# 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)

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A Fo	r the 2	200 <mark>7 calendar year, or tax year beginning , 2007, and ending , 2007, </mark>		
B Che	ck if applica Address	ble: Please use IRS C Name of organization		D Employer identification number
	change	label or GENERATIONS UNITED		31-1542973
	Name cha	print or type. Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone number
	Initial retu	See 1331 H STREET, NW 900		(202) 289-3979
<u> </u>	Termination	n Instruc City or town, state or country, and ZIP + 4		F Accounting method: Cash X Accrual
	Amended return	tions. WASHINGTON, DC 20005		Other (specify)
	Applicatio pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I	are not appi	licable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	this a group	return for affiliates? Yes X No
			"Yes," enter	number of affiliates
<u>1 o</u>	rganizat		re all affiliates	
K C	heck her	P		a list. See instructions.)
re	eceipts a		•	ered by a group ruling? Yes X No
to	file a re	turn, be sure to file a complete return.	Froup Exempt	ion Number
		M C	Check 🕨	if the organization is <b>not</b> required
$\overline{}$		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,548,723.	o attach Sch.	B (Form 990, 990-EZ, or 990-PF).
Par	t L R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	ons.)	
	1	Contributions, gifts, grants, and similar amounts received:		
		Contributions to donor advised funds		
	b	Direct public support (not included on line 1a)	01,416.	
	С	Indirect public support (not included on line 1a)		
	d	Government contributions (grants) (not included on line 1a)		
	е	<b>Total</b> (add lines 1a through 1d) (cash \$ 1,191,416. noncash \$	)	1e 1,191,416.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 89,032.
	3	Membership dues and assessments		3 110,250.
	4	Interest on savings and temporary cash investments	<b>.</b>	4 17,374.
	5	Dividends and interest from securities		5
	6 a	Gross rents	5,000.	(1) (1) (2)
		Less: rental expenses		
	С	Net rental income or (loss). Subtract line 6b from line 6a	<i></i>	6c 5,000.
Revenue	7	Other investment income (describe	)	7
ě.	8 a	Gross amount from sales of assets other (A) Securities (B) Other		
ጁ		than inventory		[1947]   2007]
	b	Less: cost or other basis and sales expenses 109,080. 8b		
	С	Gain or (loss) (attach schedule)		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	. <u></u>	8d 1,920.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	а	Gross revenue (not including \$ of		
		contributions reported on line 1b) 9a		
	b	Less: direct expenses other than fundraising expenses		
	С	Net income or (loss) from special events. Subtract line 9b from line 9a		9c
	10 a	Gross sales of inventory, less returns and allowances		<u> </u>
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a		10c
	11	Other revenue (from Part VII, line 103)		11 24,651.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		1,439,643.
	13	Program services (from line 44, column (B))		1,193,142.
Expenses	14	Management and general (from line 44, column (C))		14 35,509.
Sen	15	Fundraising (from line 44, column (D))		15
Ĕ	16	Payments to affiliates (attach schedule)		16
	17	Total expenses. Add lines 16 and 44, column (A)	<u></u> .	
st	18	Excess or (deficit) for the year. Subtract line 17 from line 12		18 210,992.
SSe	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 632,527.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) STMT .4		20 9,175.
ž	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20		852,694.
For F	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2007)

	Functional Expense	es organizations an				section 501(c)(3) and (4) s. (See the instructions.)
	Do not include amounts reported 6b, 8b, 9b, 10b, or 16 of Pa	ed on line	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (atta	ach schedule)				
	(cash \$ noncash \$ _	)				
	If this amount includes foreign grants check here	D ZZa				
22b	Other grants and allocations (attach	schedule)				
	(cash \$ noncash \$ _ If this amount includes foreign grants	) 				
00	check here	> 220				
	Specific assistance to in	1				
	(attach schedule)	• • • • • • • • • • • • • • • • • • • •				
	Benefits paid to or for					
25a	(attach schedule)					
20	directors, key employees, etc					
	Part V-A		114,915.	109,312.	5,603.	
b	Compensation of former		114,915.	109,312.	3,003.	
	directors, key employees, etc	·				
	Part V-B	; ;				
С	Compensation and other distributions					
	ed above, to disqualified persons	•				
	under section 4958(f)(1)) and person in section 4958(c)(3)(B)					
26	Salaries and wages of emple	loyees not				
	included on lines 25a, b, and	d c 26	397,614.	378,228.	19,386.	
	Pension plan contribution					
	included on lines 25a, b, and		16,776.	16,067.	709.	
	Employee benefits not inc					
	lines 25a - 27		33,601.	32,181.	1,420.	
29	Payroll taxes	29	37,051.	35,485.	1,566.	
	Professional fundraising fees					
31	Accounting fees	31				
	Legal fees					
	Supplies		16,072.	16,072.		
			17,098.	16,819.	279.	
	Postage and shipping		12,008.	12,008.	F 411	
37	Occupancy Equipment rental and mainte	tenance 37	113,490.	108,079.	5,411.	
	Printing and publications		8,076. 27,420.	8,076. 27,245.	175.	
	Travel	· · · · · · · <del>· · · · · · · · · · · · </del>	68,822.	68,674.	148.	
			97,288.	97,288.	140.	
	Interest	9 -	31,7200.	<u> </u>		
			7,255.	6,946.	309.	
	Other expenses not covered abo					
а	PROFESSIONAL FEES	43a	250,605.	250,379.	226.	
b	BANK FEES	43b	354.	198.		
С	DUES AND SUBSCRIPT	IONS 43c	457.	457.		
d	INSURANCE	43d	2,591.	2,470.	121.	
	PROGRAM DEVELOPMENT		7,158.	7,158.		
f						
	T-4-1 for a first land					
	Total functional expenses. Ad- through 43g. (Organizations					
	columns (B)-(D), carry these tot	tals to lines				
	13-15)		1,228,651.	1,193,142.	35,509.	
	nt Costs. Check ► if yo	•		totion remarked to (B) D		
	any joint costs from a combined 'es," enter (i) the aggregate amou				ogram services? ated to Program services	
	the amount allocated to Manage	•			allocated to Fundraising 9	
JSA		<u> </u>		, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2007)

JSA 7E1020 1.000

Pa	art III Statement of Program Service Accomplishments (See the instructions.)		
pa	orm 990 is available for public inspection and, for some people, serves as the primary or sole so orticular organization. How the public perceives an organization in such cases may be determined by its return. Therefore, please make sure the return is complete and accurate and fully describes, in ograms and accomplishments.	v the	information presented
W	hat is the organization's primary exempt purpose? ▶TO_PROMOTE_INTERGENERATIONAL_PROGRA	MS.	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the nu		Expenses (Required for 501(c)(3) and
of	clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) an ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to other	d (4)	(4) orgs , and 4947(a)(1) trusts; but optional for others.)
а	TO PROVIDE INTERGENERATIONAL INFORMATION TO THE PUBLIC,		
	PUBLISH RESOURCES AND MATERIALS, AND SPONSOR A NATIONAL	-	
	CONFERENCE. SPECIFIC INITIATIVES INCLUDE SENIORS4KIDS, ALL	-	
	CHILDREN DESERVE A PERMANENT HOME, INTERGENERATIONAL SHARED	-	
	SITES AND PHOTO CONTEST, ENHANCING YOUR RETIREMENT, AND THE	_	
	NATIONAL CENTER ON GRANDFAMILIES.	-	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	-	1,193,142.
b	, man amount of sign grants, and sign gr		1,193,142.
D		-	
		-	
		-	
		_	
		_	
			1
	(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶	<u> </u>	
С		_	
		_	
		_	
		-	
		_	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here	-	]
d			
		-	
		-	
		_	
		_	
		-	
	(Grants and allocations \$ ) If this amount includes foreign grants, check here		1
_			
е	Other program services (attach schedule)		

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . . .

) If this amount includes foreign grants, check here

(Grants and allocations \$

1,193,142. Form **990** (2007)

Р	art IV	Balance Sheets (See the instructions.)	1 1012970		
1	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		( <b>B)</b> End of year
	45	Cash - non-interest-bearing	33,955.	45	23,987.
	46	Savings and temporary cash investments	354,525.	46	656,055.
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b	6,046.	47c	58,660.
		Pledges receivable 48a			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable	13,014.	49	83,941.
	50a	Receivables from current and former officers, directors, trustees, and			
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
S	51a	Other notes and loans receivable (attach			
Assets		schedule)			
As		Less: allowance for doubtful accounts		51c	
	52	Inventories for sale or use	0.014	52	40.074
			9,914.		13,056.
		Investments - publicly-traded securities Cost   FMV   Investments - other securities (attach schedule)	200 000	54a	011 001
		Investments - other securities (attach schedule) ▶ Cost X FMV Investments - land, buildings, and	309,929.	545	211,281.
	JJa	equipment: basis	STMT 6		
	h	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis			
	1	Less: accumulated depreciation (attach			
		schedule)	23,501.	57c	21,875.
	58	Other assets, including program-related investments	23/001		21,010.
		(describe ►STMT 7 )	16,458.	58	15,659.
	59	Total assets (must equal line 74). Add lines 45 through 58	767,342.		1,084,514.
	60	Accounts payable and accrued expenses	58,815.		69,429.
	61	Grants payable		61	
	62	Deferred revenue	76,000.	62	159,891.
Ś	63	Loans from officers, directors, trustees, and key employees (attach		1.587	
litie		schedule)		63	
Liabilities	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ►)	NON	65	2,500.
	66	Total liabilities. Add lines 60 through 65	134,815.	66	231,820.
	Orga	anizations that follow SFAS 117, check here ► X and complete lines			
'n		67 through 69 and lines 73 and 74.			
če	67	Unrestricted	551,655.		660,694.
lar	68	Temporarily restricted	80,872.		192,000.
Ä	69	Permanently restricted		69	
or Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.		-	
ŏ	70	Capital stock, trust principal, or current funds		70	
ţ	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
SSe	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Se		70 through 72 (Column (A) must equal line 19 and column (B) must			
		equal line 21)	632,527	73	852,694.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	767,342		1,084,514.

Pa	art IV-A	instructions.)	inancial Statemer	nts Wit	h Revenue	e per Returi	ı (Se	e the
a	Total rev	venue, gains, and other support per audited finance	cial statements				a	1,488,818.
b	Amount	s included on line a but not on Part I, line 12:						
1	Net unre	ealized gains on investments			b1	9,175.		
2	Donated	I services and use of facilities			b2			
3		ies of prior year grants		P	b3			
4	Other (s	pecify): <u>SEE_STATEMENT_10</u>						
		· · · · · · · · · · · · · · · · · · ·		L	b4	40,000.		
		s <b>b1</b> through <b>b4</b>					b	49,175.
C		t line <b>b</b> from line <b>a</b>					С	1,439,643.
d		s included on Part I, line 12, but not on line a:		1				
1		ent expenses not included on Part I, line 6b			d1			
2	Other (s	pecify):			-10			
	Add line	s d1 and d2		L	<b>d2</b>			
е	Total re	venue (Part I, line 12). Add lines c and d					d	1,439,643.
_	art IV-B	Reconciliation of Expenses per Audited F	Financial Stateme	nts Wi	th Expens	es per Retu	rn	1,439,643.
a		penses and losses per audited financial statement						1,268,651.
			.5					1/200/001.
b		s included on line a but not on Part I, line 17:			b1			
1 2		I services and use of facilities			b2			
3					b3			
4	Other (s	reported on Part I, line 20		• • • •				
-					b4	40,000.		
	Add line	s <b>b1</b> through <b>b4</b>					b	40,000.
С		t line <b>b</b> from line <b>a</b>					С	1,228,651.
d		s included on Part I, line 17, but not on line a:						
1		ent expenses not included on Part I, line 6b			d1			
2		pecify):						
					d 2			
	Add line	s <b>d1</b> and <b>d2</b>					d	
е	lotalex	penses (Part I, line 1/). Add lines c and d			<del></del>	<u> ▶</u>	e	1,228,651.
F	art V-A			•	•			r, director, trustee,
		or key employee at any time during the year eve	(B)	- ·	ated.) (See empensation	(D) Contributions to		(E) Expense account
		(A) Name and address	Title and average hours pe	r (If not	paid, enter	benefit plans & o	eferred	and other allowances
			week devoted to position		-0)	compensation	olans	
	ידי פיזיא ידי	EMENT 12			94,415.	27	610	MONTE
<u> 31</u>	E SIMI	EMENT 12			94,415.	21,	648	. NONE
						-		
		• • • • • • • • • • • • • • • • • • • •	_					
_								

Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	Par	tVI Other Information (See the instructions.)		res	NO
If "Yes," attach a conformed copy of the changes.  78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	76		76		X
Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  78b N/A  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.  79	77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  80a If "Yes," enter the name of the organization  and check whether it is exempt or nonexempt nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions.)  81a NONE		If "Yes," attach a conformed copy of the changes.			
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	78a		78a		X
a statement	b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/	A
common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt or ganization?  b If "Yes," enter the name of the organization	79		79		Х
b If "Yes," enter the name of the organization  and check whether it is exempt or nonexempt  81a Enter direct and indirect political expenditures. (See line 81 instructions.)	80a	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt	80a		Х
81a Enter direct and indirect political expenditures. (See line 81 instructions.)	b	· ·			
		and check whether it is exempt or nonexempt			
b Did the organization file Form 1120-POL for this year?			1		
	<u>b</u>	Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)		Yes	No
32 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a	х	
b If "Yes," you may indicate the value of these items here. Do not include this amount	<u> </u>		
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	02-	٠,	
33 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	Х	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<u>X</u>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or			
gifts were not tax deductible?	84b	N/	A
B5a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/	A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures			真缺
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		٠.,	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/	Α
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			100
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/	<u>A</u>
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12			
b Gross receipts, included on line 12, for public use of club facilities			
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders			
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other			
sources against amounts due or received from them.) N/A			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
partnership, or an entity disregarded as separate from the organization under Regulations sections			
301 7701 2 and 301 7701 32 If "Vee " complete Part IV	88a		77
	004		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89 a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under:			
section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	Y-SA		73.44
a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		急引	
sections 4912, 4955, and 4958 N/A			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► N/A			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		100	-12.57
	89e		х
transaction?  f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
•	031	1000	
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	١		
at any time during the year?	89g		X
90 a List the states with which a copy of this return is filed DC,			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	10	
91 a The books are in care of ► BOOKKEEPER Telephone no. ► 202-28	19-3	979	
Located at ► 1331 H STREET, NW, SUITE 900 WASHINGTON, DC ZIP+4 ► 20005			
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
If "Yes," enter the name of the foreign country ▶	100		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts			
and i mandai Accounts.	<u></u>		

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Part VI Ot	her Information (continue	ed)				Yes No
	e during the calendar year,		nization mainta	in an office outside	of the United States?	91c X
	nter the name of the foreign				• •	
	947(a)(1) nonexempt charit		ing Form 990 ir	lieu of Form 1041	- Check here	
and enter	the amount of tax-exempt in	nterest receiv	ved or accrued	I during the tax year	▶   92	N/A
	alysis of Income-Produc				· 1 · .	
	amounts unless otherwise	1	ited business inc		by section 512, 513, or 514	(E)
indicated.		(A)	(B)	(C)	(D)	Related or
93 Program se	rvice revenue:	Business code	Amount	Exclusion code	Amount	exempt function income
a PUBLIC						4,611.
	ENCE INCOME					84,421.
	21102		**			01,121.
			· ·			
	edicaid payments					
	ntracts from government agencies					
-	p dues and assessments					110,250.
				14	17,374.	110,230.
	ings and temporary cash investments and interest from securities			14	17,374.	
					The state of the s	
	ncome or (loss) from real estate:		erie i jaget i see illigi		g formula and the second	
	ed property			1.0	F 000	
	nanced property			16	5,000.	
	ome or (loss) from personal property					
	stment income	-		10	4 000	
, ,	from sales of assets other than inventory			18	1,920.	
	e or (loss) from special events .					
	or (loss) from sales of inventory					
	nue: a					
b <u>HONORA</u>						23,971.
c MISCEL	LANEOUS INCOME					680.
d						
e						
104 Subtotal (ad	dd columns (B), (D), and (E))			<b>建智 三型</b>	24,294.	223,933.
•	line 104, columns (B), (D), and (l	• •				248,227.
	lus line 1e, Part I, should equal t					
Part VIII Re	elationship of Activities	to the Acco	mplishment	of Exempt Purpo	ses (See the instruction	ons.)
Line No. Exp	plain how each activity for wh panization's exempt purposes (o	ich income is ther than by pi	reported in col roviding funds fo	umn (E) of Part VII or such purposes).	contributed importantly to	the accomplishment of the
93A SA	LE OF PUBLICATIONS	RELATED	TO THE OR	C 'S EXEMPT I	DIID DOGE	
	MBERSHIP DUES TO H					
	HER ACTIVITIES REL					
103B 01	HER ACTIVITIES KEL	AIED IO	THE EXEMPT	FUNEUSE OF .	INE ONG.	
Part IX Inf	formation Regarding Tax	able Subsid	diaries and D	isregarded Entiti	es (See the instruction	ns )
	(A)		(B)	(C)	(D)	
	, address, and EIN of corporation, tnership, or disregarded entity		Percentage of ownership interest	Nature of activities	Total income	(E) End-of-year assets
			%			_
			%			
			%			
			%			
	ormation Regarding Tra			···· · · · · · · · · · · · · · · · ·	•	
	anization, during the year, receive					
	rganization, during the yea				personal benefit contra	act? Yes X No
Note: If "Yes"	to <b>(b),</b> file Form 8870 <b>and</b> F	orm 4720 (se	ee instructions)			
						Form <b>990</b> (2007)

01111 330				31-13423	113		raye 9
Part X		ng Transfers To and From on as defined in section 51	m Controlled (2(b)(13).	Entities. Comp	plete only if the organ	nization	is a
			_(0)(10)			Yes	No
106	Did the reporting organizati	ion make any transfers to a	controlled entity	y as defined in so	ection 512(b)(13) of		
		the schedule below for each			· // /		Х
	(A)	(B)		(C)			
	Name, address, of each	Employer Identification		ription of	(D) Amount of tra	nafar	
	controlled entity	Number	tra	ansfer	Amount of tra		
a							
b							
С							
	Totals				-81 -70   		
		A TOTAL SEED OF THE SEED	<u> </u>	faul (Mister) (bleak like kija kua ri	11.7	Yes	No
107	Did the reporting organization	on receive any transfers from	a controlled er	ntity as defined in	section		1
	512(b)(13) of the Code? If '	'Yes," complete the schedule	below for each	n controlled entity.			Х
	(A)	(B)		(C)	(D)		
	Name, address, of each controlled entity	Employer Identification		cription of	(D) Amount of tra	nsfer	
	controlled entity	Number	tr	ansfer			
a							
a							
b							
С							
		1 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	88788198198198188				
	Totals						
		Karania kananasa kan man	The state of the s		<u> </u>	Yes	No
108	Did the organization have a	a binding written contract in e	ffect on August	: 17. 2006. coveri	na the interest.	103	110
		es described in question 107	_	, ,			x
	Under penalties of perjury, I	declare that I have examined this re	turn, including acco	ompanying schedules	and statements, and to the best	of my kn	
Pleas	and belief, it is true, correct	, and complete Declaration of prepa	arer (other than offic	cer) is based on all ir	formation of which preparer ha	s any kno	wledge
Sign					•		
Here	Signature of officer			Date			
	Type or print name and	title			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
			Date	Check if	Preparer's SSN or PTIN (	See Gen	Inet Y
Paid	Preparer's signature	11-1:00		self-	P00245532	250 5011.	
Prepar	Firm's name (or yours	SARFINO AND RHOADES	10/31/68	employed ►	EIN 52-0961	657	<del> </del>
Use Or	if self-employed), address, and ZIP + 4	11921 ROCKVILLE PIR		501	Phone no. ► 301–770		
	and see and se	NORTH BETHESDA, MI		20852-279	V 301-770	orm <b>990</b>	
		mourin paringopu, Ill	•	20002-219	<u>-</u>		,

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Organization Exempt Under Section 5J1(c)(3)

(Except Private Foundation) and Section 5J1(e), 5J1(f), 5J1(h), 5J1(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number

GENERATIONS UNITED					31-1	542973
Part I Compensation of the Five Highe (See page 1 of the instructions. List e	st Paid Employe each one. If there a	es O re no	ther Than Off ne, enter "Non	ficers, Direct e.")	tors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average her week devoted to po		(c) Compensation	(d) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
SEE STATEMENT 17						
Total number of other employees paid over \$50,000 ▶	NONE					
Part II-A Compensation of the Five Highe (See page 2 of the instructions. List	st Paid Indepen	dent r indiv	Contractors (	for Profession	onal S	ervices nter "None.")
(a) Name and address of each independent contractor paid	· · · · · · · · · · · · · · · · · · ·		(b) Type of se			Compensation
	· 	-				
NONE						
		1				
		—				
		-				
Total number of others receiving over \$50,000 for professional services ▶	NONE					
Part II-B Compensation of the Five Higher (List each contractor who performed firms. If there are none, enter "None	est Paid Independ services other the	an pro	ofessional servi			
(a) Name and address of each independent contractor paid		T	(b) Type of se	rvice	(	c) Compensation
NONE		1				
		1				
	** * *					
	:	-				
Total number of other contractors receiving over \$50.000 for other services	NONE					

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

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions.)	Y	'es	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   \$\Begin{array} 32,037. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2 a		X
b	Lending of money or other extension of credit?	2 b		_X
С	Furnishing of goods, services, or facilities?	2 c		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	Х	
е	Transfer of any part of its income or assets?	2 e		_X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3 a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3 b	Х	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3 c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		<u>x</u>
4a b		4a 4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4 c		
d	Enter the total number or donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	•		NONE

Schedule A (Form 990 or 990-EZ) 2007

89055J C021

Part IV	Reason for Non-Private Fo	undation Statu	<b>s</b> (See pages 4 thro	ough 8 of the	instructions.)	
certify the	at the organization is not a private foundati	ion because it is: (Plea	se check only ONE appli	cable box.)		
5	A church, convention of churches, or ass	ociation of churches.	Section 170(b)(1)(A)(i)			
6	A school. Section 170(b)(1)(A)(ii) (Also co	omplete Part V.)				
7	A hospital or a cooperative hospital service	ce organization. Section	on 170(b)(1)(A)(iii)			
8	A federal, state, or local government or g	overnmental unit. Sec	tion 170(b)(1)(A)(v).			
9	A medical research organization opera			n 170(b)(1)(A)	(iii). Enter the	hospital's name, city,
10	An organization operated for the benefically (Also complete the <b>Support Schedule</b> in F		niversity owned or oper	ated by a gove	ernmental unit.	Section 170(b)(1)(A)(iv)
11a X	An organization that normally receives 170(b)(1)(A)(vi). (Also complete the <b>Supp</b>			overnmental un	iit or from the (	general public. Section
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete the	Support Schedule in P	Part IV-A)		
12	An organization that normally receives: (activities related to its charitable, etc., full investment income and unrelated business 1975. See section 509(a)(2). (Also complete	unctions - subject to ss taxable income (le ete the <b>Support Sch</b> e	certain exceptions, and ss section 511 tax) from edule in Part IV-A.)	(2) no more ti businesses acc	nan 33 1/3% of quired by the org	f its support from gross anization after June 30,
13	An organization that is not controlle requirements of section 509(a)(3). Check				managers) and	otherwise meets the
	Type I Type II	Type III - Fur	nctionally Integrated	Type III -	Other	
	Provide the following information	about the supported	organizations. (See pag	je 8 of the instru	uctions.)	
Na	(a) ame(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organi	d) upported ion listed in pporting zation's documents?	(e) Amount of support
				Yes	No	
Total ·	· · · · · · · · · · · · · · · · · · ·				•	
14	An organization organized and operated t	n test for public safe	ty Section 509(a)(4) (Se	e page 8 of the	instructions.)	

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) (a) 2006 (c) 2004(d) 2003 (e) Total **(b)** 2005 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . 751,955. 1,142,197. 1,056,982. 651,020. 3,602,154. Membership fees received . . . . . . . . . . . . . . . . . . 143,525. 89,290 115,314. 151,779. 499,908. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . . . 11,386. 137,529. 2,464. 56,099. 207,478. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975....... 11,714. 1,312. 4,962 27,303. 9,315. Net income from unrelated business activities Tax revenues levied for the organization's benefit and either paid to it or expended on its The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income. Attach a schedule. Do not STMT 19 include gain or (loss) from sale of capital assets 9,536. 7,357. 13,044. 13,121 43,058. Total of lines 15 through 22 . . . . . . . . . . 915,427 1,287,748. 1,365,361. 811,365. 4,379,901. 808,901. 859,328 1,276,362. 1,227,832. 4,172,423. 12,877. 13,654. 8,114. 9,154 Organizations described on lines 10 or 11: 83,448. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 1,514,395. c Total support for section 509(a)(1) test: Enter line 24, column (e) 4,172,423. d Add: Amounts from column (e) for lines: 18 \_\_\_\_\_\_ 27,303. 19 43,058. 26b 1,514,395. . . . . . . . . . . ▶ 26d 1,584,756. 2,587,667. Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2004) (2003) Add: Amounts from column (e) for lines: 15 \_\_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 20 \_\_\_\_ 21 \_\_\_\_ ...... d Add: Line 27a total... 27e Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . . . . . . . . ▶ 27h Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief

15

description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Par	Private School Questionnaire (See page 9 of the instructions.)  NOT APPLICATION (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLE		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		100
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	24		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	7 - 1 500	100 14
				100
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		ļ
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	1	1801.000
	If you are used Whish to any of the above whose symbols (If you need some after the appropriate statement)			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
•	2 oct ale organization alectrimate by race in any may man respect ter			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	ļ	
	Out describing an afficient state of the sta			
d	Scholarships or other financial assistance?	33d		-
_	Educational policies?	22-		
•	Educational policies:	33e		1
f	Use of facilities?	33f		
	Ose of facilities?			
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
		ABBON Selection		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
3 <i>4</i> a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
J 7 U	= 200 and or garmandon reserve any miantenant and or accordance from a governmental agency:	U-14		1
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			1
	·			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05	-		
	of Rev. Proc. 75-50, 1975, 2 C.R. 587, covering racial pendicerimination? If "No." attach an explanation	2.5	1	1

		<u> </u>
Part VI-A	Lobbying Expenditures by Electing	Public Charities (See page 11 of the instructions.)
	/Talla a secondata d ONU V lava are all alla	1

	(10 20 completed Citz) by an engine organization that mean em			
Che	eck ▶ a if the organization belongs to an affiliated group. Check ▶ b if you of	check	ed "a" and "limited cor	trol" provisions apply.
	Limits on Lobbying Expenditures  (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		18,929.
	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		13,108
38		38		32,037
39	Other exempt purpose expenditures	39		1,236,614
40	Total exempt purpose expenditures (add lines 38 and 39)	40		1,268,651.
41				
	Not over \$500,000			
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		201,865
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		50,466
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

			Lobbying Expendit	ures During 4-Year	Averaging Period	
	Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount	201,865.	187,094.	208,792.	142,918.	740,669.
46	Lobbying ceiling amount (150% of line 45(e))					1,111,004.
47	Total lobbying expenditures	32,037.				32,037
48	Grassroots nontaxable amount	50,466.	46,774.	52,198.	35,730.	185,168.
<u>49</u>	Grassroots ceiling amount (150% of line 48(e))			等 大学 建筑 全国 基础		277,752.
50	Grassroots lobbying expenditures	18,929.				18,929.

**Lobbying Activity by Nonelecting Public Charities** 

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

	ing the year, did the organization attempt to influence national, state or local legislation, including any	Yes	No	Amount
alle	mpt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers			
b	Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .)			
С	Media advertisements			
d	Mailings to members, legislators, or the public			
е	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
ì	Total lobbying expenditures (Add lines c through h.),			
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying act			

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.) Part VII

		or indirectly engage in any of the follo			section
			n 527, relating to political organizations		Yes No
		ation to a noncharitable exempt organiz		51a(i)	X
				a(ii)	X
b Other tra				<u> </u>	- 25
		vith a noncharitable exempt organization		b(i)	x
		ncharitable exempt organization		b(ii)	X
(iii) Par	atal of facilities, equipment of	or other assets		b(iii)	X
(iii) Rei	mbureament arrangements			b(iv)	X
				b(v)	X
(v) Loa (vi) Per	formance of services or me	mbership or fundraising solicitations		b(vi)	X
		ng lists, other assets, or paid employee		С	. X
			column (b) should always show the fair i		
goods, ot	ther assets, or services given	by the reporting organization. If the	organization received less than fair m	arket va	lue in any
		in column (d) the value of the goods, other			
(a)	(b)	(c)	(d)		
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sh	aring arra	ngements
N/A					
		·			
52a Is the o	rganization directly or indire	ctly affiliated with, or related to, one or	more tax-exempt organizations		
describ	ed in section 501(c) of the C	code (other than section 501(c)(3)) or	in section 527? ▶ [	Yes	X No
<b>b</b> If "Yes,	" complete the following sch	edule:			
	(a)	(b)	(c)		
N	ame of organization	Type of organization	Description of relations	nip ———	
N/A					
			Schedule A (Form	990 or 9	90-EZ) 2007

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JSA

## Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasur

Department of the Treasury Internal Revenue Service Name of organization

### **Schedule of Contributors**

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2007** 

Employer identification number

GENERATIONS UNITE	D		31-1542973
Organization type (check	one):	1 400,000	01 10 123 10
Filers of:	Section:		
Form 990 or 990-EZ	$\overline{x}$ 501(c)(3) (enter number)	organization	
	4947(a)(1) nonexempt cha	aritable trust <b>not</b> treated as a private	foundation
	527 political organization		
Form 990-PF	501(c)(3) exempt private f	oundation	
	4947(a)(1) nonexempt cha	aritable trust treated as a private fou	ndation
	501(c)(3) taxable private f	oundation	
General Rule -  For organizations	n is covered by the <b>General Rule</b> or a <b>Sp</b> ses for both the General Rule and a Spec s filing Form 990, 990-EZ, or 990-PF th	ial Rule - see instructions.) nat received, during the year, \$5,000	
property) from a Special Rules -	ny one contributor. (Complete Parts I and	d II.)	
X For a section 50 under sections 5	1(c)(3) organization filing Form 990, or 09(a)(1)/170(b)(1)(A)(vi), and received 0 or 2% of the amount on line 1 of these	from any one contributor, during the	
during the year,	1(c)(7), (8), or (10) organization filing F aggregate contributions or bequests of r, or educational purposes, or the preve	more than \$1,000 for use exclusively	y for religious, charitable,
during the year, not aggregate to the year for an e applies to this or	1(c)(7), (8), or (10) organization filing F some contributions for use exclusively for more than \$1,000. (If this box is check exclusively religious, charitable, etc., purposanization because it received nonexclusively.	or religious, charitable, etc., purpose ked, enter here the total contribution pose. Do not complete any of the Pa usively religious, charitable, etc., co	es, but these contributions did is that were received during rts unless the <b>General Rule</b> ntributions of \$5,000 or more
=	nat are not covered by the General Rule a ney <b>must</b> check the box in the heading o		
	ey do not meet the filing requirements of		
For Paperwork Reduction Act N	Notice, see the Instructions	Sche	dule B (Form 990, 990-EZ, or 990-PF) (2007)

for Form 990, Form 990-EZ, and Form 990-PF.

89055J C021

of Part I

Name of organization

GENERATIONS UNITED

Employer identification number

31-1542973

Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	VARIOUS CONTRIBUTORS UNDER 2% OR \$23,828	\$113,143.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$36,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$ 445,609.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$285,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6_		\$ 43,860.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)

89055J C021

	Form 990, 990-EZ, or 990-PF) (2007)		Page of of Part
Name of org	ganization GENERATIONS UNITED		Employer identification number
			31-1542973
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8		\$\$111,667.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9		\$30,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash

a noncash contribution.) Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

(Complete Part II if there is

Person Payroll

Noncash

(Complete Part II if there is a noncash contribution.)

(d)

Type of contribution

(a)

No.

89055J C021

(c)

Aggregate contributions

\$\_

(b)

Name, address, and ZIP + 4

RENT AND ROYALTY INCOME

Taxpayer's Name								-	g Number
GENERATIONS UNIT	ED						31	L-154	2973
DESCRIPTION OF PROPERTY	221 11 0000			200					
OFFICE SPACE - 1	tively participate in t	_			during the toy year?				
RENTAL INCOME	tively participate in t	ne operation							
OTHER INCOME	1.100		• •					1	
ELDERHOSTEL						5	,000	•	
TOTAL GROSS INCOME								.	<u>5,000.</u>
OTHER EXPENSES:									
								-	
								-	
								-	
					, , , , , , , , , , , , , , , , , , , ,				
					·				
· ·									
DEPRECIATION (SHOWN BELOW	v)								
LESS: Beneficiary's Portion					•		de italia e est		
AMORTIZATION			<i></i>						
LESS: Beneficiary's Portion							ASSEST OF THE		
DEPLETION					*		zeje jakon d		
LESS: Beneficiary's Portion								-	
TOTAL EXPENSES	OME (LOSS)							:	5,000.
Less Amount to	(====)								
Rent or Royalty									
Depreciation								_	
Depletion								_	
Investment Interest Expense			<i>.</i>			, , ,			
Other Expenses									
Net Income (Loss) to Others								•	
Net Rent or Royalty Income (Loss Deductible Rental Loss (if Applic	s)								5,000.
SCHEDULE FOR DEPRECI			· · · ·	<u></u>			· · · ·	•	
				<u> </u>					
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
					-		-		
							-		<u> </u>
				<u> </u>			1		
				1					
				1					
ICA Totals									

Generations United, Inc. Fixed Assets December 31, 2007

					Accumulated						Accumulated
		Date			Depreciation	I - 07	II - 07	III - 107	IV - 07	Depreciation	Depreciation
Description	Identification/Vendor	Acquired	Cost	Method	<u>12/31/2006</u>					Expense 2007	7,007/15/71
Printer and Scanner		9/30/2001	2,348.93	S/L 5yrs	2,348.93						2,348.93
Computer		12/20/2001	1,342.00	S/L 5yrs	1,342:00						1,342.00
Computer		4/23/2002	872.50	S/L 5yrs	828.97	43.53					872.50
Computer		4/23/2002	872.50	S/L 5yrs	828.97	43.53					872.50
Computer		9/17/2002	2,158.00	S/L 5yrs	1,834.30	107.90	107,90	107.90	•		2,158.00
Computer	Dell Inspiron 2650	2/25/2003	727.05	S/L 5yrs	472.55	36.35	36.35	36.35	36.35		617.95
Computer	Dell Dimension 2400/DL	8/31/2004	926.48	S/L 5yrs	416.88	46.32	46.32	46.32	46.32		602.16
Server Computer	Dell Poweredge 2600/Server	12/22/2004	3,800.67	S/L 5yrs	1,710.27	190.03	190.03	190.03	190.03		2,470.39
Computer	Optiplex 170L/DB	6/23/2005	00'886	S/L 5yrs	345.80	49.40	49.40	49.40	49.40		543.40
Shelving	AMCO Essentials	8/19/2005	1,149.00	S/L 5yrs	344.70	57.45	57.45	57.45	57.45		574.50
Projector - stolen 11/15/07* InFocus LP120 Gen10	*InFocus LP120 Gen10	10/7/2005	1,599.00	S/L 5yrs	399.75	79.95	79.95	79.95	39.98		679.58
* Reimbursed by The Hartford Ins. Co. on 12/21/07	ford Ins. Co. on 12/21/07	12/21/2007	-1,599.00								(679.58)
Computer	Dell Precision Workstation 670/BE	10/28/2005	1,840.00	S/L 5yrs	460.00	92.00	92.00	92.00	92.00		828.00
Website	Infotect	11/1/2005	18,968.75	S/L 5yrs	4,426.04	948.44	948.44	948.44	948.44		8,219.80
Computer	Dell Optiplex 170L/JPL	12/14/2005	1,018.00	S/L 5yrs	254.50	50.90	50.90	50.90	50.90		458.10
Computer	Dell OptiPlex 170L/SYS	5/24/2006	1,023.00	S/L 5yrs	119.35	51.15	51.15	51.15	51.15		323.95
Computer	Dell	2/23/2007	705.00	S/L 5yrs		35.25	35.25	35.25	35.25		141.00
Laptop	Dell	2/23/3007	898.00	S/L 5yrs		44.90	44.90	44.90	44.90		179.60
Reception Desk	Cort Office Furn	9/14/2007	1,474.99	S/L 5yrs					73.75		73.75
Reception Area Furniture Cort Office Furn	Cort Office Furn	11/12/2007	1,329.99	S/L 5yrs					22.17		22.17
Front Office Sign	FastSigns	12/4/2007	i,414.00	S/L 5yrs					23.57		23.57
Computer	Dell	12/4/2007	725.00	S/L 5yrs					36.25		36.25

7,255.09 \*\*\* 22,708.52

1,797.91

1,790.04

1,790.04

16,133.01

44,581.86

### Form 8868

Department of the Treasury

(Rev April 2008)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue S	ervice	► File a	separate application for each	n return.					
<ul> <li>If you are f</li> </ul>	iling for an Automatic 3-	-Month Extension,	complete only Part I and	d check this b	oox				ĸ
<ul> <li>If you are f</li> <li>Do not complet</li> </ul>	iling for an <b>Additional (f</b> <b>te Part II unless</b> you hav	Not Automatic) 3-Not Automatic) 3-Not Automatic) 3-Not Automatic	<b>flonth Extension, comple</b> nted an automatic 3-mon	ete only Part oth extension	ll (on pag on a pre	ge 2 of this for	orm) Form 886	-	_
Part I Auto	matic 3-Month Exter	nsion of Time. O	nly submit original (no c	opies need	ed)	-	7.00		
	required to file Form 99		g an automatic 6-month e			box and com	plete	.,.>[	
	orations (including 1120 ome tax returns	D-C filers) partnersf	ips, REMICs, and trusts m	nust use Forn	7004 to	request an e	xtension	of	
one of the re electronically i returns, or a c	turns noted below (6 if (1) you want the add omposite or consolidate	months for a corp ditional (not automed From 990-T Ins	ly file Form 8868 if you poration required to file atic) 3-month extension stead, you must submit the n, visit www.irs gov/efile at the second	Form 990-T or (2) you fi ne fully come	) Howe le Forms deted an	ver, you car s 990-BL, 60 id signed par	nnot file 069, or 8 ge 2 (Par	Form 88 3870, gro	368 oup
Type or	Name of Exempt Organia	zation				Employer	identificat	ion numbe	:r
print	GENERATIONS	UNITED				31-15	42973		
File by the	Number street and roo	m or suite no If a P C	box see instructions						
due date for filing your	1331 H STREE								
return. See instructions	City, town or post office	state, and ZIP code	For a foreign address see ins	structions					
	WASHINGTON,			······································					************
1 1 .	of return to be filed (file								
X Form 990		Form 990-T	' '			orm 4720			
Form 990			sec 401(a) or 408(a) trust)		<del></del>	orm 5227			
Form 990		<del> </del>	trust other than above)			orm 6069			
Form 990	J-MF	Form 1041-A			Fo	orm 8870			
If the orga If this is fo for the whole names and El I request until	r a Group Return enter group, check this box I Ns of all members the e an automatic 3-month	an office or place of the organization's   If it is for extension will cover.   (6 months for a coronal process, to file the extension will be a coronal process.)	FAX No Fa	n Number (Gl  k this box ►  Form 990-T) €	EN)  Extension		a list wi	···········	s
<b>&gt;</b>	tax year beginning		, and en	ding	<del></del>		)		
2 If this tax	x year is for less than 12	2 months, check rea	ason: Initial return	Final	return [	Change	in accou	nting peri	od
	pplication is for Form 9 and able credits. See instr		90-T, 4720, or 6069, er	nter the tent	ative tax	, less any	3a \$		
b If this ar	oplication is for Form 9	90-PF or 990-T e	nter any refundable credi	ts and estim	ated tax	payments	1 -		
made. In	clude any prior year ove	erpayment allowed	as a credit.				3b \$	NO	NE
			de your payment with th						
		ıìred, by using E	FTPS (Electronic Federa	ıl Tax Paym	ent Sys	tem) See	or frame had		
instruction	***************************************						3c \$	.,	
Caution. If you	u are going to make an	electronic fund wit	ndrawal with this Form 88	368, see Fori	n 8453-l	EO and Form	1 8879-E0	o	
for payment in	istructions.			·					
For Privacy A	ct and Paperwork Red	luction Act Notice.	see Instructions				Form 886	8 (Rev 4-2	י אחחפ

Form 8	9868 (Rev. 4-2	2008)					Page 2
• If :	you are fi	iling for an Additional	(Not Automatic) 3-Month	Extension, complete only Pa	ert II and check this bo		
Note	<ul> <li>Only co</li> </ul>	omplete Part II if you l	have already been granted	an automatic 3-month extens	sion on a previously file	d Form 8868	
• If :	you are fi	iling for an Automatic	3-Month Extension, comp	lete only Part I (on page 1).	•		
Par	ill Ad	ditional (Not Aut	omatic) 3-Month Exter	nsion of Time. You mus	t file original and	one copy.	***************************************
Туре	or N	Name of Exempt Organiz	ation	245	Employer identi	fication numbe	r
print	t _	GENERATIONS UN			31-15429	73	
File by	,	Number, street, and roor	n or suite no. If a P.O. box, see i	nstructions.	For IRS use only		
	ate for L	1331 H STREET,	NW				
filing i	. o <del>ue</del> }		state, and ZIP code. For a forei	gn address, see instructions.	35. <b>2006.</b> 36		
	ctions.	WASHINGTON, DO				*	
			ile a separate application fo	or each return):			
X	1 .		Form 990-PF		Form 1041-A	<b></b>	m 6069
-	Form 9		Form 990-T (sec. 40		Form 4720	Forn	m 8870
STO	Form 9		Form 990-T (trust oth	ner than above)	Form 5227		
				nted an automatic 3-month	extension on a previ	ously filed Fo	orm 8868.
		are in the care of		***************************************			
e if∈	the organ	No. ► 202 289-	-39/9	FAX No. ▶			. —
• If 1	thie ie for	a Group Poturn, onto	r the ergonization's four dia	ess in the United States, chec	orns box		. ▶∟_
for t	ha whola	group check this ha	If it is for no	it Group Exemption Number ( rt of the group, check this bo	GEN) II		
list w	vith the na	ames and FINe of all	members the extension is fo	rt of the group, check this bo	× ▶ [] and atta	acn a	
4			th extension of time until				
5			r other tax year beginning		nd ending		
6			12 months, check reason:			ge in account	ing period
7				NAL TIME IS NEEDED	TO DEEDADE A	ge in account	ing penda
	COMPL	ETE AND ACCURA	TE RETURN.	THE IS RESULD	IO IMEIANE A		
8a	If this a	pplication is for Form	990-BL, 990-PF, 990-T, 4	720, or 6069, enter the te	ntative tax, less any		
		ndable credits. See in			•	8a \$	
b	If this ap	pplication is for Form	990-PF, 990-T, 4720, or 6	069, enter any refundable cr	edits and estimated		,,,,,,,,
	tax payr	ments made. Include	any prior year overpaym	ent allowed as a credit an	d any amount paid		
	previous	sly with Form 8868.				8b \$	NONE
C	Balance	Due. Subtract line 8	b from line 8a. Include you	r payment with this form, or	if required, deposit		
	with FT	D coupon or, if re	quired, by using EFTPS (	Electronic Federal Tax Pay	ment System). See	1	
	instruction	ons.				8c \$	
			Signa	ture and Verification			
Under	r penalties o	of perjury, I declare that I	have examined this form, include authorized to prepare this form.	ing accompanying schedules and si	tatements, and to the best	of my knowledg	e and belief,
it ia Ul	uu, com <del>o</del> ct, i	and complete, and that I am	authorized to prepare this form.				
		// Mo of a	P & A al	202		-4	
Signat		yaneve (1	ucuntung V	Title ► CPA	Date	> 8 7 (C)	K
	_	ARFINO AND RHO	•			Form <b>8868</b> (	(Rev. 4-2008)
			PIKE, SUITE 501				
	N	NORTH BETHESDA,	MD 20852-2794				

C021

# SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

ELDERHOSTEL

5,000. -----5,000.

#### RENT AND ROYALTY SUMMARY \_\_\_\_\_

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME 
OFFICE SPACE - 1331	5,000.			5,000.
TOTALS	5,000.			5,000.

FORM	990,	PART	I	_	OTHER	INCREASES	IN	FUND	BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAIN ON INVESTMENTS

9,175.

TOTAL

9,175.

#### FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES \_\_\_\_\_

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
PREPAID EXPENSES		9,914.	13,056.
	TOTALS	9,914.	13,056.
		==========	

# FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
US TREASURY NOTES DUE 11/15/2007 DUE 10/31/2011 DUE 8/15/2016		109,097. 99,637. 101,195.	NONE 104,797. 106,484.	FMV FMV FMV
	TOTALS	309,929.	211,281.	

### FORM 990, PART IV - OTHER ASSETS

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
		·	
DEPOSITS		13,498.	13,056.
ACCRUED INTEREST		2,960.	2,603.
	TOTALS	16,458.	15,659.

# FORM 990, PART IV - DEFERRED REVENUE

		BEGINNING	ENDING
DESCRIPTION		BOOK VALUE	BOOK VALUE
DEFERRED REVENUE		76,000.	159,891.
	TOTALS	76,000.	159,891.

1-1542973 GENERATIONS UNITED

FORM 990, PART IV - OTHER LIABILITIES

**\*=================** 

DESCRIPTION

\_\_\_\_\_

SUBLEASE DEPOSIT

BEGINNING ENDING

BOOK VALUE BOOK VALUE

NONE \_\_\_\_\_\_

2,500.

TOTALS

NONE

2,500.

# FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

TRUOMA DESCRIPTION \_\_\_\_ 40,000. IN-KIND CONTRIBUTIONS TOTAL 40,000. \_\_\_\_\_

\_\_\_\_\_

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

GENERATIONS UNITED

DESCRIPTION AMOUNT
----IN-KIND CONTRIBUTIONS 40,000.
TOTAL 40,000.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DONNA BUTTS 1331 H STREET, NW 900 WASHINGTON, DC 20005	EXECUTIVE DIRECTOR 40.00	94,415.	27,648.	NONE
JOHN ROTHER 1331 H STREET, NW 900 WASHINGTON, DC 20005	CHAIR 1.00	NONE	NONE	NONE
LAWRENCE MCANDREWS 1331 H STREET, NW 900 WASHINGTON, DC 20005	VICE-CHAIR 1.00	NONE	NONE	NONE
JAMES FIRMAN 1331 H STREET, NW 900 WASHINGTON, DC 20005	TREASURER 1.00	NONE	NONE	NONE
MARY LEE ALLEN 1331 H STREET, NW 900 WASHINGTON, DC 20005	SECRETARY 1.00	NONE	NONE	NONE
SHAY BILCHIK	BOARD MEMBER 1.00	NONE	NONE	NONE

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS 	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
900 WASHINGTON, DC 20005				
MARC FREEDMAN 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
ROBERT DUGGER 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
KAREN DALE 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
ROBERT GOODWIN 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
IRV KATZ 1331 H STREET, NW 900	BOARD MEMBER 1.00	NONE	NONE	NONE

89055J C021

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LE AND AVERAGE HOURS PER K DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20005				
PAUL THORNELL 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
MARY ANN VAN CLIEF 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
CHRISTINE JAMES-BROWN 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
MICHAEL MARCUS 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE
WILLIAM MINNIX 1331 H STREET, NW 900 WASHINGTON, DC 20005	BOARD MEMBER 1.00	NONE	NONE	NONE

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	NONE	NONE	NONE	NONE	NONE
CONTRI TO EN COMPENSATION BENEFI	NONE	NONE	NONE	NONE	NONE
TITLE AND AVERAGE HOURS PER	BOARD MEMBER	BOARD MEMBER	BOARD MEMBER	SPECIAL ADVISOR	SPECIAL ADVISOR
WEEK DEVOTED TO POSITION	1.00	1.00	1.00	1.00	1.00
NAME AND ADDRESS	JUDY VREDENBURGH	MATTHEW MELMED	LARRY NAAKE	ROBERT BLANCATO	CATHERINE MILTON
	1331 H STREET, NW				
	900	900	900	900	900
	WASHINGTON, DC 20005				

89055J C021

31-1542973

AND TRUSTEES	
DIRECTORS,	
OFFICERS,	
- CURRENT	
V-A	
PART	
,066	
FORM	

EXPENSE ACCT AND OTHER ALLOWANCES	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	27,648.
COMPENSATION	94,415.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	GRAND TOTALS
NAME AND ADDRESS	

STATEMENT 16

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EXPENSE ACCOUNT	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	8,449.	8,172.	16,621.
COMPENSATION	68,144.	58,070.	126,214.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PUBLIC POLICY DIR. 40.00	PROGRAM DIRECTOR 40.00	TOTAL COMPENSATION
NAME AND ADDRESS	JAIA PETERSON LENT 1331 H STREET, NW SUITE 900 WASHINGTON, DC	BRENT ELROD 1331 H STREET, NW SUITE 900 WASHINGTON, DC	

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STATEMENT

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE PART V, FORM 990

GENERATIONS UNITED

SCHEDULE A, PART IV-A - OTHER INCOME

TOTAL	28,690. 6,989. 7,379. 43,058
2003	7,665. 1,381. 4,075. 13,121.
2004	7,400. 5,576. 68. 13,044.
2005	7,325. 32. NONE 7,357.
2006	6,300. NONE 3,236. 9,536.
DESCRIPTION	HONORARIUM MISCELLANEOUS INCOME PIN SALES TOTALS

19

STATEMENT

# SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

► Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

**2007** 

Name of estate or trust Employer identification number GENERATIONS UNITED 31-1542973 Note: Form 5227 filers need to complete only Parts I and II. Short-Term Capital Gains and Losses - Assets Held One Year or Less (a) Description of property (e) Cost or other basis (f) Gain or (loss) (b) Date (c) Date sold (d) Sales price for the entire year (Example: 100 shares 7% acquired (see page 40 of the (mo, day, yr.) preferred of "Z" Co.) (mo., day, yr.) instructions) Subtract (e) from (d) 1a **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . . . . . . . . . 1b Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 3 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet \_\_\_\_\_\_ 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, 5 Long-Term Capital Gains and Losses - Assets Held More Than One Year (a) Description of property (b) Date (e) Cost or other basis (f) Gain or (loss) (c) Date sold (Example: 100 shares 7% acquired (d) Sales price (see page 40 of the instructions) for the entire year (mo., day, yr.) preferred of "Z" Co.) (mo., day, yr.) Subtract (e) from (d) 6a **b** Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b. 6b 1,920. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 7 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 8 Capital gain distributions 9 10 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, 1,920.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2007

	_	, <del></del>			
Schedule	D	(Form	10411	2007	

Page 2

Sched	due D (Form 1041) 2007				Page 2
Par	t III Summary of Parts I and II Caution: Read the instructions before completing this pa	art.	(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			
14	Net long-term gain or (loss):				
	Total for year				1,920.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
С	28% rate gain	14c			
	Total net gain or (loss). Combine lines 13 and 14a ▶				1,920.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo				
	art V, and do not complete Part IV. If line 15, column (3), is a net loss, complete	Part IV	and the Capital Loss Cal	ryover vvorksneet,	as necessary.
Par					
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,				1
a Noto	The loss on line 15, column (3) or b \$3,000		22 (or Form 000 T I	ino 34) is a loss of	( )
Carry	The loss on line 15, column (3) or b \$3,000 If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, pay wover Worksheet on page 42 of the instructions to figure your capital loss carryo	ver.	le 22 (OF FOITH 990-1, II	111 <del>6</del> 34), 13 a 1033, 00	omplete the Capital Loss
	Tax Computation Using Maximum Capital Gains Rates				
Form	n 1041 filers. Complete this part only if both lines 14a and 15 in col	umn (2	2) are gains, or an ar	nount is entered	in Part I or Part II and
	e is an entry on Form 1041, line 2b(2), <mark>and F</mark> orm 1041, line 22, is mo				
	tion: Skip this part and complete the worksheet on page 43 of the inst	ruction	s if:		
	ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero				
	n 990-T trusts. Complete this part only if both lines 14a and 15 a		ne or qualified divid	ande ara includa	d in income in Part I
	orm 990-T, <b>and</b> Form 990-T, line 34, is more than zero. Skip this pa				
	er line 14b, col. (2) or line 14c, col. (2) is more than zero	are arra	complete the nerve	noot on page 10	or the mendedene n
17	Enter toyable income from Form 1041 line 22 (or Form 000 T line	24)	17		
18	Enter taxable income from Form 1041, line 22 (or Form 990-T, line Enter the <b>smaller</b> of line 14a or 15 in column (2)	34) .			
10	but not less than zero			.**	
19	Enter the estate's or trust's qualified dividends				
13	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T)				
20	Add lines 18 and 19				
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g; otherwise, enter -0 ▶ 21		1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
22	Subtract line 21 from line 20. If zero or less, enter -0		22		
23	Subtract line 22 from line 17. If zero or less, enter -0				
24	Enter the <b>smaller</b> of the amount on line 17 or \$2,150		24	.WYA	
25	Is the amount on line 23 equal to or more than the amount on line 2				
	Yes. Skip lines 25 through 27; go to line 28 and check the "No	o" box.			
	No. Enter the amount from line 23		25		
26	Subtract line 25 from line 24		26		
27	Multiply line 26 by 5% (.05)			27	
28	Are the amounts on lines 22 and 26 the same?		1 1		
	Yes. Skip lines 28 thru 31; go to line 32 No. Enter the smaller of line 17 or	line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)		29		
30	Subtract line 29 from line 28		<u> </u>		
31	Multiply line 30 by 15% (.15)			31	
32 Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the					
	instructions			32	
	Add lines 27, 24, and 20				
33	Add lines 27, 31, and 32	 Data 1		33	
34	Figure the tax on the amount on line 17. Use the 2007 Tax			1	
35	instructions				
JO	Schedule G, Form 1041 (or line 36 of Form 990-T)				
	Concadie O, i onni 107 i (Oi ille 30 Oi i Oilli 330-1)			33	

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Name of estate or trust as shown on Form 1041. Do not enter name and employer identification number if shown on the other side				cation number			
GENERATIONS UNITED 31-1542973					3		
Part II	Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year						
	(a) Description of property (Example: 100 sh 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr)	(d) Sales price (see page 40 of the instructions)	(e) Cost or other basis (see page 40 of the instructions)	<b>(f) Gain or (loss)</b> Subtract (e) from (d)	
6a 111,	000 UNITS OF 3% U.S.						
TRE	EASURY NOTE	10/31/2006	11/15/2007	111,000.	109,080.	1,920.	
						•	
	· · · · · · · · · · · · · · · · · · ·						
6h Tota	I. Combine the amounts in column	(f) Enter here an	d on Schedule D. lii	ne 6h		1 920	

Schedule D-1 (Form 1041) 2007

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