/3% or more	e, cho	eck this box ►
17 a	10%-facts-and-circumstances tes or more, and if the organization rethe organization meets the 'facts'	neets the 'facts-a	nd-circumstances	s' test, check this b	oox and stop here	. Explain in Pa	art IV	0% ′ how ►
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a I-circumstances'	nd-circumstances test The organiza	s' test, check this t ation qualifies as a	pox and stop here a publicly supporte	. Explain in Pa ed organizatio	art IV n	how the
18 BAA	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	box and see	ınstru	ictions.

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.)

Sec	tion A. Public Support	sted below, please	<u>·</u>	,			
	ndar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions and membership fees						
_	and membership fees received (Do not include any 'unusual grants')	25,959.	42,559.	55,652.	68,634.	52,054.	244,858.
2	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	238,985.	255,407.	317,742.	342,647.	310,829.	1,465,610.
3	Gross receipts from activities that are not an unrelated trade or business under section 513	230, 903.	233,407.	317,742.	342,047.	310,027.	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	264,944.	297,966.	373,394.	411,281.	362,883.	1,710,468.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	8,759.	10,352.	9,783.	0.	3,650.	32,544.
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c	: Add lines 7a and 7b	8,759.	10,352.	9,783.	0.	3,650.	32,544.
8	Public support (Subtract line 7c from line 6)	0,133.	¥ % ' , 2,	3,703.	, ,	3,030.	1,677,924.
Sec	tion B. Total Support		•				
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	264,944.	297,966.	373,394.	411,281.	362,883.	1,710,468.
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
	: Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b.	1			i i		
	whether or not the business is regularly carried on						0.
12	whether or not the business is						0.
	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in	264,944.	297,966.	373,394.	411,281.	362,883.	
13 14	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and	s for the organizat	ion's first, second			362, 883. section 501(c)(3)	0.
13 14 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu	s for the organizat stop here blic Support F	ion's first, second	, third, fourth, or t			0.
13 14 Sec 15	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and attion C. Computation of Pu Public support percentage for 20	s for the organizat stop here blic Support F 10 (line 8, column	Percentage (f) divided by line	, third, fourth, or t			0. 1,710,468. ►□ 98.1 %
13 14 Sec 15 16	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from 2	s for the organizate stop here blic Support F 10 (line 8, column 2009 Schedule A, I	Percentage (f) divided by line Part III, line 15	, third, fourth, or f		section 501(c)(3)	0. 1,710,468. ►□
13 14 Sec 15 16 Sec	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and atton C. Computation of Pupulic support percentage for 20 Public support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation of Invited the support percentage from 2 tion D. Computation D. Compu	s for the organizate stop here blic Support f 10 (line 8, column 2009 Schedule A, I	Percentage (f) divided by line Part III, line 15 The Percentage	, third, fourth, or f	fifth tax year as a	section 501(c)(3)	0. 1,710,468. ►□ 98.1 % 97.2 %
13 14 Sec 15 16 Sec 17	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and attion C. Computation of Pupulic support percentage for 20 Public support percentage from 2 attion D. Computation of Investment income percentage for	s for the organizates stop here blic Support F 10 (line 8, column 2009 Schedule A, I vestment Incor 2010 (line 10c, co	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided	third, fourth, or find the first section (f).	fifth tax year as a	15 16	0. 1,710,468. ►□ 98.1 % 97.2 %
13 14 Sec 15 16 Sec 17 18	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and attion C. Computation of Pupulic support percentage for 20 Public support percentage from 2 Tion D. Computation of Investment income percentage for Investment income percentage from 2	s for the organizates stop here blic Support F 10 (line 8, column 2009 Schedule A, I vestment Incorpor 2010 (line 10c, com 2009 Schedule	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1	third, fourth, or find the second sec	fifth tax year as a	15 16 17 18	0. 1,710,468. ►□ 98.1 % 97.2 % 0.0 % 0.0 %
13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and attion C. Computation of Pupulic support percentage for 20 Public support percentage from 2 tion D. Computation of Investment income percentage from 133-1/3% support tests — 2010. If is not more than 33-1/3%, check	s for the organization here blic Support for 10 (line 8, column 2009 Schedule A, Investment Incomport 2010 (line 10c, com 2009 Schedule the organization dithis box and stop	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 id not check the b here. The organiz	third, fourth, or factoring the factoring that is the factoring that it is the factoring that is the factoring that is the factoring	fifth tax year as a (f)) I line 15 is more the publicly support	15 16 17 18 18 nan 33-1/3%, and ed organization	0. 1,710,468. ► □ 98.1 % 97.2 % 0.0 % 0.0 % 1ine 17 X
13 14 Sec 15 16 Sec 17 18 19a	whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and attion C. Computation of Pu Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage from 133-1/3% support tests — 2010. If	s for the organization here blic Support for 10 (line 8, column 2009 Schedule A, Investment Incomport 2010 (line 10c, com 2009 Schedule the organization dothis box and stop the organization docheck this box ar	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided e A, Part III, line 1 id not check the b here. The organiz id not check a boo nd stop here. The	third, fourth, or factoring the factoring that is a second to the factoring than its angular than its angula	fifth tax year as a (f)) I line 15 is more the publicly support in 19a, and line 16 fies as a publicly	section 501(c)(3) 15 16 17 18 nan 33-1/3%, and ed organization is more than 33-1 supported organiz	0. 1,710,468. ► □ 98.1 % 97.2 % 0.0 % 0.0 % inne 17 ► X

Schedule A	(Form	990 or 99	0-EZ) 2010	GENE	RATION	IS OF	VIRT	UE			<u>14-187</u>	5193	Page 4
Pant IV	Supp Part	lement II, line 1 instruct	al Inform a 17a or 17b	ation. C o; and F	omplete Part III, I	this ine 12	part to 2. Also	provide the complete	ne explana this part fo	itions re or any a	quired by idditional	Part II, line information.	10;
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Employer identification number

GE	NERATIONS OF VIRTUE		14-1875193
Pa		Advised Funds or Other Similar Fu	
	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 funds are the organization's property, subject to t	advisors in writing that the assets held in don he organization's exclusive legal control?	or advised Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the purpose conferring impermissible private benefit?	benefit of the donor or donor advisor, or for a	can be any other Yes No
Pa	rt II Conservation Easements. Complet	e if the organization answered 'Yes'	to Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)	
	Preservation of land for public use (e g , recr	eation or education) Preservation o	f an historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	neld a qualified conservation contribution in the	ne form of a conservation easement on the
			Held at the End of the Tax Year
	Total number of conservation easements		2a
	Total acreage restricted by conservation easement	nts.	2 b
	Number of conservation easements on a certified	historic structure included in (a)	2c
	d Number of conservation easements included in (o structure listed in the National Register) acquired after 8/17/06, and not on a historic	2 d
3	Number of conservation easements modified, traitax year ►	nsferred, released, extinguished, or terminate	ed by the organization during the
4	Number of states where property subject to conse	ervation easement is located >	_
5	Does the organization have a written policy regar and enforcement of the conservation easements	ding the periodic monitoring, inspection, hand tholds?	tling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easen	nents during the year
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on lin 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sect	tion Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	s conservation easements in its revenue and ne organization's financial statements that des	expense statement, and balance sheet, and scribes the organization's accounting for
Pa	Organizations Maintaining Collect Complete if the organization answer	ions of Art, Historical Treasures, o ered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.
1:	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIV, the text of the footnote to its financia	eld for public exhibition, education, or researd	ue statement and balance sheet works of the in furtherance of public service, provide,
ı	b If the organization elected, as permitted under SF historical treasures, or other similar assets held fi following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, lin	e 1	► \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, I amounts required to be reported under SFAS 116	nistorical treasures, or other similar assets for (ASC 958) relating to these items	r financial gain, provide the following
i	Revenues included in Form 990, Part VIII, line 1		► \$
1	Assets included in Form 990, Part X		► \$

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value (investment) basis (other) depreciation 1a Land **b** Buildings c Leasehold improvements 74,704 31,249 **d** Equipment 43,455 14,199 e Other 19,342. 5,143

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

Schedule **D** (Form 990) 2010

48,598.

(a) Description of liability (b) Amount

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

(10)

(11)

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

^{2.} 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)

Sche	dule D	(Form 990) 2010 GENERATIONS OF VIRTUE	14-187	75193	Page 4
Par		Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A	
1		revenue (Form 990, Part VIII,column (A), line 12)			
2		expenses (Form 990, Part IX, column (A), line 25)			
3	Exces	ss or (deficit) for the year Subtract line 2 from line 1			-
4	Net u	nrealized gains (losses) on investments			
5	Donat	ted services and use of facilities			
6	Inves	tment expenses			
7	Prior	period adjustments			
8	Other	(Describe in Part XIV)			
9	Total	adjustments (net) Add lines 4 through 8			
10	Exces	ss or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII	Reconciliation of Revenue per Audited Financial Statements With Revenu	ie per Retur	n N/A	
1	Total	revenue, gains, and other support per audited financial statements	1		
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12			
а	Net u	nrealized gains on investments.			
b	Dona	led services and use of facilities 2b			
C	Recov	veries of prior year grants 2c			
		(Describe in Part XIV)			
		nes 2a through 2d	2e		
		act line 2e from line 1	3		
		ints included on Form 990, Part VIII, line 12, but not on line 1			
		tments expenses not included on Form 990, Part VIII, line 7b.			
ь	Other	(Describe in Part XIV)			
		nes 4a and 4b	4c		
		revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	<u> </u>	
		Reconciliation of Expenses per Audited Financial Statements With Expenses		N/A	
		expenses and losses per audited financial statements	1		
		ints included on line 1 but not on Form 990, Part IX, line 25			
		ted services and use of facilities			
		year adjustments 2b			
		losses 2c			
		(Describe in Part XIV)			
		ines 2a through 2d	2e 3		
		act line 2e from line 1	3		
		ints included on Form 990, Part IX, line 25, but not on line 1:			
		tments expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIV)			
		ines 4a and 4b			
		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		
		Supplemental Information	•		
Part	V, line	his part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also conal information	Part IV, lines 1	b and 2b, art to provide	
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			- 		
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Schedule **D** (Form 990) 2010

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Schedule D (Form 990) 2010 GENERATIONS OF VIRTUE Part XIV Supplemental Information (continued)	14-1875193	Page 5
Part XIV Supplemental Information (continued)		
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization	Employer identification number					
GENERATIONS OF VIRTUE	14-1875193					
FORM_990, PART III, LINE 1 - ORGANIZATION MISSION						
	A EMPONED DADENES TO					
GENERATION OF VIRTUE IS A MINISTRY AND TRAINING ORGANIZATION TO EMPOWER PARENTS TO						
TRAIN THEIR CHILDREN IN VIRTUE, ABSTINENCE AND SEX EDUCATION.	TO RAISE UP AND					
RELEASE THE NEXT GENERATION THAT HAS PURITY AS A VALUE AND ESTA	BLISH A HIGHER					
STANDARD AND PURITY FOR GENERATIONS TO COME.						
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS	, DIRECTORS, ETC.					
JULIE M. HIRAMINE, PRESIDENT OF THE ORGANIZATION IS THE SPOUSE	OF_KAY_KIZO_HIRAMINE,					
JR. VICE PRESIDENT OF THE ORGANIZATION.						
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS						
THE ANNUAL RETURN IS PRESENTED TO THE BOARD OF DIRECTORS AND RE	VIEWED BY THE					
APPROPRIATE OFFICER PRIOR TO FILING.						
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS					
THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLIC	Y THAT IS REVIEWED					
ANNUALLY AND REQUIRES ALL OFFICERS, DIRECTORS OR TRUSTEES AND K	EY EMPLOYEES TO					
DISCLOSE ANNUALLY INTEREST THAT COULD GIVE RISE TO CONFLICTS.						
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	FOR CEO, EXEC. DIR., OR TOP MGT					
THE COMPENSATION OF OFFICERS, DIRECTORS AND KEY EMPLOYEES HAVE	BEEN SUSPENDED. NO					
COMPENSATION IS PROVIDED TO BOARD MEMBERS OR OFFICERS.						
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS	FOR OFFICERS & KEY EMPLOYEES					
THE COMPENSATON TO ALL EMPLOYEES OF THE ORGANIZATION HAS BEEN S	SUSPENDED.					
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE					
UPON WRITTEN REQUEST THE ORGANIZATION PROVIDES GOVERNING DOCUME	NTS, WRITTEN POLICIES					
AND PROCEDURES AND FINANCIAL STATEMENTS.						

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

 •	X

Do not co	omplete Part II unless you have already been grante	d an automa	atic 3-month extension on a previously file	ed Form 8868			
corporation request a Associate	c filing (e-file). You can electronically file Form 8868 on required to file Form 990-T), or an additional (not nextension of time to file any of the forms listed in additional Personal Benefit Contracts, which me filing of this form, visit www irs gov/efile and click of	t aútomatic) Part I or Pa just be sent	3-month extension of time You can electrill with the exception of Form 8870, Infoto the IRS in paper format (see instruction)	tronically file Form ormation Return for	8868 to Transfers		
Part I	Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).						
A corpora	ation required to file Form 990-T and requesting an a	automatic 6-	month extension - check this box and co	omplete Part I only	▶ 🗌		
	corporations (including 1120-C filers), partnerships, ax returns	REMICS, ar	nd trusts must use Form 7004 to request a	an extension of tim	ne to file		
	Name of exempt organization			Employer identification	fication number		
Type or print	GENERATIONS OF VIRTUE	GENERATIONS OF VIRTIE					
File by the due date for	Number, street, and room or suite number. If a P.O. box, see	instructions		14-1875193			
filing your return See	870 COMMERCIAL LANE						
instructions	City, town or post office, state and ZIP code For a foreign at	ddress, see inst	ructions				
	PALMER LAKE, CO 80133						
Enter the	Return code for the return that this application is fo	r (file a sepa	arate application for each return)		01		
Applications of the second sec	on	Return Code	Application Is For		Return Code		
Form 990		01	Form 990-T (corporation)		07		
Form 990	-BL	02	Form 1041-A		08		
Form 990	-EZ	03	Form 4720	09			
Form 990		04	Form 5227	10			
	-T (section 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990	-T (trust other than above)	06	Form 8870		12		
• The b	ooks are in the care of ► <u>STEVEN H. LENCKE</u>	<u> </u>					
Teleph	none No (303) 662-0845	FAX N	o ► (480) 951-5208		_		
If the	organization does not have an office or place of but	siness in the	United States, check this box		▶ 🗌		
	is for a Group Return, enter the organization's four	•		this is for the who	3 17		
	this box If it is for part of the group, chec	k this box	and attach a list with the names a	ind EINs of all men	nbers		
	ktension is for						
unti	quest an automatic 3-month (6 months for a corporal $8/15$, 20 11 , to file the exempt or extension is for the organization's return for	•	•				
	X calendar year 20 10 or						
>	tax year beginning, 20	and andu	20				
	e tax year entered in line 1 is for less than 12 mont Change in accounting period	hs, check re	ason Initial return Fin	nal return			
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 47 refundable credits. See instructions	'20, or 6069,	enter the tentative tax, less any	3a \$	0.		
	is application is for Form 990-PF, 990-T, 4720, or 60 ments made. Include any prior year overpayment al			3ь\$	0.		
c Bala EFT	ance due. Subtract line 3b from line 3a Include your PS (Electronic Federal Tax Payment System) See	r payment w instructions	ith this form, if required, by using	3c \$	0.		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.