Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Tréasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2010, and ending

Open to Public Inspection

A F	or the	⊇ 2010 calendar year, or tax year beginning , 2010,	and ending	1	, 20								
		C Name of organization		D Employer identific	cation number								
Всы	eck If app	GENERATIONS UNITED		31-154297	13								
	Addres												
	chango	Number and atreet (as P.O. boy if mail is not delivered to street address)	Room/suite	E Telephone numbe	er .								
	Initial	1221 ti compress NM	900	(202) 289-3	(202) 289-3979								
	Termir	City or house state or occurred and 719 ± 4											
-	Amena			G Gross receipts \$	1,253,995.								
	return Applic			H(a) Is this a group retu									
L	pendir	SAME AS ABOVE ,		affiliates? H(b) Are all affiliates ind	}								
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) d	or 527	If "No," attach a lis	· · · · · · · · · · · · · · · · · · ·								
		the: \triangleright WWW.GU.ORG	01 527	H(c) Group exemption r									
		of organization: X Corporation Trust Association Other	I. Voor of fo	ormation: 1987 M State									
Pa		Summary	L Teal of te	Simuloit. 23 9 1 In Otate	of lagar dofficies,								
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	1	Briefly describe the organization's mission or most significant activities:	ER PEOPL	E THROUGH									
93		TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLDER PEOPLE THROUGH INTERGENERATIONAL COLLABORATION, PUBLIC POLICIES, AND PROGRAMS FOR THE											
Governance		ENDURING BENEFIT FOR ALL.											
Ver		Check this box if the organization discontinued its operations or dispose		050/ -6114									
ဗိ				1 1	16.								
ళ		Number of voting members of the governing body (Part VI, line 1a)			16.								
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)			16.								
Įį.		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			40.								
Αc	6	Total number of volunteers (estimate if necessary)		6	40.								
	7 a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a									
	b_	Net unrelated business taxable income from Form 990-T, line 34			Course of Vers								
		and the same of th	-	Prior Year	Current Year								
e		Contributions and grants (Part VIII, line 1h)		1,021,011.	1,223,891.								
ent	9	Program service revenue (Part VIII, line 2g)		90,619.	3,703.								
Revenue		Investment Income (Part VIII, column (A), lines 3, 4, and 7d)		10,675.	10,000.								
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,688.	16,401.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1,142,993.	1,253,995.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.1	0.								
		Benefits paid to or for members (Part IX, column (A), fine 4)		0.1	0.								
တ္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		628,365.	697,358.								
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 2, 29		0.	0.								
ď.	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	1										
щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		730,116.	567,468.								
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,358,481.	1,264,826.								
	19	Revenue less expenses. Subtract line 18 from line 12		-215,488.	-10,831.								
Net Assets or und Balances			E	Beginning of Current Year	End of Year								
sets	20	Total assets (Part X, line 16)		620,801.	702,159.								
AB	21	Total liabilities (Part X, line 26)		156,402.	247,520.								
Net / Fund	22	Net assets or fund balances. Subtract line 21 from line 20		464,399.	454,639.								
Pa	rt II	Signature Block		****									
Un	der per	nalties of perjury. I declare that I have examined this return, including accompanying schedules nd complete. Declaration of preparer (other than officer) is based on all information of which pr	and statements, renarer has any k	and to the best of my knowledge:	edge and belief, it is true,								
	icut, ai	1 Million of property (called the state of t											
S	ign	Allua MAAA		₩									
H	ere	Signature of officer	/	Date /	1								
		DOWNAMIOUTS EXECUTIVE DIRECT	OR	8/19/	2011								
		Type or print name and title											
	_	Print/Type preparer's name Preparer's signature	Date	Check if self-	PTIN								
Pai		Michael J. Devlin, CPA Michael J. Devlin, CPA	8/11/11	employed >	P00245532								
	parer	SARFINÓ AND RHOADES, LLP	/ / / / /	Firm's EIN ▶ 52-	-0961657								
Use	Only	Firm's address > 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 208	52-2794	Phone no. 301	1-770-5500								
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No								
	·	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2010)								

orm 990	0 (2010)	31-1542973	PE
Part l	Statement of Program Service Accomplishments	s question in this Part III	X
TO	efly describe the organization's mission: IMPROVE THE LIVES OF CHILDREN, YOUT!		
		C POLICIES, AND PROGRAMS FOR	
THI	E ENDURING BENEFIT FOR ALL.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
the If "	Yes," describe these new services on Schedule O.		Yes X No
ser	d the organization cease conducting, or make significativices?		Yes X No
4 De Se	Yes," describe these changes on Schedule O. scribe the exempt purpose achievements for each of the ction 501(c)(3) and 501(c)(4) organizations and section ocations to others, the total expenses, and revenue, if an	e organization's three largest program services by expens 4947(a)(1) trusts are required to report the amount of g ny, for each program service reported.	ses. rants and
4a (Co	ode:)(Expenses \$ 274,784. including ARED SITES: COMMITTED TO INCREASING)
	TES AND SHARED RESOURCES TO MEET THE		
	EDS AND ENCOURAGE AGE-INTEGRATED COM		
NA	TIONAL RESOURCE CENTER ON INTERGENER	ATIONAL SHARED SITES.	
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	inglydi	ng grants of \$) (Revenue \$	
4 b (Co E.D	ode:)(Expenses \$215,118. Including DUCATING AND ENCOURAGING OLDER ADULTS		
	ILDREN.		
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4 /0	ode:) (Expenses \$ 327,223.including	g grants of \$) (Revenue \$	
4c (C	ode:)(Expenses \$ 327,223.including JBLIC EDUCATION INCLUDING IDENTIFYING)
	RACTICES, PRODUCING REPORTS, SPEAKING		
	BOUT GRANDPARENTS RAISING GRANDCHILDR		
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		TIP AUMINI 1	
	and program of model (possessor in possessor in	TTACHMENT 1	
	xpenses \$ 243,837. including grants of \$ otal program service expenses ► 1,060,962) (Revenue \$)	
76 10	San program our rice expenses P	The state of the s	Form 990 (2010)

Is the organization described in sociolo 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 ormiplete Schedule A. 3 bit the organization required to complete Schedule B. Schedule of Contributions? (see Instructions). 2	Par	Checklist of Required Schedules		\/	
to supplies Schedule A 1				res	NO
Is the organization required to correlate Schodule B, Schodule of Contributors? (see instructions). 2 X 3 Did the organization engage in circle of indirect political campaigns adviviles on belief of or in opposition to candidates for public office? If "Mey," camplete Schodule C, Part I. 4 Section 601(c)(3) organizations. Did the organization engage in lothying adviviles, or have a section 501(h) election in reflect during the tax year? If "Nes," complete Schodule C, Part II. 5 Is the organization is section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceedare 99-18? If "Yes," complete Schodule C, Part II. 5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schodule C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schodule D, Part II. 7 Did the organization receive or hold a conservation easement, including casemants to prosorve open space, the environment, historic land areas, or historic environment? "Yes," complete Schodule D, Part II. 8 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 sentions? If "Yes," complete Schodule D, Part II. 9 Did the organization accounts on through a related organization, hold assasts in tarm, permanent, or quest-endownents? If "Yes," complete Schodule D, Part II. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schodule D, Part VII. 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 15 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schodule D, Part VII. 12 Did the organization and part of a manufactin the restrict is 5% or more of its total assests reported in Par	1			v	
Did the organization regage in circet or indiffect political campaigin activities on behalf of or in opposition to candidates for sublic office? If "Yes," complete Schedule C, Part I. Section 50 (1c(3)) organizations. Did the organization engage in lobbying activities, or have a section 50 (1), behalf of the section 50 (1),					
cendidates for public office? If Yas," complete Schedule C, Part I. Soction 501(c)3) organizations. Did the organization engage in lobbying activities, or have a section 501(c)1 election in effect during the tax year? If Yas," complete Schedule C, Part II. Is the organization a section 601(c)4, 501(c)4, 501(c)(5), or 501(c)(6) organization that receives memberahip dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If Yas," complete Schedule C, Part III. Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide activise on the distribution or investment of amounts in such funds or accounts? If Yas," complete Schedule D, Part II. Did the organization maintain collections of Yorks of an, historical tressures, or other similar assets? If Yas," complete Schedule D, Part II. Did the organization maintain collections of Yorks of an, historical tressures, or other similar assets? If Yas," complete Schedule D, Part III. Did the organization in account in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide circuit counseling, debt management, credit repair, or dobt negotiation sondoes? If Yas," complete Schedule D, Part IV. Did the organization's answer to any of the following questions is Yas," then complete Schedule D, Part V, VI, VII, XII, X, VX as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 197 If Yas," complete Schedule D, Part V, VI, VII, XII, X, VX as applicable. Did the organization report an amount for investments—other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 17 II Yas, "complete Schedule D, Part VVI, VII, VII, XII, X, VX as applicable. Did the organization is apparate, independent audited financial statements for the tax year? If Yas," and II the VX applicable objects of the village of the village of the	2		2		
Section S01(e(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schodule C, Part II. Is the organization as section 501(c)(4), 501(c)(5), organization that raceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schodule C, Part II. Bit the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. Did the organization receive or hold a conservation assement including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization mehitaln collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an emount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide cordit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, If If the organization (healty or through a revisted organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part X, III to organization report an amount for investments—other securities in Part X, line 10? If "Yos," complete Schedule D, Part X, III to Organization report an amount for investments—other securities in Part X, line 10? If "Yos," complete Schedule D, Part X, III to 10 the organization report an amount for investments—other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X V, III to X. Did the organization report an amount for investments—oth	3		_	·	17
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s to 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 Schedulo C, Part II. 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedulo D, Part II. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assessor? If "Yes," complete Schedulo D, Part II. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assessor? If "Yes," complete Schedulo D, Part III. 9 Did the organization report an emount 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 dobt negotiation services? If "Yes," complete Schedulo D, Part IV. 10 Did the organization organization and management, aredit repair, or dobt negotiation services? If "Yes," complete Schedulo D, Part IV. 11 If the organization report an amount for lower in a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedulo D, Part V, IV. VIII, IV., or X as applicable. 12 Did the organization report an amount for lower in the part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedulo D, Part V, IV. 13 Did the organization report an amount for lowestments-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 Schedulo D, Part X V. 14 Did the organization report an amount for lowestments-program related in Part X, line 16 that is a decided to report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, lin of If "Yes," complete Schedulo D, Part X V. 15 Did the organiz	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		.,	
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Part III 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 II. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III. 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. Did the organization (incity) or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VI, VII, IX, or X as applicable. a Did the organization report an amount for linestments—other socirities in Part X, line 10? If "Yes," complete Schedule D, Part VI, VI, VIII, IX, or X as applicable. b Did the organization report an amount for investments—other socirities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. c Did the organization report an amount for investments—other socirities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. d Did the organization report an amount for other asset 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 VIII. d Did the organization report an amount for other asset is in Part X, line 15 that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. d Did the organization separate or consolidated financial statements for the tax year flows. d Did the organization separate or consolidated financial statements for the tax year? If "Yes," and If the organization has pa	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
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 II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III. 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 9 Did the organization proport 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. 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV. 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable. 12 Did the organization report an amount for linvesiments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII. 13 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 167 If "Yes," complete Schedule D, Part VIII. 14 Did the organization report an amount for other assets in Part X, line 15 trat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X X. 15 Did the organization report an amount for other assets in Part X, line 15 trat is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X X. 16 Did the organization report an amount for other assets in Part X, line 15 trat is 5% or mor		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7. Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide organization (freety) or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part M. 10. Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part M, VII. VIII. IX, or X as applicable. a Did the organization report an amount for lineatines—other securities in Part X, line 10? If "Yes," complete Schedule D, Part W, VII. VIII. IX, or X as applicable. a Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part W, 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 Will Did the organization report an amount for other issetties 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 Will X Did the organization report an amount for other issetties 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 X V. 20 Did the organization separate, independent audited financial statements for the tax year? If "Yes," and If the organization is ability for uncertain tax post of other liabilities in Part X, line 16? If Yes, and If the organization have agreated or consolida			5		
complete Schedule D, Part I. Did the organization receive or hold a conservation easement, including casements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 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 sorvices? If "Yes," complete Schedule D, Part IV. Did the organization, directly or through a rolated organization, hold assets in term, permanent, or quasi-endownents? If "Yes," complete Schedule D, Part V. If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other sacutrities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—other sacutrities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for investments—other sacutrities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 18? If "Yes," complete Schedule D, Part VIII. Did the organization amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 19? If "Yes," complete Schedule D, Part VIII. Did the organization assets and the properties Schedule D, Part X III. Did the organization assets are ported in Part X, line 10? If "Yes," complete Schedule D, Part X III. Did the organization assets are ported in Part X, line 10? If "Yes," complete Schedule D, Part X III. Did the organization assets are ported in part X, line 10? If Yes, "complete Schedule P, Parts III. X Did the organization asse	6				
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reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	c				
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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	ε		11e	X	
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the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	ł				
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			12b		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	13		13		
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. 15 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. 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. 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)			14a		X
business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV. 15 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. 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. 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). 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. 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. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H. 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H.					
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organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15				
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			15		Х
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16				
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)	• -		16		Х
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
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	•	· · · · · · · · · · · · · · · · · · ·	17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
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			18		Х
If "Yes," complete Schedule G, Part III	19				
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H			19		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form	20:		20a	<u> </u>	Х
			20b	<u> </u>	<u> </u>

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	90 (2010)			
Part	Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ļ		
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
22	Did the organization report more than \$5,000 or grants and other assistance to marriage and the	22		Х
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			l
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	ı	Х
	employees? If "Yes," complete Schedule J			
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			ļ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a	ļ	X
	through 24d and complete Schedule K. If "No." go to line 25	24b		
b	Did the agreement on investigation investigation investigation of the experiment bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245	1)
	to the contract and the mode of the contract o	24c	i	
đ	Bill the expeniention act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		+
25 a	and E04(c)(A) and E04(c)(A) organizations. Did the organization engage in an excess belief transaction	0.5-	1	Х
	the supplied page of during the year? If "Yes" complete Schedule L. Paπ I	25a	├──	
b	the experiencian aware that it engaged in an excess benefit transaction with a disquarried person in a prior			
i,	year, and that the transaction has not been reported on any of the organizations prior Forms 990 of 990-22:]		Х
	Isma Wassestate Cohodula I Port I	25b	-	+-^
26	and the endeant of the property of the second of the secon			v
20	which are an autotopoling as of the end of the organization's tax year? If "Yes," complete scriedule L, Fart II.	26	 	X
0.7	and the accomplished provide a grant or other assistance to an officer, director, distee, key employee,	Ì		-
27	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			١,,
	18 M. Harman Later Cohockulo I. Port III	27	<u> </u>	X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
а	the state of the surrent or former officer director trustee, or key employee? If res, complete		İ	
į.	Schedule L, Part IV	28b	,	X
	Schedule L, Part IV			}
(was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	;	X
	was an officer, director, trustee, or direct or mandet switch in the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive more than \$25,000 in historical treasures, or other similar assets, or qualified		1	İ
30	Did the organization receive contributions of art, historical treasures, of other summer and the sent tibutions? If "Yes" complete Schedule M	30		X
	conservation contributions? If "Yes," complete Schedule M			
3 1	Part I	31		X
	Part I			
32	Did the organization sell, exchange, dispose oi, of transfer more than 2000 of the	32		X
	complete Schedule N, Part II			
33	Did the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization own 100% of an entity distributed as separate from the organization of the or	. 33		X
	sections 301.7701-2 and 301.7701-3? If "Yes, complete schedule 11, 1 at 11.			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	. 34		X
	IV, and V, line 1	35	1	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?		1	
	a 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,		İ	ļ
	Part V, line 2	<u> </u>	1	
36	greation 504(a)(3) organizations. Did the organization make any transfers to an exempt non-organization	36	.	l x
	to the series of the second to the second to second the Repart V. line 2	. -		+
37	Bid the erganization 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 A,		,]	X
	Mod4//	. 37		- -
38	Bill the expeniention complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	¹		\mathbf{x}
3 0	19? Note. All Form 990 filers are required to complete Schedule O	, ,		
_	TOT MODELLE CONTROL OF THE CONTROL O	Fo	ım 95	90 (201

j90 (2010) Regarding Other IRS Filings and Tax Compliance

áliji	Check if Schedule O contains a response to any question in this Part V	• • •	<u> </u>	
		est vader 183	es t	Vo ⊒≽se
۱	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	The programmer comply with backup withholding rules for reportable payments to valuate and		X	
	(11 marsing / combling) with pings to prize WIDDETS?	1c		
20	Takes the number of employees reported on Form W-3, Iransmittal or wage and tax			
			X	
h	It at least one is reported on line 2a did the organization file all required lederal employment tax retains.	2b		
	Kur and the second on its greater than 750. Voll may be required to 6-1/10, (300 mat 404,910)	3a	建筑是 包	X
3а	The state of the state of business areas income of \$1,000 of file during the years	3b		
4a				
	over a financial account in a foreign country (such as a bank account, securities account, or such account, securities account, or such account, securities account, or such account, securities account, secu	4a		X
	account)?			
b	If "Yes," enter the name of the foreign country:			
	If "Yes," enter the name of the foreign country. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	5a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
5 a	See instructions for filing requirements for room 15 to 5 and 15 and 15 to 5 and 15 a	5 b		X
b	Was the organization a party to a prohibited tax shorter transaction? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5 c		
C	: If "Yes," to line 5a or 5b, did the organization file Form 6666-19. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		l	
		6a		X
	organization solicit any contributions that were not tax declaration an express statement that such contributions or If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
b	gifts were not tax deductible?	6b	- WEL-201	English at 1
_	and the deductible contributions under section 1/0(c).			
7	Bit the agreement on receive a navment in excess of \$75 made partly as a contribution and partly is.			
		7a		<u>X</u>
ı	and the doods of services provided the provided the value of the doods of services provided the contract the	7 b		
,	Bill the experiencian coll exchange or otherwise dispose of tangible personal property for times.		İ	X
	required to file Form 8282?	7 c	三般	
	the state of Forms 8282 filed during the Veat	7 e	1	X
	and the second provided directly or indirectly, to pay premiums on a personal period doctor.	7 f		X
,	a firm during the year new premiums, directly of indirectly, on a personal periodic dataset.	7 g		
	to the department of qualified intellectual property, did the organization me Form 6099 as required.	7h		
	to a sent button of core hoats airplanes of other venicles, did the organization me a form 1000 c.	2007 12 1805 East		
8	intolning donor advised funds and section object, or other and			
	Sponsoring organizations maintaining donor advised fund maintained by a sponsoring organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		X
	organizations. Did the supporting organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	9 a		X
	b Did the organization make a distribution to a donor, donor advisor, or related person?	. 9b	acrolement (St.	X
10	Living from and contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 3		
4.4	4 - 0 - 44 - 104/a)/42) organizations. Enter:			
11	Oreca income from members or shareholders	-		
	b Gross income from other sources (Do not net amounts due or paid to other sources	A B		
	the state of the s			報節
1:	and the state of the comment charitable trusts. Is the organization filing form 990 in field of Form 1941	12a	5 4.25 K	4
• •	b. If "Yes " enter the amount of tax-exempt interest received of accreed during the year.			
1:	and the road averaged numbered the alth insurance issuers.	13a	A CHARLES	
•	to the experimentary licensed to issue qualified health plans in more than one state?		基本的	
	New Sea the instructions for additional information the organization must report on Schedule O.			
	There the employ of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		1	
		148	a	X
1	c Enter the amount or reserves of fraid. 4a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
_	b If "Yes," has it filed a Form 720 to report these payments? If No, provide an expansion.	For	m 990	(201

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, al. for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	- 5 (g)	4, 157	
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
J	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Does the organization have members or stockholders?	6		Χ
6	Does the organization have members, stockholders, or other persons who may elect one or more members			
7a	of the governing body?	7 a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	i	Χ
þ	Did the organization contemporaneously document the meetings held or written actions undertaken during	1.0		
8			1	
	the year by the following:	8a	Χ	
а	The governing body? Each committee with authority to act on behalf of the governing body?	8 b	X	
b	Each committee with authority to act on benair of the governing body?			
9	Is there any officer, director, 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 O	9		Х
\ 4!	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
ecu	on B. Policies (This Section B requests information about policies not required by the internal to section		Yes	No
		10a		X
0a	Does the organization have local chapters, branches, or affiliates?	, ou		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	100	-	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Х	
	form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	2
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ.	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	ļ
·c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1,7	
	describe in Schedule O how this is done	12c	X	ļ —
13	Does the organization have a written whistleblower policy?	13	X	ļ
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by	100		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		Maria.	
^	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>
b	Other officers or key employees of the organization	15b		
Ŋ	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1 (6.74) 1 (1.44)		
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	2.20	. F.:.	
ıba	with a taxable entity during the year?	16a		X
	is the control of the second o	100		
b	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?	16b	}	
<u> </u>		1.00		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed	o only		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	S OI II Y	1	
	available for public inspection. Indicate how you make these available. Check all that apply. Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p	he		
	State the name, physical address, and telephone number of the person who possesses the books and records of torganization: BOOKKEEPER 1331 H STREET, NW, SUITE 900 WASHINGTON, DC 20005			
	202-289-3979		n 990	/20
JSA 142 1.0	000	rum		
	~89055J C021 V 10-7.2 25060			PAG

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......

Jection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
,	Average hours per week (describe hours for related organizations in Schedule O)	or director	nstitutional trustee		Key employee	ন Highest compensated ল employee	Former	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
(1) WILLIAM L. MINNIX, JR.										
CHAIR	1.00	Х		Х				0.	0.	0
(2) LAWRENCE MCANDREWS				- }						
BOARD MEMBER	1.00	X		Ì				0.	0,	. 0
(3) CHRISTINE JAMES-BROWN										
TREASURER	1.00	Х		x				0.	0.	0
(4) MICHAEL S. MARCUS										
SECRETARY	1.00	Х		x				0.	10	0
(5) MARYLEE ALLEN							_			
BOARD MEMBER	1.00	X		İ				0.	ο!	0.
(6) WILLIAM H. BENTLEY										
BOARD MEMBER	1.00	Х						o.	o	0
(7) ROBERT DUGGER				$\neg \dagger$						
BOARD MEMBER	1.00	Х			- 1			ο.	0	0
(8) JAMES FIRMAN					1					
BOARD MEMBER	1.00	Х				ļ		0.	o	0 .
(9) JATRICE MARTEL GAITER				-+						
BOARD MEMBER	1.00	Х						0.	0.	0.
(10)IRV KATZ			-							
BOARD MEMBER	1.00	х						ο.	0	0.
(11)KAREN MATHIS										
BOARD MEMBER	1.00	х						0.	ol	0.
(12)LARRY NAAKE				\neg			-			
BOARD MEMBER	1.00	х					ļ	0.	0	0.
(13)JOHN ROTHER			$\neg +$						- 0	
BOARD MEMBER	1.00	X						0.	0	0.
(14)PAUL THORNELL	1 2.00			\dashv	\dashv					<u> </u>
BOARD MEMBER	1.00	x			Ì	ł		0.	0	•
(15)MATTHEW MELMED	1.00	- 23							0,	0.
VICE CHAIR	1.00	х	١,	x l				о.		^
(16)SANDRA TIMMERMAN	1.00	Λ	- 1	().			-	U .	0.	0.
BOARD MEMBER	1.00	x	j			ľ				~
SOUTH PRODUCTION	1.00	Α]				.		0,	0	0.

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Form 990 (2010)

31-15/2973

Form 990 (2010)			1			1 L	1:	51-1542915	od Employ	1000 (0)	antinuod)
Part VII Section A. Officers, Directors, Tru	i	y En	ibio	yee (C		anu r	nıgı	(D)	ea Employ (E)	662 (00	(F)
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director		chec	•	ল Highest compensated ল employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reporta Reporta compensa from rela organizat (W-2/1099-	ation ated ions	Estimated amount of other compensation from the organization and related organizations
(17) DONNA BUTTS EXECUTIVE DIRECTOR	40.00			х	Х	Х		105,585.		0.	12,060
(18)	40.00							1.00,000			
(19)			ļ'			 					
	<u> </u>	ļ	ļ .								
(20)							ļ				
(21)	1										
(22)											
(23)	-										
(24)		-	<u> </u>						-		
(25)				_	-				-		
				ļ	-		ļ. <u>.</u>				
(26)											
(27)	-										
(28)	-										
1b Sub-total							>	105,585	•	0.	12,060.
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	t limited to						► No re	105,585		0 n	12,060.
3 Did the organization list any former off employee on line 1a? If "Yes," complete Scheool the organization and related organizations.	icer, direc dule J for su	ıch in: repc	r tro divid	lual le	 com	 npens	atio	on and other com	pensation	 from	Yes No
indivídual											4 X
for services rendered to the organization? If "	Yes," compi	ete S	ched	lule	J fo	r suci	h pe	erson			5 X
Section B. Independent Contractors 1 Complete this table for your five highest	compens	ated i	inde	 pen	der	t cor	ntra	ctors that receive	ed more th	an \$10	00,000 of
compensation from the organization.	<u>'</u>	·		·						T	
(A) Name and business ac	ldress							(B) Description of se	ervices		(C) Compensation
							-				
							-				
	<i>·</i>					. a. 41.	1	Hotod should will	rocolund	The state of the s	
2 Total number of independent contractors more than \$100,000 in compensation from	(including the organiz	ation	ot II <u>►</u>	m Ite	ea 1	o tho	se	iisted above) who	, received		

Form 990 (2010)

á	VIII	Statement of Reven	ue					,
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s, grants amounts	1a b c	Federated campaigns Membership dues Fundraising events	<u>1b</u>	148,265.				
Contributions, gifts, grants and other similar amounts	d e f	Related organizations Government grants (contributions) gifts, grants	ons) 1e	1,075,626.				
Contri and ot	g	and similar amounts not included a Noncash contributions included in	lines 1a-1f: \$		1,223,891.			
	h_	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	1,223,091.			
ent	•	PUBLICATIONS		511190	80.	80.	न्यानिक के ति । क्षेत्र के के प्रतिकारिक के विकास की स्वाप्त के कि कि कि कि कि कि कि कि कि कि कि कि कि	Control of the same of the sam
₽g	2 a	CONFERENCE		611430	3,623.	3,623.		
ice	b							
Program Service Revenue	ď							
	е							
Progr	f g	All other program service reve Total. Add lines 2a-2f		>	3,703.	加州 金元号第二台		
	3	Investment income (including						10.000
		other similar amounts)			10,000.			10,000.
	4	Income from investment of ta			0.			
	5	Royalties	(i) Real	(ii) Personal				
			13,972.	· · · · · · · · · · · · · · · · · · ·	Appropriate Company			
	6a	Gross Rents	22,,					
	b	Less: rental expenses	13,972.					
	d			,,,,,	13,972.	Comment of the second s		13,972.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				Francisco (A. 1911) Farmus de 1811
	b	assets other than inventory Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)			0.			
Other Revenue	8 a	Gross income from fu events (not including \$	ındralsing					
š		of contributions reported on li						
Δ.		See Part IV, line 18						
her	ь	Less: direct expenses						3 L 17 3 L 3 L 3 L 3 L 3 L 3 L 3 L 3 L 3 L 3
ŏ	C	Net income or (loss) from fun		<u> </u>	0.			
	9 a	Gross income from gaming at See Part IV, line 19						
	b	Less: direct expenses						
	С	Net income or (loss) from gain		. <u></u>	0.	AND THE PROPERTY OF THE PROPER	Triagh and from the local day on a selection of the	d
	10a	Gross sales of inventor						
	b	Less: cost of goods sold	b	L		PART		
	С	Net income or (loss) from sale Miscellaneous Revent		Business Code	0.	The Control of the Control		
	-		uo 	900099	2,429.	2,429.		
	11a	HONORARIUM		500095	2,429.	4,429.		
	b							
	d	All other revenue						
	e	Total. Add lines 11a-11d			2,429.			
	12	Total revenue. See instruction			1,253,995.	6,132.		23,972.

Form **990** (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	ete columns (B), (C), an (C) Management and general expenses	(D) Fundralsing expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
40	0.			
5 Compensation of current officers, directors, trustees, and key employees	105,585.	101,112.	4,131.	34:
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	488,287.	467,605.	19,102.	1,58
7 Other salaries and wages	,	· · · · · · · · · · · · · · · · · · ·		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,110.	24,013.	1,013.	8
	35,048.	33,517.	1,414.	11
9 Other employee benefits	43,328.	41,434.	1,749.	1.4
1 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.	074 422	16 007	
g Other	291,330.	274,433.	16,897.	
2 Advertising and promotion	0.	E 206		
3 Office expenses ,	5,296.	5,296.		
14 Information technology	0.			
15 Royalties	0. 166,321.	15,800.	150,521.	
16 Occupancy	39,992.	38,436.		
17 Travel		30,430.	1,550.	
for any federal, state, or local public officials	0.	11 000		
19 Conferences, conventions, and meetings	11,656.	11,656.		<u> </u>
20 Interest	0.			
21 Payments to affiliates	0.	6,702.	274.	
22 Depreciation, depletion, and amortization	6,999. 3,334.	0,702.		-
23 Insurance	3,334.		3,334.	
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.)				
a PRINTING & PRODUCTION	9,459.	9,582	-123.	
b TELEPHONE	19,471.	19,471		
c EQUIPMENT AND MAINTENANCE	6,820.	6,820		
d POSTAGE & SHIPPING	4,455.	4,455		
e BANK FEES	1,036.	381		
f All other expenses	1,299.	249		
25 Total functional expenses. Add lines 1 through 24f	1,264,826.	1,060,962	. 201,573.	2,25
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.				
JSA 052 1.000 8 9 0 5 5 J C 0 2 1	V 10-7	.2 25	060	Form 990 (2: PAG

	go (2								
Jest	X	Balance Sheet			(Δ)		(B)		
<i>y</i>	·	•		ļ	(A) Beginning of year		End of year		
					33,313.	1	61,280.		
Ì	1	Cash - non-interest-bearing			334,380.	2	380,669.		
l	2	Savings and temporary cash investments			12,164.	3	16,419.		
ļ	3	Pledges and grants receivable, net				4			
1	4	Accounts receivable, net	nts receivable, net						
	5	Receivables from current and former officers,							
		employees, and highest compensated employe	es. C	omplete Fait is or		5			
ļ		Schedule L				445			
	6	Receivables from other disqualified persons (as defined uno	port 499a(r)(1/), persons						
-		described in section 4958(c)(3)(B), and contributing employers	and sp	onsoring organizations of	The state of the s	6			
ွ		section 501(c)(9) voluntary employees' beneficiary organizations	s (see in:	structions) , , , , , ,		7			
Assets	7	Notes and loans receivable, net				8			
As	8	Inventories for sale or use				9			
	9	Prepaid expenses and deferred charges		,					
	10a	Land, buildings, and equipment: cost or	100	46,786.					
!		other basis. Complete Part VI of Schedule D	10a		8,824.	10c	10,600.		
	b	Less: accumulated depreciation	100		216,457.		217,528.		
	11	Investments - publicly traded securities		12					
	12	Investments - other securities. See Part IV, line 11	1			13			
	13	Investments - program-related. See Part IV, line 1	٠			14			
	14	Intangible assets			15,663.	15	15,663.		
	15	Other assets. See Part IV, line 11	Llino 3	(4)	620,801.	16	702,159.		
	16	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses	i iii C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	63,243.	17	74,095.		
	17	Grants payable				18			
	18	Deferred revenue		ATCH 3	90,659	. 19	170,925.		
	19	Tax-exempt bond liabilities				20			
	20	Escrow or custodial account liability. Complet	 te Par	t IV of Schedule D		21			
es	21	Payables to current and former officers,	direc	tors trustees key		1			
ij	22	employees, highest compensated employees,	and (disqualified persons.					
Liabilities		Complete Part II of Schedule L	ana .			22			
_	1	Secured mortgages and notes payable to unrela	ted thi	rd parties		23			
	23	Unsecured notes and loans payable to unrelated	third i	parties	Į.	24			
	24	Other liabilities. Complete Part X of Schedule D			2,500		2,500.		
	25	Total liabilities. Add lines 17 through 25			156,402	. 26	247,520.		
	26	Organizations that follow SFAS 117, check her	re ▶	X and complete					
ų,		lines 27 through 29, and lines 33 and 34.							
nce	27	Unrestricted net assets			349,019		273,782.		
<u>n</u>	28				115,380				
α	29			<u></u>		29			
<u>.</u>	"	Organizations that do not follow SFAS 117, ch	neck h	ere ▶ and					
'n	-	complete lines 30 through 34.							
Not Accote or Find Balances	3 30	Capital stock or trust principal, or current funds				30			
Ċ	31	Paid-in or capital surplus, or land, building, or e-	quipme	ent fund		31			
<	32	Retained earnings, endowment, accumulated in	ncome	or other funds	164 200	32			
4	33	Total net assets or fund balances			464,399		532 150		
_	34	I If we discount is also not a			620,801	34			
_							Form 990 (2010)		

31-1542973

orm	990 (2010)		X)	
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	'		
		1,25	53,9	
 1	Post VIII column (A) line 12)	1,26	64,8	26.
	$A = A \cup A \cup A \cup A \cup A \cup A \cup A \cup A \cup A \cup $	P-4	10,8	31.
<u>د</u> م	Cultiva at line 2 from line 1	4	64,3	99.
	a transport of voor (milst engal Patt A, illio 33, 30 and 7 97		1,0	71.
4	to the first bolances (AVNIAID ID OCCIOUS VI)			
5	time techniques of and of year Compline lines 5, 4, and 5 (must equal refers the second of year Compline)			
6	column (B))	4	54,6	39.
	Financial Statements and Reporting			
نظلا	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		Yes	No
				- A
1	Accounting method used to prepare the Form 990: Cash X Accrual Other Other explain in		10.14	
•	Accounting method used to prepare the Porm 350. If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	5.00
		2a	Х	
0		.	X	<u> </u>
2a		. 20		
b	at the expenience have a committee that assumes respondibility to	2 c	X	
С		· 26	^	
	the audit, review, or compilation of its finalicial statements and october of statements and october october of statements and october			
		1 1	34	1.8
	Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
d				
	issued on a separate basis, consolidated basis, or both: X Separate basis	2	1 "	1
	X Separate basis Consolidated basis Separate basis	Ì		1
За		3 a		X
	the Single Audit Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ļ		
k	o If "Yes," did the organization undergo the required addit of addits in the organization undergo such addits.	3 b		
	of "Yes," did the organization undergo the required addit of addition to the organization undergo such audits. required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Fore	n 990	(2010)

FEDULE A orm 990 or 990-EZ)

Public Charity Status and Public Support

20**10**

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

Open to Public

Department of the Treasury Internal Revenue Service

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

ions. Coen to Public
Inspection
Employer Identification number

	he organization									Employe		1542973
	TIONS UNITED							hio no	t) Soo	inetru		1342973
Part I	Reason for Public	Charity Sta	tus (Al	organizat	ions mus	St COLLIE	Jiete i	uns pai	no boy	\	JUVI 13.	
The orga	nization is not a priva	te foundation	because	e it is: (For i	ines i unr	ougn 1: agariba	i, oned din oa	ation 1	70/5\/1))/A)/i)		
1	A church, convention	of churches,	or asso	ciation of c	nurches d	escupe:	u III St	iction i	70(0)(1)(<u>~</u>)(י)•		
2	A school described in	n section 170	(b)(1)(A)(II). (Attaci	ion docorit	odine	oction	470/b)	/41/A1/i	111		
3	A hospital or a coop	erative nospita	al servic	e organizat	ion descri notion wit	baba	ection	describ	יון יאני Sed in י	u). section	170/b)	(4)(A)(iii). Enter the
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
	hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
5	An organization ope	rated for the	penent	v a collegi	e or unive	or sity o	WITEG	or oper	idiod b	, a go.	5111111011	
·	section 170(b)(1)(A)	(iv). (Complet	e Part II	.) nuarnmanta	d unit desc	rihad in	eacti	on 170	(h)(1)(A)(v).		
6	A federal, state, or land An organization that	ocal governme	entor g	oubstantial	nart of its	e elibbo	rt from	011 110 /012 e a	zernmei	ntal uni	t or fron	m the general public
7 X	An organization that	t normally rec	eives a	Supstantial	part or its	, aubbo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	n a go	, O, TIII O			
	described in section)(A)(1)(a)011)	vij. (Co	tithiere Larr	n.) vi) /Com	nlete Ps	art II \					
8	A community trust d An organization that	escribed in se	oluga: (1	Mayli Mahni Nave tha	n 33113%	of its s	ייים נוחממוני	t from	contribu	utions.	membei	rship fees, and gross
9	An organization that	t normally rec	eives. (mnt functic	nns - suhi	ect to a	certair	n excep	tions. a	ind (2)	no mor	e than 331/3% of its
	receipts from activit	iles relateu tu	incoma	and unrela	ated busin	ness ta	xable	income	e (less	section	511 ta	ax) from businesses
	acquired by the orga	nization efter	luna 30	1975 Se	e section	509(a)	(2). (C	omplete	e Part III	.)		•
40 🗀	An organization organization	anization arter	erated a	exclusively t	to test for	public s	afetv.	Seese	ction 50	,)9(a)(4)		
10	An organization organization or	anized and op	nnerater	i exclusivel	v for the	benefi	t of. t	o perfe	orm the	functi	ons of,	or to carry out the
11	All organization org	more publich	/ sunno	rted organi:	zations de	scribed	in se	ection 5	i09(a)(1) or se	ction 50	9(a)(2). See section
	509(a)(3). Check the	e hov that des	cribes t	ne type of s	upporting	organiz	zation	and cor	nplete l	ines 11	e throu	gh 11ħ.
	2 Type I	h I T	voe II	C	l Type	III - Fui	nction	ally inte	grated		d	Type III - Other
	a!ypel	· سے ۔ ا certify ا	that the	organizati	on is not	contro	illed d	lirectly	or indi	rectly b	y one	or more disqualified
е	norsone other than	foundation m	anaders	and other	than one	or mor	e pub	licly su	pported	organi	zations	described in section
	509(a)(1) or section						•					
f	If the organization	received a w	ritten d	eterminatio	n from th	e IRS t	hat it	is a Ty	ype I, T	ype II,	or Type	III supporting
'	organization, check											. , , , , ,
а	Since August 17, 20	006 has the c	 Iraaniza	tion accepte	ed any gif	t or con	tributi	on from	any of	the		
g	following persons?		Ü	·						•	٠	c
	(i) A person who	directly or in	ndirectly	controls, e	either alor	ne or to	ogethe	er with	person	s desci	ibed in	(ii) Yes No
	and (iii) below,	the governing	body o	f the suppo	rted organ	ization?	?					119(i)
	(ii) A family memb	er of a persor	n describ	ed in (i) abo	ve? , ,							11g(ii)
	(iii) A 35% controll	ed entity of a	person	described in	ı (i) or (ii) a	bove?					:	11g(iii)
ħ	Provide the following	ng information	about t	ne supporte	ed organiz	ation(s)						
(i)	Name of supported	(ii) EIN	(1	ii) Type of org	ganization	(iv)	is the		you notify		s the	(vii) Amount of support
• •	organization			described on above or IRC		col. (i) 1			anization I. (i) of		rganized	зарроге
				(see instru		your go	nent?	 	upport?		U.S.?	,
						Yes	No	Yes	No	Yes	No	
(:A)							ļ		-	1]	
(A)						ļ	ļ	<u> </u>	ļ			
/D)		ŀ]					1	ľ		Ì	i
(B)			_					ļ	<u> </u>			
(C)			ľ									
(0)								 -	 		-	<u> </u>
(D)			}			1						
(D)							 		 :	<u> </u>		
(E)												
							ļ	 	- 1 × .	-12		
Total		1.200			<u> </u>		1 '	4	1	ء حسل	hadula A	(Form 990 or 990-EZ) 2010

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Suppo

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.)

Sect	ion A. Public Support					110010	45 Tatal
Calen	dar year (or fiscal year beginning in) 🕒	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,184,011.	1,341,666.	991,766.	1,021,011.	1,223,891.	5,762,345.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,184,011.	1,341,666.	991,766.	1,021,011.	1,223,891.	5,762,345.
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),						3,215,110.
6	Public support. Subtract line 5 from line 4.					※単数は他別	2,547,235.
Sect	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,184,011.	1,341,666.	991,766.	1,021,011.	1,223,891.	5,762,345.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,275.	17,374.	14,081.	10,675.	10,000.	64,405.
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.)					THE SECOND SECON	
11	Total support. Add lines 7 through 10	5.高年四年6.5	5.4 15 · · · · · · · · · · · · · · · · · ·		The state of the	100 (10 A 10 A 10 A 10 A 10 A 10 A 10 A	5,826,750.
12	Gross receipts from related activities, etc.	(see instructions) .				12	327,638.
13	First five years. If the Form 990 is organization, check this box and stop here	for the organiza	tion's first, secon	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Suj					T	43.72%
14	Public support percentage for 2010 (14	51.47%
15	Public support percentage from 2009	Schedule A, Pa	art II, line 14			15	
16a	331/3% support test - 2010. If the	organization did	not check the	box on line 13	, and line 14 is	331/3% or mor	'e, check
	this box and stop here. The organization	tion qualifies as a	a publicly suppo	rted organizatio	on		▶ X
b	331/3% support test - 2009. If the	organization die	d not check a b	ox on line 13	or 16a, and line	e 15 is 331/3%	or more,
	check this box and stop here. The org	ganization qualif	ies as a publicly	supported orga	anization		
17a	10%-facts-and-circumstances test -	2010. If the org:	anization did no	t check a box o	n line 13, 1 6a o	r 16b, and line 1	4 is 10%
	or more, and if the organization n	neets the "facts	-and-circumstar	nces" test, che	ck this box an	d stop here. E	xplain in
	Part IV how the organization meets						
	organization						▶ 🔲
b	10%-facts-and-circumstances test	2009. If the or	ganization did r	not check a box	x on line 13, 16	Sa, 16b, or 17a,	and line
	15 is 10% or more, and if the org	ganization meet	s the "facts-an	d-circumstances	s" test, check t	this box and st	op here.
	Explain in Part IV how the organza	tion meets the '	facts-and-circur	nstances" test.	The organization	on qualifies as a	publicly
	supported organization						▶ 🔲
18	Private foundation. If the organizat	ion did not che	ck a box on lin	e 13, 16a, 16t	o, 17a, or <mark>1</mark> 7b,	check this box	and see
	instructions						
-					:	Schedule A (Form 9	90 or 990-EZ) 2010

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.)

ecti	on A. Public Support		#10007	/-\ 0.000 T	(d) 2009	(e) 2010	(f) Total
Cal	endar year (or fiscal year beginning in) 🕨 🔃	(a) 2006	(b) 2007	(c) 2008	(a) 2009	(6) 2010	(i) rotal
1 4	Gifts, grants, contributions, and membership fees			:			
	received. (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise		ļ		ļ	İ	
	sold or services performed, or facilities						
	furnished in any activity that is related to the]	
	organization's tax-exempt purpose						
	Gross receipts from activities that are not an			1			
	unrelated trade or business under section 513,						
	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	ļ		[İ	
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3					ļ	
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3 L						-
-	received from other than discillattica t						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year			-			
Ç	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	and the second					
	line 6.)	er jakiter				<u> </u>	
	tion B. Total Support		"10007	1 /-> 2009	(d) 2009	(e) 2010	(f) Total
Ç:	alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(4) 2005	(0) 2010	(1)
9	Amounts from line 6			ļ <u>.</u>			
	Gross income from interest, dividends,	l					
	payments received on securities loans,						
	rents, royalties and income from similar	1	1				
	sources					Ì	
ď	Unrelated business taxable income (less				ļ		
	section 511 taxes) from businesses	ļ	ļ				
	acquired after June 30, 1975	<u> </u>	 	 			
C	Add lines 10a and 10b						
11	Net income from unrelated business					,	
	activities not included in line 10b,		}		}		
	whether or not the business is regularly carried on					 	
4 7	Other income. Do not include gain or					· I	
12	loss from the sale of capital assets		}				
	(Explain in Part IV.)				<u> </u>		<u> </u>
4.0	Total support. (Add lines 9, 10c, 11,						
13		Į.				}	
	and 12.)	r the organizati	on's first secon	d third fourth o	r fifth tax year	as a section 50°	l(c)(3)
14	First five years. If the Form 990 is 10	i tile organizati	0113 1831, 200011	a, amo, (earns) -			▶
	organization, check this box and stop here	I				<u> </u>	<u></u>
<u>Se</u>	ction C. Computation of Public Su	pport Percen	tage	luman (F)		15	9/
15	Public support percentage for 2010 (line	8, column (f) divi	ided by line 13, co	^{(Umn (1))}		10	9/
16	Public support percentage from 2009 Sch	nedule A, Part III,	line 15			16	
Se	ction D. Computation of Investme	<u>∍nt Income Pe</u>	ercentage				0
17	Investment income percentage for 2010 (line 10c, column	ı (f) divided by lin	e 13, column (f)) 🚬		17	9
	1times no contago from 2009	Schedule A. Pa	rt III. line 17			18	0,
10	- agreed	rganization did	not check the b	oox on line 14, ar	nd line 15 is mo	ore (nan 331/3%,	and line
19	a 331/3% support tests - 2010. If the o	this hav and ef	on here. The o	rganization gualifi	es as a publicly	supported orga	nization 🕨 📘
	17 is not more than 331/3% check to 331/3% support tests - 2009. If the org	. I he deliberation	ot chart a hove	n line 14 or line	iga, and line 16	is more than 331	/3 %, and
	b 331/3% support tests - 2009. If the org	ganization did no	OF CHACK & DOX C	organization such	fice as a nublich	v supported orga	nization >
	line 18 is not more than 331/3%, chec	ok this box and	stop nere. The	organization quali	nos as a publicij	or and see ins	tructions 🕨
20	Private foundation. If the organization	did not check	k a box on line	e 14, 19a, OF 18	OU, CHECK THIS I	Schedule A (Form	990 or 990-EZ) 2
221	1,000		V 10−7.	2	25060		PAGI
	89055J C021						

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

chedule B Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Name of the organization GENERATIONS UNITED		Employer Identification number		
	31-1542973			
Organization type (check or	ne):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated a	s a private foા	ındation	
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a	private founda	tion	
	501(c)(3) taxable private foundation			
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the Gener	ral Rule and a S	Special Rule. See	
General Rule				
	on filing Form 990, 990-EZ, or 990-PF that received, during the by one contributor. Complete Parts I and II.	year, \$5,000	or more (in money or	
Special Rules				
sections 509(a)(1	(c)(3) organization filing Form 990 or 990-EZ that met the 331/3) and 170(b)(1)(A)(vi), and received from any one contributor, one contributo	during the yea	r, a contribution of the	
the year, aggrega	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rate contributions of more than \$1,000 for use exclusively for relignses, or the prevention of cruelty to children or animals. Complete	jious, charitab	le, scientific, literary, or	
the year, contributing aggregate to more year for an exclusing applies to this org	I (c)(7), (8), or (10) organization filing Form 990 or 990-EZ that rutions for use exclusively for religious, charitable, etc., purposes, re than \$1,000. If this box is checked, enter here the total contribively religious, charitable, etc., purpose. Do not complete any of ganization because it received nonexclusively religious, charitable.	but these cor butions that w f the parts unle le, etc., contri	ntributions did not ere received during the ss the General Rule butions of \$5,000 or more	
990-EZ, or 990-PF), but it n	nat is not covered by the General Rule and/or the Special Rules must answer "No" on Part IV, line 2 of its Form 990, or check the co certify that it does not meet the filing requirements of Schedul	e box on line H	l of its Form 990-EZ, or on	
For Panarwark Raduction Act No.	stice see the Instructions for Form 990, 990-FZ, or 990-PE.	Schadula	B /Form 990, 990-F7, or 990-PF) (2010)	

Name of organization GENERATIONS UNITED

Employer identification number 31-1542973

Part I	Contributors (see instructions)		1
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1-	VARIOUS CONTRIBUTORS UNDER 2%	\$47,586.	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 _		\$231,564.	Person X Payroll Noncash (Complete Part il if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3_		\$250,000.	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
4		\$58,000.	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
55_		\$115,000.	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		\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

ame of organization GENERATIONS UNITED

Employer identification number 31-1542973

Part i	Contributors	(see	instructions)

Part i	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7-		\$250,631.	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		\$47,845.	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
9		\$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
		\$	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 (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 (Complete Part II if there is a noncash contribution.)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

►See separate instructions.



Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Remployer Identification number 31-1542973		e organization answered "Yes," Section 501(c)(4), (5), or (6) orga	to Form 990, Part IV, line 5 (Proxy Ta anizations: Complete Part III.	x) or Form 990-EZ, Par	rt V, line 35a (Proxy Tax), th	nen				
Part IA Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. Political expenditures Volunteer hours The trib amount of any excise tax incurred by the organization under section 4955					Employer identif	ication number				
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. 1 Provide a cescription of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. 2 Political expenditures 3 Volunteer hours 1 Enter the amount of any excise tax incurred by the organization under section 4955	GEN	VERATIONS UNITED			31-15	42973				
Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. Enter the amount of any excise tax incurred by organization under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization made? If the organization incurred a section 4955 tax, did it file Form 4720 for this year? If the organization made is a seampt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organizations funds contributed to other organizations for section 527 exempt function activities. Total exempt function activities. Total exempt function activities. Total exempt function activities. Total exempt function activities. Total exempt function organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year? Old the filing organization file Form 1120-PoL for this year is the filing o			rganization is exempt under s	ection 501(c) or is	s a section 527 organ	ization.				
1 Enter the amount of any excise tax incurred by the organization under section 4955 . S 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . S 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	1 2	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV. Political expenditures								
1 Enter the amount of any excise tax incurred by the organization under section 4955 . S 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . S 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	Par	Complete if the or	rganization is exempt under se	ection 501(c)(3).						
(a) Name (b) Address (c) EIN (d) Amount paid from filling organization's funds. If none, enter -0 (1) (2) (3) (4) (5) (5)	1 2 3 4a b Ea 1 2	Enter the amount of any exception of any exception of any exception of any exception of any exception of any exception of any exception of any exception of any exception of any exception of any exception of a control of a control of any exception of a control of any exception of a control of any exception of a control of any exception of a control of any exception of a control of any exception	rganization is exempt under supended by the filing organization of gorganization is exempt under supended by the filing organization of gorganization's funds contributed the supended by the filing organization of gorganization's funds contributed the supended by the filing organization organization organization organization organization organization numbers. Add lines 1 and 2. Enter the supended organization organizat	n under section 4955 anagers under section 4720 for this year? section 501(c), ex for section 527 exe o other organization or here and on Form over (EIN) of all section the amount paid obtly and directly deli	cept section 501(c)(3) mpt function s for section s for section s 1120-POL, sion 527 political organ from the filing organiza vered to a separate poli	Yes No No Yes No No No Yes No izations to which filing tion's funds. Also enteritical organization, such				
(2)					(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If				
(3) ————————————————————————————————————	(1)									
(4)	(2)									
(5)	(3)	(3)								
	(4)									
(6)	(5)			-						
	(6)									

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

Schedule C (Form 990 or 990-EZ) 2010

Λ	**t II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	d filed Form 5768 (ele	ction under				
 A Check ► if the filing organization belongs to an affiliated group. B Check ► if the filing organization checked box A and "limited control" provisions apply. 								
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	74.					
b		a legislative body (direct lobbying)	1,843.					
C		a and 1b)						
d			1,262,909.					
е	Total exempt purpose expenditures (ad	d lines 1c and 1d)	1,264,826.	-				
f		amount from the following table in both	-					
	columns.	3	201,483.					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:						
	Not over \$500,000	20% of the amount on line 1e.	[마마리 아이 아이 아이 아이 아이 아이 아이 아이 아이 아이 아이 아이 아이					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	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.						
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	50,371.					
h	Subtract line 1g from line 1a. If zero or le							
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0-						
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720 reporting					

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 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning In)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total				
2 a Lobbying nontaxable amount	201,865.	197,166.	213,866.	201,483.	814,380.				
b Lobbying ceiling amount (150% of line 2a, column (e))					1,221,570.				
c Total lobbying expenditures	32,037.	8,089.	3,710.	1,917.	45,753.				
d Grassroots nontaxable amount	50,466.	49,292.	53,467.	50,371.	203,596.				
e Grassroots ceiling amount (150% of line 2d, column (e))					305,394.				
f Grassroots lobbying expenditures	18,929.	1,450.	1,099.	74.	21,552.				

Schedule C (Form 990 or 990-EZ) 2010

Yes

Νo

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(n)).	1:	a)	(b)
		Yes		Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c d	Media advertisements? Mailings to members, legislators, or the public?	-	-	
e	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? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
h i	Other activities? If "Yes," describe in Part IV			
j	Total. Add lines 1c through 1i		4 T.A	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			- 15 - Jan 184 -
d Par	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		l. or s	section
44.6	501(c)(6).	(0)(0	,, 0	
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 3
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501	/c\/5	ors	section
E	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	, line	3 is a	answered
1	Dues, assessments and similar amounts from members			1
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).	politic	cal	
а	Current year			2a
b	Carryover from last year			2b
C	Total			2c 3
3 1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible I	obbyi	ng	
	and the second of the second o			4
5	and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)			5
Cor	rt IV Supplemental Information nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C o, complete this part for any additional information.			id Part II-B, line 1i.

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GEN	NERATIONS UNITED		VATE - 1	31-1542973
Par	Organizations Maintaining Donor Advised organization answered "Yes" to Form 990,	Funds or Other Part IV, line 6.	r Similar Funds or A	
		(a) Donor adv	ised funds	(b) Funds and other accounts
4	Total number at end of year			
1	Aggregate contributions to (during year)			
2	Aggregate grants from (during year)			
3	Aggregate value at end of year			
4 5	Did the organization inform all donors and donor advisor	ors in writing that	the assets held in don	or advised
5	funds are the organization's property, subject to the organization	ganization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and d	onor advisors in	writing that grant funds	can be
Ū	used only for charitable purposes and not for the benef	fit of the donor or	· donor advisor, or for a	any other
	purpose conferring impermissible private benefit?		<u> </u>	Yes No
Pai	purpose conferring impermissible private benefit?	organization ar	nswered "Yes" to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	anization (check a	Il that apply).	
•	Preservation of land for public use (e.g., recreation	n or education)	Preservation of	an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	a qualified conser	vation contribution in t	he form of a conservation
	easement on the last day of the tax year.		lā	Held at the End of the Tax Year
				100 E 100 E
a	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2 b
C	Number of conservation easements on a certified histo	oric structure inclu	ided in (a) L	2 c
d	Number of conservation easements included in (c) acc	quired after 8/17/0	06, and not on a	
	historic structure listed in the National Register,			2d
3	Number of conservation easements modified, transfer	red, released, ex	tinguished, or termina	ted by the organization during the
	tax year >			
4	Number of states where property subject to conservat	ion easement is lo	ocated ►	
5	Does the organization have a written policy regarding	the periodic moni	toring, inspection, nan	Yes No
	violations, and enforcement of the conservation easem	ients it holds?		NO
6	Staff and volunteer hours devoted to monitoring, inspe	etting, and enforc	ing conservation ease	intents during the year
	Description to the second seco	and onforcing a	encomption accomen	to during the year
7	Amount of expenses incurred in monitoring, inspecting	, and emorcing c	Olizet Agriott eggettretti	to during the your
_	▶\$ Does each conservation easement reported on line 2(d) above eatiefy	the requirements of sec	tion 170(h)(4)(B)
8				1 150 1 150
_	(i) and 170(h)(4)(B)(ii)?	servation easem	ents in its revenue and	
9	balance sheet, and include, if applicable, the text of th	e footnote to the	organization's financia	al statements that describes the
	organization's accounting for conservation easements.			
Εź	Organizations Maintaining Collections of	Art. Historical	Treasures, or Other	Similar Assets.
	Complete if the organization answered "Ye	əs" to Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a	116 (ASC 958),	not to report in its re	evenue statement and balance sheet
	works of art, historical treasures, or other similar a public service, provide, in Part XIV, the text of the footr	issets held for p	ublic exhibition, educ	ation, or research in furtherance of oribes these items
L.	The state of the s	S 116 /ASC 95:	8) to report in its re	venue statement and balance sheet
b	works of art, historical treasures, or other similar a	assets held for p to these items:	ublic exhibition, educ	eation, or research in iditalerance of
	(i) Revenues included in Form 990, Part VIII, line 1			> \$
	(iii) Assets included in Form 990, Part X		<i>.</i>	> \$
2	If the organization received or held works of art, I	historical treasure	es, or other similar a	ssets for financial gain, provide the
	following amounts required to be reported under SFAS	S 116 (ASC 958)	relating to these items	:
а	Revenues included in Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X		<u> </u>	· · · · · · > \$

Schedule D (Form 990) 2010

31-1542973

Schedule D (F	orm 990) 2010								
Part VII	Investments	- Other	Securities.	See	Form	990,	Part X,	line	12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	valuation: ar market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	•		
(A)			
<u>(B)</u>			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
	>		
Part VIII Investments - Program Related. See			
(a) Description of Investment type	(b) Book value	(c) Method of Cost or end-of-yea	valuation: ar market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X			(IA Destruction
	(a) Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			,
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			. >
Part X Other Liabilities. See Form 990, Par			
1. (a) Description of liability	(b) Amou	nt de telebrate de la companya de la companya de la companya de la companya de la companya de la companya de l	
(1) Federal income taxes		,500.	
(2) SUBLEASE DEPOSIT		, 500.	
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
(10)			
(11)			
Total (Column (h) must equal Form 990, Part X, col. (B) line.	25.) 🕨 2	,500.	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 2, 500. 2, 500. 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). JSA 0E1270 1.000 89055J C021

/{ ; 8dı	ule D (Form 990) 2010		31-1542973		Page 4
,≓art		Form 990 to Audi	ited Financial State	ments	. raye 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			4	1,253,995
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,264,826
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	-10,831
4	Net unrealized gains (losses) on investments			4	1,071
5	Donated services and use of facilities			5	4,0,1
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			l a l	
9	Total adjustments (net). Add lines 4 through 8			9	1,071
10	Excess or (deficit) for the year per audited financial staten	nents. Combine lines	3 and 9	10	-9,760
Part	XII Reconciliation of Revenue per Audited Finan	cial Statements W	ith Revenue per Ri	eturn	
1	Total revenue, gains, and other support per audited finance	ial statements		1	1,257,053
2	Amounts included on line 1 but not on Form 990, Part VIII	, line 12:		1 1	, , , , , , , , , , , , , , , , , , , ,
а	Net unrealized gains on investments		2a 1,0	71.	
þ	Donated services and use of facilities		2b 1,9		
¢	Recoveries of prior year grants		20		
d	Other (Describe in Part XIV.)		2 d		
е	Add lines 2a through 2d			2e	3,058
3	Subtract line Ze from line 1			. 3	1,253,995
4	Amounts included on Form 990, Part VIII, line 12, but not	on line 1;			
а	Investment expenses not included on Form 990, Part VIII,	line 7b	4a		
b	Other (Describe in Part XIV.)		4b		
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 40. (This must equal Form s	190, Paπ I. line 12.) .		1.5.1	1,253,995.
Part	Reconciliation of Expenses per Audited Finan	cial Statements W	/ith Expenses per F	₹eturn	
1	Total expenses and losses per audited financial statements		* * * * * * * * * * * * * * * * * * * *	1	1,266,813.
2	Amounts included on line 1 but not on Form 990, Part IX, I	ine 25:			
a	Donated services and use of facilities		2a 1,9	87	
b	Prior year adjustments		2b		
C	Other losses		2 c		
ď	Other (Describe in Part XIV.)		2d		
e	Add lines 2a (filodyf) 2d			2 e	1,987.
3	Subtract line 2e from line 1			3	1,264,826.
4	Amounts included on Form 990, Part IX, line 25, but not or			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a	Investment expenses not included on Form 990, Part VIII,	line 7b	4a	2.5	
b	Other (Describe in Part XIV.)	L	4b		
	Add filles 4a and 4b			. 4c	
-5 □ort	Total expenses. Add lines 3 and 4c. (This must equal Form XIV Supplemental Information	990, Part I, line 18.).		5	1,264,826.
Compl Part V,	ete this part to provide the descriptions required for Part II, i line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b iditional information.	and Part XIII, lines 2	2d and 4b. Also comp	olete this pa	rt to provide
				~~~ <b>~</b>	
					le D (Form 990) 2010
				Joneau	io o (i oinn aau) zu iu

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2010

(Rev. January 2011)

Application for Extension of Time To File an Exempt Organization Return

-	-	1
		1

Department of the Treasury

File a separate application for each return.

internal Revenue	Service	Johanaca wh	P	<del> </del>	. [ 🗸 ]	
If you are	filing for an Automatic 3-Month Extension, co filing for an Additional (Not Automatic) 3-Mo	omplete or	nly Part I and check this box sion_complete only Part II (on page	2 of this form).	. • 🛕	
● If you are	tiling for an Additional (Not Alliothatic) 5-Mo lete Part II unless you have already been gran	ted an aut	omatic 3-month extension on a pre	viously filed Form 8868		
Cicatronia fil	ling (a.fila). You can electronically file Form 8	8868 if voi	i need a 3-month automatic extens	sion of time to file (6 n	nonths for	
a cornoration	a required to file Form 990-T) or an addition	al (not aut	omatic) 3-month extension of time.	, you can electronically	/ nie comi	
8868 to req	uest an extension of time to file any of the transfers Associated With Certain Personal	forms liste Donofit (	d in Part I or Part II with the exce Contracts, which must be sent to	the IRS in paper fo	rmat (see	
Return for 1	Transfers Associated With Certain Personan For more details on the electronic filing of th	is form vis	it www.irs.gov/efile.and.click.on.e-f	ile for Charities & Nonp	rofits.	
Dect Au	tomatic 3-Month Extension of Time. On	ly submit	original (no copies needed).			
A componetto	n required to file Form 990-T and requesting	an automa	atic 6-month extension - check this t	oox and complete		
				·	▶ 🗌	
All other cor	porations (including 1120-C filers), partnersh	ins. REMIC	s. and trusts must use Form 7004 to	request an extension o	f time	
	e tax returns.	(P. 0) . (—)	•			
	Name of exempt organization			Employer identification	entification number	
Type or print	GENERATIONS UNITED			31-1542973		
•	Number, street, and room or suite no. If a P.O. box	x, see instruc	ctions.			
File by the due date for	1331 H STREET, NW					
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
return. See instructions.	WASHINGTON, DC 20005					
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return	1)	. 011	
A 17 45		Return	Application		Return	
Application		Code	Is For		Code	
ls For		01	Form 990-T (corporation)	<del></del>	07	
Form 990	1	02	Form 1041-A		08	
Form 990-B		03	Form 4720		09	
Form 990-E	··· · · · · · · · · · · · · · · · · ·	04	Form 5227	-,, -,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-,,-,,	10	
Form 990-P		05	Form 6069		11	
	(sec. 401(a) or 408(a) trust)	06	Form 8870		12	
Form 990-1	(trust other than above)	1 00	1701111 8070			
The book	ks are in the care of ▶ BOOKKEEPER					
			FAX No. ▶			
Lelephor	ne No. ► 202 289-3979 panization does not have an office or place of				<b>▶</b> □	
• If the org	panization does not have an office or place of	pusiness i ur digit Gr	our Exemption Number (GEM)	if th	is is	
• If this is i	for a Group Return, enter the organization's fo	jui uigik Gi If if in for n	art of the group, check this hav	tte bne I <b>⊲</b>		
for the who	le group, check this box	ii it is 101 p	are or the group, check this box			
a list with th	ne names and EINs of all members the extense est an automatic 3-month (6 months for a co	rperation r	equired to file Form 990-T) extension	on of time		
	est an automatic 3-month (6 months for a co	ovemnt o	rganization return for the organization	on named above. The $\epsilon$	extension is	
until_		exempto	garnzation rotally for the organization	311 (1611) Out and 0 (161 ) (161 )		
	e organization's return for:					
	calendar year 20 <u>10</u> or tax <u>y</u> ear beginning	20	and ending	. 20		
▶	tax year beginning	, 20	, and ending	,		
6 K. II.	tax year entered in line 1 is for less than 12 r	months che	ock reason: Initial return	Final return		
		HOURIS, OH	CON TOUSON.			
	Change in accounting period					
2a if this	s application is for Form 990-BL, 990-PF, 9	990-T. 472	0. or 6069, enter the tentative ta	ax, less any		
	efundable credits. See instructions.	,00 (,	,	3a \$		
HOULE	s application is for Form 990-PF, 990-T	4720 (	or 6069, enter any refundable			
IA) II (I	ated tax payments made. Include any prior ye	ar overnav	ment allowed as a credit.	3b \$		
esum	Tac Due Subtract line 3h from line 3a Includ	e vour nav	ment with this form, if required, by			
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFIPS (Electronic Federal Tax Payment System). See instructions.						
Courties !!	f you are going to make an electronic fund	withdraw	al with this Form 8868, see Form	8453-EO and Form 8	3879-EO for	
	structions.	,				
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