# **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

A	For t	he 201	1 calendar year, or tax year beginning , 2011,	and endin	g		20			
_			C Name of organization	:	D Employer is	dentification r				
В	Check If a	applicable:	GENERATIONS UNITED		31-154	2973				
	Add char		Dong Business As							
		e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number	· · · · · · · · · · · · · · · · · · ·			
	Initie	al return	1331 H STREET, NW	900	(202) 28	(202) 289-3979				
	Terr	ninated	City or town, state or country, and ZIP + 4		, , , , , , , , , , , , , , , , , , , ,					
		nded	WASHINGTON, DC 20005		G Gross receip	ots \$	1,281,0	0.5		
		ication	F Name and address of principal officer: DONNA BUTTS		H(a) Is this a gro	V*************************************		No		
_	pan	1119	SAME AS ABOVE ,		affiliates? H(b) Are all affili	ates included?	Yes	No		
$\overline{\Gamma}$	Tax-e	xempt sta		or 527	<del></del>	ach a list. (see ins		_ "		
J			WWW.GU.ORG	,	H(c) Group exen					
K			Ization X Corporation Trust Association Other ▶	I Vegr of	formation: 1987 M		<u> </u>	DC		
	irt I		nmary	E Teal OI	TOTITION TO 7 M	State of legal	uomicie:			
-	1		describe the organization's mission or most significant activities:							
	-		MPROVE THE LIVES OF CHILDREN, YOUTH AND OLDE	R PEOPL	E THROUGH					
ည			ERGENERATIONAL COLLABORATION, PUBLIC POLICIES			 קעיני				
E			JRING BENEFIT FOR ALL.				·			
Activities & Governance	2		this box if the organization discontinued its operations or disposed		n 250/ of its not seem					
Ğ	3		er of voting members of the governing body (Part VI, line 1a)					17.		
တ္	4	Numb	er of voting members of the governing body (Part VI, line 1a) er of independent voting members of the governing body (Part VI, line 1b)			. 3		$\frac{17}{17}$ .		
Į	5	Total	or or independent voting members of the governing body (Part VI, line 15)			- 4				
냚	-		number of individuals employed in calendar year 2011 (Part V, line 2a)				• • • •	<u> 18.</u>		
٧	6		number of volunteers (estimate if necessary)			6				
	l la	Net	inrelated business revenue from Part VIII, column (C), line 12	• • • • • • •		7a		0		
_	d	Net un	related business taxable income from Form 990-T, line 34	<u> </u>		. 7b		0		
	_				Prior Year		urrent Year			
æ	8	Contri	butions and grants (Part VIII, line 1h)	<i></i>	1,223,8		1,174,10			
Revenue	9	Progra	m service revenue (Part VIII, line 2g)		3,7		81,5			
Ŗ		Investi	ment income (Part VIII, column (A), lines 3, 4, and 7d)		10,0		9,2			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		16,4		15,99			
	12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,253,9	95.	1,281,00	_		
	13	Grants	and similar amounts paid (Part IX, column (A), lines 1-3)		٠.	0	6,00	00.		
	14	Benefi	ts paid to or for members (Part IX, column (A), line 4)			0		0		
S	15	Salarie	s, other compensation, employee benefits (Part iX, column (A), lines 5-10)		697 <b>,</b> 3.	58.	638,83	15.		
Expenses	16a	Profes	slonal fundraising fees (Part IX, column (A), line 11e)  undraising expenses (Part IX, column (D), line 25)			0		0		
X	b	Total f	undraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 1,532	•				1 27		
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		567,4		670,62			
	18	Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,264,83	26.	1,315,43	39.		
	19	Reven	ue less expenses. Subtract line 18 from line 12		-10,83	31.	-34,43	34.		
Net Assets or Fund Balances					Beginning of Current	/ear E	nd of Year			
set	20	Total a	ssets (Part X, line 16)	l	702,1	59.	639,49	94.		
t As	21		abilities (Part X, line 26)	[	247,52	20.	218,23	15.		
2년	22	Net as:	sets or fund balances. Subtract line 21 from line 20		454,63	39.	421,27	79.		
	rt II		nature Block							
Und	der per	nalties of	perjury, I declare that I have examined this return, including accompanying schedules a ete. Deg≰ration of preparer (other than o∯icer) is based on all information of which pre	nd statements	and to the best of my k	nowledge and	belief, it is tru	e,		
- 0011	cou, a	10 0017721	otal Segundation of prepared (other interregion) is based on an information of which pre-	parer nas any i	criowleage.	<u> </u>				
Ci.		<b>-</b>	Valual With			<u>81</u> (5.	/12			
Sig		5	signature of officer	Λ.	Date					
Hei	е	<b>1</b> 1	/ Donna M. Butts, Executive	Vilor	er					
			ype or print name and title					_		
D-:-			ype preparer's name Preparer's signature	Date	Check	if PTIN				
Paid Pror	arer	MICH	AEL J. DEVLIN Muchan Devlin CA	8/14/12	self-employ	ed PO	0245532			
	oarer Only	Firm's	name > SARFINO AND RHOADES, LLP	7 ,		52-0961				
use	Unity	Firm's a	address > 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852	2-2794	Phone no.	301-770				
May	the II		uss this return with the preparer shown above? (see instructions)					No		
	D		advertion A of Mother and the converte instance				<del></del>			

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	GENERATIONS UNITED 31-1542973	
Fo	rm 990 (2011)	Page 2
P	art III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLDER PEOPLE THROUGH	
	INTERGENERATIONAL COLLABORATION, PUBLIC POLICIES, AND PROGRAMS FOR	
	THE ENDURING BENEFIT FOR ALL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	X No
3		X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the agrants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	sured by mount of
48	(Code:) (Expenses \$236,768, including grants of \$) (Revenue \$	) .
	SHARED SITES: COMMITTED TO INCREASING INTERGENERATIONAL SHARED	· <b>'</b> ,
	SITES AND SHARED RESOURCES TO MEET THE COUNTRY'S DEPENDENT CARE	
	NEEDS AND ENCOURAGE AGE-INTEGRATED COMMUNITIES. GU ALSO HOSTS THE NATIONAL RESOURCE CENTER ON INTERGENERATIONAL SHARED SITES.	
	NATIONAL RESOURCE CENTER ON INTERGENERATIONAL SHARED SITES.	
4 b	(Code:) (Expenses \$222,949. including grants of \$) (Revenue \$	1
	ATTACHMENT 1	. /
		•
<u> 4 c</u>	(Code: ) (Expenses \$ 333,205. including grants of \$ ) (Revenue \$	`
	PUBLIC EDUCATION INCLUDING IDENTIFYING BEST INTERGENERATIONAL	)
	PRACTICES, PRODUCING REPORTS, SPEAKING AND WRITING, AND EDUCATING	
	ABOUT GRANDPARENTS RAISING GRANDCHILDREN.	
		-
	Other than the state of the sta	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 318,102. including grants of \$ ) (Revenue \$ )	
40	(Expenses \$ 318,102. including grants of \$ )(Revenue \$ )  Total program service expenses ▶ 1,111,024.	
JSA	Total program out the expenses F	

Form 990 (2011)

Par	t IV Checklist of Required Schedules			. 290
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		
	Part III	5	-	ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	<del> </del>	25
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	,		12
. •	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	-		
_	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			變素
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	-
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			**
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
1 Z a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
h	complete Schedule D, Parts XI, XII, and XIII	12a	X	
IJ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	406		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.12		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	ļ	

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?,	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
		25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			****
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204	1	
b	Schedule L, Part IV	28b		Х
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
<b>3</b> 1	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34	IV, and V, line 1	24		Х
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		-X
35 a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	35a		
b		251		х
2.0	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	,		₩
0 =4	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
••	Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	_	ξ,	
	19? Note. All Form 990 filers are required to complete Schedule O		X	(2044)

Form 990 (2011)

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Par		•		
	Check if Schedule O contains a response to any question in this Part V			
		Carlo Programa	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4.24		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1000		e E
_	reportable gaming (gambling) winnings to prize winners?	1c	X	erene en e
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return.			vi ji z
	classification, mod for the deficition of the state of the forting	Carried Charte	X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3 a	J. CHANGE	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	75		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,	
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		1,260	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Same Assistance And Lond Di	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	74 H-250 H-200	Marchine Control Control
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		X
a	required to file Form 8282?	7c		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	.S.C.P.S.G.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a .	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		uttan	
			77	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	Daugusta Lad	Color Town In Co.
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	reserve Tables		
11	Section 501(c)(12) organizations. Enter:		2.2	
	Gross income from members or shareholders		3.5	
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			S. Tall
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Company of the Compan
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1 Z a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.		[李]	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	ugodoriila i	arista arabita.
-	Note. See the instructions for additional information the organization must report on Schedule O.		17.	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	影響		
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Form :	990 (2011) GENERATIONS UNITED 31-154	2973		Page 6
	<b>TYI</b> Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b to "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.		and	for a
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management	<del></del>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are 1a 1'	13.33	** - XX	
1.47	material differences in voting rights among members of the governing body, or if the governing body			
	delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> 1	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	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
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7a	Did the organization have members or stockholders?			
ra	one or more members of the governing body?	7a	 	Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	- <u>.u</u>		
~	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			in the
а	The governing body?	8a	X	<u></u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<b>.</b> .
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secu	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Yes	No
40-	Did the approximation have least about on hymphon or offlicted.	10a	162	X
10a	Did the organization have local chapters, branches, or affiliates?	iva		-
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			A regions
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			·
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4	Х	
. a b	The organization's CEO, Executive Director, or top management official	15a 15b		
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)	130	774.4	* * *
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	fi ja		
	with a taxable entity during the year?	16a	-	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		ist or .	7.7
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		4 4 .	
	organization's exempt status with respect to such arrangements?	16b		L
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			· 
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(	3)s o	ıly)
	available for public inspection. Indicate how you made these available. Check all that apply.  Own website  Another's website  X Upon request			
40		• • •		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	inter	est p	olicy,

PAGE 6

State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶BOOKKEEPER 1331 H STREET, NW, SUITE 900 WASHINGTON, DC 20005

202-289-3979

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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.

(A) Name and Title	(B) Average hours per week (describe hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)			Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) WILLIAM L. MINNIX, JR.										
CHAIR	1.00	X		Х				0		
(2) CHRISTINE JAMES-BROWN									J	
TREASURER	1.00	Х		Х				o	o	
(3) MICHAEL S. MARCUS										
SECRETARY	1.00	Х		Х				· 0	, o	
(4) MARYLEE ALLEN				-	<u> </u>		-			·
BOARD MEMBER	1.00	Х						0	0	
(5) WILLIAM H. BENTLEY										·
BOARD MEMBER	1.00	X						o	0	•
(6) ROBERT DUGGER									· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER	1.00	Х						0	0	
(7) JATRICE MARTEL GAITER										······
BOARD MEMBER	1.00	Х						0	0	
(8) MARLA VIORST										
BOARD MEMBER	1.00	Х						0	0	
(9) WALTER L. JONES							H			
BOARD MEMBER	1.00	Х						0	. 0	
(10) LARRY NAAKE			$\dashv$		··					
BOARD MEMBER	1.00	Х						0	0	
(11) BARB QUAINTANCE								·		
BOARD MEMBER	1.00	х				i		0	0	
(12) PAMELA B. SMITH			$\dashv$		,					
BOARD MEMBER	1.00	Х						. 0	0	
(13) MATTHEW MELMED			_							
VICE CHAIR	1.00	х		$_{\rm X}$				0	0	
(14) SANDRA TIMMERMANN			$\dashv$							
BOARD MEMBER	1.00	х						0	O	

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Form 990 (2011)

15) SANDRA Y. NATHAN

BOARD MEMBER

JOHN ROTHER

Part VII

GENERAT	IONS UN	CTED	)						31-1542	2973
1)										Page <b>8</b>
Section A. Officers, Directors, Tru		y <u>⊩</u> n	npic			and I	Higi	77.75		· · · · · · · · · · · · · · · · · · ·
(A) Name and title	(B) Average hours per week (describe	box,	unle er an	Pos heck ss pe d a d	erson (irect	e than o	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
RA Y. NATHAN		r		<b></b>						
MEMBER	1.00	Х						e	o	0
ROTHER			$\vdash$							
MEMBER	1.00	Х						. 0	o	. 0
N. D. THORNELL									-:	
MEMBER	1.00	Х					İ	.0	0	0
A BUTTS UTIVE DIRECTOR	40.00			х				116,792.	0	10,846.
		.*			-					
		•								
									:	
										·
and the same party happy party large party hand bank halfs had been been from from gave gave from these was and		٠.				<u></u>				
al <sub>.,,</sub> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								0	0	0
om continuation sheets to Part VII, Se	ection A						<b>•</b>	116,792.	0	10,846.
dd lines 1b and 1c)		<u></u>			• •		<b>•</b>	116,792.	0	10,846.
mber of individuals (including but not label) of the compensation from the organization	imilea lo li 1 🏲	_	iiste L	o ai	oove	e) wno	o re	ceived more than	\$100,000 of	
				• • • • • • • • • • • • • • • • • • • •						Yes No
organization list any former office on line 1a? If "Yes," complete Schedu	er, directo	r, or thind	tru 'ividi	istęi i <i>al</i>	e, I	key e	mp	loyee, or highest	compensated	3 X
individual listed on line 1a, is the sation and related organizations gre	sum of rep	ortab	le c	om	pen	sation	n ar	nd other compens	ation from the	
person listed on line 1a receive or	accrue cor	npen	sati	on f	 rom	any	 uni	related organization	on or individual	4 X
ces rendered to the organization? If "Yendependent Contractors										5 X
te this table for your five highest compaction from the organization. Report of	pensated ir ompensation	ndepe	ende the	ent o	cont	racto lar ye:	rs ti ar e	hat received more ending with or with	than \$100,000 o in the organization	f n's tax
(A)	-				·			(B)		(C)

	BOARD MEMBER	1.00	Х						) o	0
17)										
	BOARD MEMBER	1.00	X			_		. (	0	0
18)	DONNA BUTTS EXECUTIVE DIRECTOR	40.00		2	١			116,792.	0	10,846.
		-	ď					·		
		-								
	no para and and any and and and any last and last and last had been too love been any any any last last and and		٠.							
1b	Sub-total	·				·	•	C	0	0
C	Total from continuation sheets to Part VII, S	ection A 🔒					<b>•</b>	116,792.	0	10,846.
	Total (add lines 1b and 1c)						•	116,792.	0	10,846.
2	Total number of individuals (including but not reportable compensation from the organization	limited to th n ▶	nose I 1		abov	e) wh	o re	ceived more than	\$100,000 of	
								***		Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, directorule J for suc	r, or h ind	trust <i>ividua</i>	ee,	key (	emp!	loyee, or highes	t compensated	3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	le coi 0,000	npei  ? /:	nsatio f <i>"Yes</i>	n an s," o	nd other compens	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue con	npen: e <i>Sch</i>	sation edule	fror J for	n any such	unr pers	elated organization	on or individual	5 X
Se	ction B. Independent Contractors									! <u>-</u>
1	Complete this table for your five highest comcompensation from the organization. Report of year.	pensated in compensation	idepe on for	endent the c	cor alen	tracto dar ye	rs th ar e	nat received more nding with or with	than \$100,000 on the organization	f n's tax
	<b>(A)</b> Name and business add	lress						(B) Description of se	rvices C	(C) compensation
					·-····································					
							$\top$			****

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Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

					(A) Total revenue	(B) Related or exempt function revenue	(C) . Unrelated business revenue	(D) Revenue excluded from tag under sections 512, 513, or 514
表 表	1a	Federated campaigns	1a					a substitution
Contributions, Giffs, Grants and Other Similar Amounts	b			129,925.	tradicing car		1. 对这些对意思。	
S, C	c	_ <u>+</u>						
픑	d							
έE	е						100000000000000000000000000000000000000	A STATE OF THE STA
흔	f	All other contributions, gifts, gran	'			1.00		
혈	-	and similar amounts not included		1,044,244.		7.7.4		
투	g							e e granta.c
ပိ ခြ	h				1,174,169.			
ne				Business Code				
Ven	2a	PUBLICATION		511190	68.	68.		and the second contract of
å	b	downerswall	VT	611430	81,505.	81,505.		_
ice	c						*	
Program Service Revenue	۱ ۲		· · · · · · · · · · · · · · · · · · ·	(	-			
	l "						-	3111
	t e	All other program service rev	ronuó					
Pro	g				81,573.			
	3	Investment income (includin other similar amounts).	g dividends, inter	est, and				9,266
	4	Income from investment of t	ax-exempt bond	proceeds 🕨	0			
	5	Royalties			. 0			
			(i) Real	(ii) Personal				7 1 9 E 1 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E
	6a	Gross rents	15,729					
	b	Less: rental expenses				Section and sa		
	C	Rental income or (loss)	15,729					
	d	Net rental income or (loss).		<u> ▶</u>	15,729.			15,729.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		Page (# Spire)	AT STREET, STATE	
		assets other than inventory						
	b	Less: cost or other basis			5.00 F 100		ordanie Publi	
		and sales expenses				75.6 48.4 54		12'A 15-34-5
	C	Gain or (loss)						
	d	Net gain or (loss)		<u> </u>	0			
<u>a</u>	8a	Gross income from fundra	ising		Year and the	E To an in-the Const. The	Great a formation	
Other Revenue		events (not including \$		·			1 P. C. C.	
Š		of contributions reported on	line 1c).				tal combined	A Processor
ď		See Part IV, line 18			A PERMIT		(Sec. ) (Sec. ) \$17/900 (Sec. ) (Sec. ) \$250.	
ЭE	b	Less: direct expenses						
₹	C	Net income or (loss) from fur			0	体整 经基本基本证券		
_	9a	Gross income from gaming a	ictivities.					
		See Part IV, line 19						
	b	Less: direct expenses			<b>中,中国的国际</b>	A Har William 1997		The Marian Const.
	С	Net income or (loss) from ga			0		Control of the Section of the Sectio	The state of the s
	10a	Gross sales of invento	ory, less		Central (1974-2019), 12-17-18-18	(Hailayan ku	Sept. Sept. Leading.	
		returns and allowances				A. A. G. 18. 19. 1	于14年,安全64年40日	
•	b	Less: cost of goods sold Net income or (loss) from sal		0				
		Miscellaneous Reven	ue	Business Code		Grand But Sales		
	11a	MISCELLANEOUS REVENUE		900099	268.	268.	and the same displayed	e managament engage at Marindon (SA 2.5.)
	b							
	С							1.
	d	All other revenue						
	e	Total. Add lines 11a-11d	<i></i>		268.			
	12	Total revenue. See instruction	ns		1,281,005.	81.841.		24 995

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### Part IX Statement of Functional Expenses

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

104	Check if Schedule O contains a resp	onse to any question i	n this Part IX	, and the contract of the cont	
Do	not include amounts reported on lines 6b,	(A) Total expenses		(C) Management and	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21.	6,000.	6,000.		
2	Grants and other assistance to individuals in	•			
	the United States. See Part IV, line 22,	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		•		
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U		Militaret en alia.	
5	Compensation of current officers, directors,	116 700	111 454		277
	trustees, and key employees	116,792.	111,454.	5,061.	277.
6	Compensation not Included above, to disqualified				•
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B) , . , .	431,430.	411,711.	18,695.	1,024.
7	Other salaries and wages	431,430.	411, /11.	10,095.	1,024.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,804.	19,381.	374.	49.
_	,, , , , , ,	31,271.	30,603.	592.	76.
9	Other employee benefits	39,518.	38,673.	748.	97.
10	Payroll taxes		00,0,00	,101	
11	Fees for services (non-employees):	0			•
	Management	0			<del></del>
	Legal	0			
	Accounting	0			<del></del>
	Professional fundralsing services. See Part IV, line 17	0			
	Investment management fees	0		<u>am, autorii, in die were Au die War-</u>	· · · · · · · · · · · · · · · · · · ·
-	Other	278,003.	273,384.	4,619.	
12	Advertising and promotion	0			
13	Office expenses	6,978.	6,978.		
14	Information technology	, 0		······	
15	Royalties	0			
16	Occupancy	176,065.	2,840.	173,225.	
17	Travel	57,166.	57,166.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	86,835.	86,835.		
20	Interest	. 0			
21	Payments to affiliates , , , , , , , , ,	0			
22	Depreciation, depletion, and amortization	3,691.	3,522.	160.	9.
23	Insurance	3,413.		3,413.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	PRINTING & PRODUCTION	19,319.	18,939.	380.	
-	TELEPHONE	25,785.	25,785.	400	·, · · · · · · · · · · · · · · · · · ·
	EQUIPMENT AND MAINTENANCE	9,648.	9,219.	429.	
d	POSTAGE & SHIPPING	8,051.	7,753.	298.	
е	All other expenses	-4,330.		-5,111.	1 500
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,315,439.	1,111,024.	202,883.	1,532.
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	0		,	•
JSA	Tonowing 501 00-2 (750 000-120)	<u></u>	<u> </u>	<u> </u>	Form <b>990</b> (2011)

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Pá	ırt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	61,280.	1	12,609.
	2	Savings and temporary cash investments	380,669.	2	470,276.
	3	Pledges and grants receivable, net	16,419.	3	10,860.
	4	Accounts receivable, net	C	4	5,367.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			<b>建</b> 定的图像是基础中
	- 6	Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		5	
10		employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
šets	7	Notes and loans receivable, net	O	7	0
Assets	8	Inventories for sale or use	0	8	0
•	9	Prepaid expenses and deferred charges	0	9	O
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 46,786.			
	b	Less: accumulated depreciation			6,909.
	11	Investments - publicly traded securities ATCH 3	217,528.	11	118,602.
	12	Investments - other securities. See Part IV, line 11	0	12	. 0
	13	Investments - program-related. See Part IV, line 11	0	13	. 0
	14	Intangible assets		14	. 0
	15	Other assets. See Part IV, line 11	15,663.		14,871.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	702,159.	16	639,494.
	17	Accounts payable and accrued expenses	74,095.	17	75,930.
	18	Grants payable Deferred revenue ATCH 4		18	0
	19	Deferred revenue ATCH 4	170,925.	19	139,785.
	20	Tax-exempt bond liabilities	0	20	. 0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jab		employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	.0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	•		
		of Schedule D	2,500.		2,500.
	26	Total liabilities. Add lines 17 through 25	247,520.	26	218,215.
ses		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	273,782.	27	349,089.
Bal	28	Temporarily restricted net assets	180,857.	28	72,190.
nd	29	Permanently restricted net assets	0	29	0
or Fu		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۷	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	454,639.		421,279.
	34	Total liabilities and net assets/fund balances	702,159.		639,494.
					Form <b>990</b> (2011)

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For	m 990 (2011)		Page	∍ 12
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	[	X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1,28	1,00	05.
2	Total expenses (must equal Part IX, column (A), line 25)	1,31	5,43	<del>39.</del>
3	Revenue less expenses. Subtract line 2 from line 1	-3	4,43	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4.5	4,63	39.
5	Other changes in net assets or fund balances (explain in Schedule O)		1,07	74.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			
The		42	1,27	79.
F	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			
		Y	es l	No
1	Accounting method used to prepare the Form 990:			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X.	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a separate basis, consolidated basis, or both:	1000	11,111	g de Se e
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	45		. • * •
	the Cinate Audit Act and OMD Cination A 1999	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	-	-+	**
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
		Form 9	90 (2	011)

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

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

GENERA	ATIONS UNITED								31-	-1542973
Part I	Reason for Pub	lic Charity Status	(All organizations mu	st con	nplete	this pa	irt.) Se	e instru	ictions.	
	nization is not a pri	vate foundation bed	ause it is: (For lines 1 th	rough	11, che	ck only	one box	k.)		
1 🗂			association of churches							
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b	)(1)(A)	(iii).		•
4	A medical research	ch organization ope	erated in conjunction wi	th a h	ospita	I descri	bed in	section	ո 170(b	)(1)(A)(iii). Enter the
<u></u>	hospital's name, ci									
5	An organization o	perated for the ber	nefit of a college or univ	ersity	owned	or ope	rated b	y a go	/ernme	ntal unit described in
	section 170(b)(1)(	A)(iv). (Complete P	art II.)							
6	A federal, state, o	r local government	or governmental unit des	cribed	in sect	ion 170	(b)(1)( <i>i</i>	۹)(v).		
7 X	An organization th	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ntal un	it or fro	m the general public
	described in section	on 170(b)(1)(A)(vi).	(Complete Part II.)							
8	•		on 170(b)(1)(A)(vi). (Com							•
9			es: (1) more than 331/3%							
			exempt functions - subj							
	, ,		ome and unrelated busi						1 511	tax) from businesses
		-	e 30, 1975. See <b>section</b>							
10			ted exclusively to test for							4.00
11			rated exclusively for the							
			pported organizations de							
4	, <u>, , , , , , , , , , , , , , , , , , </u>	_	es the type of supporting					ines	- 1	⊒gn + m. Type III - Other
- [	a Type I	bType	· · ·			ally inte	-	iroatly l	d [	<b>」 '</b> '
e			the organization is not gers and other than one							
	•		gers and other than one	or inc	re pur	niciy su	phonec	uorgani	zations	described in section
	509(a)(1) or section		n determination from th	2 <u>9ا</u> ۵	that it	ie a Tv	me I T	wa II	or Type	a III sunnartina
f	organization, chec		ii deteliillialloli ilolli tii	6 11/0	that it	13 (4.1)	ypo i, i	ypc II,	Or Type	, in supporting
~				torco	ntribut	 ion from	.i	the		
g	following persons?		mzation docopted any gir	. 01 00	11111041		i u,,, o,	110		
			ectly controls, either alor	ne or t	oaeth	er with	person	s desci	ribed in	(ii) Yes No
			dy of the supported organ				p 0, 00.			11g(i)
	, ,	-	scribed in (i) above?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	`					11g(ii)
			son described in (i) or (ii) a	bove?				· · · ·		11g(iii)
h			ut the supported organiz		).					• • •
	lame of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi) I	s the	(vii) Amount of
• • • • • • • • • • • • • • • • • • • •	organization		(described on lines 1-9 above or IRC section		zation in listed in		anization	organiz col. (i) o	ation in	support
		•	(see instructions))		overning ment?		. (i) of .pport?	in the		
				Yes	No	Yes	No	Yes	No	
	-									
(A)										
/D)								1		
(B)										
(C)									'	-
(0)				ļ	<u> </u>					
(D)										
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				1 2 2	<del> </del>	January 1	12 5,27		40.77	
								190,000		
Tatal		(4) A.	<ul> <li>1 1997 - 1997 - 1997 - 1997</li> </ul>	1205200	45.5	1000000	1.59 Co. 1	4.	1 1 10 10 10 10	1

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Schedule A (Form 990 or 990-EZ) 2011

Page 2

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 II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
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)				Andrew Colored	9 2 3 4	3,265,424.
6	Public support. Subtract line 5 from line 4.		300000000000000000000000000000000000000			2.50.000	2,487,079.
	tion B. Total Support	(-) 2007	4-> 0000	(-) 0000	(3) 0040	()0044	(D.T.)
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 8	Amounts from line 4	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
•	payments received on securities loans, rents, royalties and income from similar sources	17,374.	14,081.	10,675.	10,000.	9,266.	61,396.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,				<u>.</u>
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		P. Salak State (M. Salak State	Book of Clower teams	254.207.555.24	Marketon to the large substitutes and	·
11	Total support. Add lines 7 through 10	Total Carlo Mark					5,813,899.
12	Gross receipts from related activities, etc. (	•				12	415,672.
13	First five years. If the Form 990 is f organization, check this box and stop here	,		d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	tion C. Computation of Public Sup	·	~				40 70
14	Public support percentage for 2011 (li	ne 6, column (f	) divided by line	11, column (f))		14	42.78%
15	Public support percentage from 2010	Schedule A, Pa	irt II, line 14			15	
16a	331/3% support test - 2011. If the o						
b	this box and <b>stop here.</b> The organizati 331/3% support test - 2010. If the o	organization did	not check a b	ox on line 13 c	or 16a, and line	15 is 331/3%	or more,
	check this box and stop here. The org	anization qualifi	es as a publicly	supported orga	nization		▶ 🔲
17a	10% -facts-and-circumstances test - 10% or more, and if the organization	meets the "fa	cts-and-circums	tances" test, ch	eck this box ar	nd <b>stop here.</b> E	xplain in
	Part IV how the organization meets t			-	•		upported
b	organization	<b>2010.</b> If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization instructions	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
				************		chedule A /Form 9	

Page 3 Schedule A (Form 990 or 990-EZ) 2011

Part III	<b>Support Schedule</b>	for Organizations	Described in St	ection 509(a)(2)
er Gu e III.	anthour acuerrie	TOI OTYGETHERIOTIS	Described III O	

(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.)

1	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
•	Gifts, grants, contributions, and membership fees	<del></del>					
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
		<del></del> -					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons				-		
D	Amounts included on lines 2 and 3 received from other than disqualified					·	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,		ļ		ļ		
	rents, royalties and income from similar sources						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	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	······································					`
12	Other income. Do not include gain or						
12							•
12	Other income. Do not include gain or						
	Other income. Do not include gain or loss from the sale of capital assets	-					
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					·	
13	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	, , ,				·	
13 14 Sec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here stion C. Computation of Public Support 10s or 10s for 10s	port Percent	age			·	▶
12 13 14 <u>Sec</u> 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here cition C. Computation of Public Support percentage for 2011 (line 8)	pport Percent , column (f) divid	age ed by line 13, colu	mn (f))			
13 14 Sec 15	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here stion C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Scheme	pport Percent , column (f) dividedule A, Part III, lin	age ed by line 13, columne 15	mn (f))		15	
113 114 Sec 115 116	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Schettion D. Computation of Investment	pport Percent , column (f) divide edule A, Part III, III nt Income Per	age ed by line 13, colum ne 15 rcentage	mn (f))		15	
13 14 3ec 15 16 3ec	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Scheetion D. Computation of Investment Investment income percentage for 2011 (line 8)	pport Percent , column (f) dividedule A, Part III, III nt Income Per ne 10c, column (	age ed by line 13, colume 15 centage (f) divided by line	mn (f))		15 16	
113 114 115 116 117 118	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Scheetion D. Computation of Investment income percentage from 2010 (linestment income percentage from 2010)	pport Percent , column (f) dividedule A, Part III, III nt Income Per ne 10c, column ( Schedule A, Part	age ed by line 13, columne 15 centage (f) divided by line	mn (f))		15 16 17 18	
113 114 115 116 117 118	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here ction C. Computation of Public Support percentage for 2011 (line 8)  Public support percentage from 2010 Scheetion D. Computation of Investment income percentage from 2010 (linvestment income percentage from 2010 331/3% support tests - 2011. If the organization of the sale of the	pport Percent , column (f) dividedule A, Part III, lin nt Income Per ne 10c, column ( Schedule A, Part ganization did n	age ed by line 13, colume 15 centage (f) divided by line III, line 17 ot check the bo	mn (f)) 13, column (f)) x on line 14, an	d line 15 is mor	15 16 17 18 e than 331/3%, a	and line
13 14 15 16 16 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here stion C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Schettion D. Computation of Investment Income percentage from 2010 331/3% support tests - 2011. If the or 17 is not more than 331/3%, check the	pport Percenta , column (f) dividedule A, Part III, III nt Income Per ne 10c, column ( Schedule A, Part ganization did nois box and sto	age ed by line 13, colume 15 centage (f) divided by line Ill, line 17 ot check the bor p here. The org	mn (f))  13, column (f))  x on line 14, an anization qualifie	d line 15 is mor	15 16 17 18 e than 331/3%, a supported organiz	ond line
13 14 15 16 16 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Schetion D. Computation of Investment Income percentage from 2010 331/3% support tests - 2011. If the or 17 is not more than 331/3%, check the 331/3% support tests - 2010. If the organization of Investment income percentage from 2010	pport Percenta , column (f) dividedule A, Part III, III nt Income Per ne 10c, column ( Schedule A, Part ganization did no is box and sto anization did not	age ed by line 13, colume 15 centage (f) divided by line Ill, line 17 ot check the box p here. The org check a box on	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 15	d line 15 is mons as a publicly	15   16   17   18   e than 331/3 %, a supported organize more than 331/3 %	ond line zation ► [
13 14 15 16 3ec 17 18 19a	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here stion C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Scheetion D. Computation of Investment Income percentage from 2010 331/3% support tests - 2011. If the or 17 is not more than 331/3%, check the 331/3% support tests - 2010. If the orgaline 18 is not more than 331/3%, check	pport Percent, column (f) dividedule A, Part III, lint Income Perne 10c, column (Schedule A, Part ganization did not this box and stoenization did not this box and s	age ed by line 13, colume 15 centage (f) divided by line illi, line 17 of check the box p here. The org check a box on top here. The or	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 1: ganization qualifity	d line 15 is mons as a publicly 9a, and line 16 is es as a publicly	15 16 17 18 e than 331/3%, a supported organizemore than 331/3 supported o	ond line zation ►
13 14 5ec 15 16 17 18	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2011 (line 8 Public support percentage from 2010 Schetion D. Computation of Investment Income percentage from 2010 331/3% support tests - 2011. If the or 17 is not more than 331/3%, check the 331/3% support tests - 2010. If the organization of Investment income percentage from 2010	pport Percent, column (f) dividedule A, Part III, lint Income Perne 10c, column (Schedule A, Part ganization did not this box and stoenization did not this box and s	age ed by line 13, colume 15 centage (f) divided by line illi, line 17 of check the box p here. The org check a box on top here. The or	mn (f))  13, column (f))  x on line 14, an anization qualifie line 14 or line 1: ganization qualifity	d line 15 is mons as a publicly 9a, and line 16 is es as a publicly o, check this bo	15 16 17 18 e than 331/3%, a supported organizemore than 331/3 supported o	and line zation > []  %, and zation > [] uctions > []

Page 4

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

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2011

Employer identification number

GENERATIONS UNITED		,
		31-1542973
Organization type (check on	е):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a prival	vate foundation
	527 political organization	•
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private	foundation
	501(c)(3) taxable private foundation	
instructions.  General Rule		
<del></del>	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$	\$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % suggested in the 33 1/3 % suggested from any one contributor, du 55,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (i) and II.	uring the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received tall contributions of more than \$1,000 for use <i>exclusively</i> for religious, poses, or the prevention of cruelty to children or animals. Complete Pa	charitable, scientific, literary,
during the year, co not total to more to year for an <i>exclusi</i> applies to this orga	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received on tributions for use exclusively for religious, charitable, etc., purposes, han \$1,000. If this box is checked, enter here the total contributions the vely religious, charitable, etc., purpose. Do not complete any of the paramization because it received nonexclusively religious, charitable, etc., par	, but these contributions did hat were received during the rts unless the <b>General Rule</b> , contributions of \$5,000 or
990-EZ, or 990-PF), but it <b>m</b> e	at is not covered by the General Rule and/or the Special Rules does not ust answer "No" on Part IV, line 2, of its Form 990; or check the box of D-PF, to certify that it does not meet the filing requirements of Schedule	on line H of its Form 990-EZ or on

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization GENERATIONS UNITED

Employer identification number 31-1542973

	Contributors (see instructions). Use duplicate copies of Part		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	VARIOUS CONTRIBUTORS UNDER 2%	\$41,539.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_		\$45,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total contributions	(d) Type of contribution
4		\$57,980.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$30,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$25,725.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization GENERATIONS UNITED

Employer identification number 31-1542973

	Contributors (see instructions). Use duplicate copies of Pa  (b)		(d)
(a) No.	Name, address, and ZIP + 4	(c) Total contributions	Type of contribution
7		\$530,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _		\$64,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
<b></b>		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Employer Identification number 31–1542973

Part II	Noncash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received

Name of organization GENERATIONS UNITED

Employer identification number

31-1542973

ganizations completing Part III, e utions of \$1,000 or less for the uplicate copies of Part III if additio (b) Purpose of gift			-			
<u> </u>		ft				
(b) Purpose of gift	(c) Use of gif	ft	·			
			(d) Description of how gift is held			
	(e) Transfer of	nift	·			
Transferee's name, address, ar			ship of transferor to transferee			
(b) Purpose of gift	(c) Use of gif	ft	(d) Description of how gift is held			
Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee			
(b) Purpose of gift	(c) Use of gil	ft	(d) Description of how gift is held			
	(e) Transfer of	gift				
Transferee's name, address, a	nd ZiP + 4	Relation	ship of transferor to transferee			
(b) Purpose of aift	(c) Use of air	ft	(d) Description of how gift is held			
V.,		· · · · · · · · · · · · · · · · · · ·				
(e) Transfer of gift						
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	(b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift  Transferee's name, address, and  (b) Purpose of gift	(e) Transfer of  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use of gi  (e) Transfer of  Transferee's name, address, and ZIP + 4  (b) Purpose of gift (c) Use of gi	(b) Purpose of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relation:  (b) Purpose of gift  (c) Use of gift  (d) Transfer of gift  (e) Transfer of gift  (f) Purpose of gift  (g) Transfer of gift			

#### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

See separate instructions.

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2011

OMB No. 1545-0847

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

 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 filled 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. If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number GENERATIONS UNITED 31-1542973 Part I-A 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 in Part IV. Complete if the organization is exempt under section 501(c)(3). Part I-B Enter the amount of any excise tax incurred by organization managers under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Νo b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1)(2) (3) (4) (5) (6)

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

No

P	art II-A	Complete if the organization is exempt under section 501(c)(3) an section 501(h)).	d filed Form 5768 (el	ection under		
Ā	Check ▶	if the filing organization belongs to an affiliated group (and list in F	Part IV each affiliated	group member's		
		name, address, EIN, expenses, and share of excess lobbying exper	nditures).			
В	3 Check ▶ if the filing organization checked box A and "limited control" provisions apply.					
		Limits on Lobbying Expanditures	, , , , , ,			

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	2,022.		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	1,428.	
С	Total lobbying expenditures (add lines 1	a and 1b)	3,450.	
d				
e		d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the			
	columns.	206,544.		
	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.		
	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 25% of line 1f)		51,636.	
h			0	0
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0	0
j	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

·	Lobbying Expe	nditures During 4-Y	ear Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount	197,166.	213,866.	201,483.	206,544	819,059.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,228,589.
c Total lobbying expenditures	8,089.	3,710.	1,917.	3,450	17,166.
d Grassroots nontaxable amount	49,292.	53,467.	50,371.	51,636	204,766.
e Grassroots ceiling amount (150% of line 2d, column (e))					307,149.
f Grassroots lobbying expenditures	1,450.	1,099.	74.	2,022	4,645.

Schedule C (Form 990 or 990-EZ) 2011

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legislation, including any attempt to influe referendum, through the use of:		(2	۱ ۱		(h	١.	
During the year, did the filing organization at legislation, including any attempt to influe referendum, through the use of:	1	Ť	47		(b		—
legislation, including any attempt to influe referendum, through the use of:	•	Yes	No		Amo	unt	
referendum, through the use of:	tempt to influence foreign, national, state or local	3 4 5 4		A 10 10 10 10 10 10 10 10 10 10 10 10 10	TIE.		
	ence public opinion on a legislative matter or		fan Sigara Yn i Villai			Total Name	
	į.						
a Volunteers?	ation in expenses reported on lines 1c through 1i)?						
	■ per			1 1 120	THE N	100	)
	-2						<u> </u>
<ul> <li>d Mailings to members, legislators, or the publications, or published or broadcast state.</li> </ul>							
f Grants to other organizations for lobbying pu		-		~····			
g Direct contact with legislators, their staffs, go	poses?  vernment officials, or a legislative body?						_
h Railies, demonstrations, seminars, convention	ns, speeches, lectures, or any similar means?						
1 00							
		-7-					
a Did the activities in line 1 cause the organiza	tion to be not described in section 501(c)(3)?			Tapin Time		. 5 3 4	
b If "Yes," enter the amount of any tax incurred	under section 4912		A. 4. 7.0				
c If "Yes," enter the amount of any tax incurred	by organization managers under section 4912						
	12 tax, did it file Form 4720 for this year?						aji i
Part III-A Complete if the organization is 501(c)(6).	exempt under section 501(c)(4), section 501(c	)(5)	or s	ection			
001(0)(0).						Yes	N
Were substantially all (90% or more) dues red					1		
Did the organization make only in-house lobb	ying expenditures of \$2,000 or less?				2		
	ying and political expenditures from the prior year?  exempt under section 501(c)(4), section 501(c)				3	ļ	
answered "Yes."  Dues, assessments and similar amounts from Section 162(e) nondeductible lobbying a	members  nd political expenditures (do not include amoun	is d		1			
political expenses for which the section 52	• •		j				
a Current voor							
a Current year				2a			_
b Carryover from last year				2a 2b	··		_
b Carryover from last year c Total				2b 2c			•
<ul> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(</li> </ul>	e)(1)(A) notices of nondeductible section 162(e) dues			2b			
<ul> <li>b Carryover from last year</li> <li>c Total         Aggregate amount reported in section 6033(         If notices were sent and the amount on lin     </li> </ul>	e)(1)(A) notices of nondeductible section 162(e) dues e 2c exceeds the amount on line 3, what portion of	f th	e	2b 2c		· · · · · · · · · · · · · · · · · · ·	
b Carryover from last year c Total Aggregate amount reported in section 6033( If notices were sent and the amount on line excess does the organization agree to carryo	e)(1)(A) notices of nondeductible section 162(e) dues e 2c exceeds the amount on line 3, what portion of over to the reasonable estimate of nondeductible lob	f th	 e g	2b 2c 3			
b Carryover from last year c Total Aggregate amount reported in section 6033( If notices were sent and the amount on line excess does the organization agree to carryo	e)(1)(A) notices of nondeductible section 162(e) dues e 2c exceeds the amount on line 3, what portion of	f th	 e g	2b 2c			

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Schedule C (Form 990 or 990-EZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

GE	NERATIONS UNITED		31-1542973
Pa	rt I Organizations Maintaining Donor Adv	ised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 9	990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year.		
5	Did the organization inform all donors and donor	advisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recre	eation or education) Preservation o	f an historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	·	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	ı	Windows .
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified	` '	2c
ď	Number of conservation easements included in (c)		
_	historic structure listed in the National Register.		
3	Number of conservation easements modified, tran	sterred, released, extinguished, or termina	ated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy regard violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, in		
U	Starr and volunteer nours devoted to monitoring, in	ispecting, and emorcing conservation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation occurren	to during the weer
•	S	and chiotolog conservation easemen	is during the year
8	Does each conservation easement reported on line	= 2(d) above satisfy the requirements of sec	ction 170(b)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	2 Z(a) above delicity the requirements of sec	Yes No
9	(i) and section 170(h)(4)(B)(ii)?	conservation easements in its revenue and	expense statement and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's financia	al statements that describes the
	organization's accounting for conservation easeme	nts.	
Par	till Organizations Maintaining Collections	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	FAS 116 (ASC 958), not to report in its re	evenue statement and balance sheet
	public service, provide, in Part XIV, the text of the fo	or assets held for public exhibition, educa- connote to its financial statements that desc	ation, or research in furtherance of
b	If the organization elected, as permitted under S		
~	works of art, historical treasures, or other similar	er assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide the following amounts relati	ng to these items:	•
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under S	FAS 116 (ASC 958) relating to these items	:
a	Revenues included in Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>»</b> \$

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

Schedule D (Form 990) 2011

GENERATIONS UNITED 31-1542973 Schedule D (Form 990) 2011 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs h Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990. Part IV. Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not b If "Yes," explain the arrangement in Part XIV and complete the following table: 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV. Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance . . . . **b** Contributions c Net investment earnings, gains, and losses........ Grants or scholarships . . . . . . Other expenditures for facilities . and programs . . . . . . . . . . . . . Administrative expenses . . . . . End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 🕨 b Permanent endowment ► Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No 3a(i) 3a(ii) 3b Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value

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

Schedule D (Form 990) 2011

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Schedule D (Form 990) 2011		Page 3
Part VII Investments - Other Securities. See F	<u>orm 990, Part X, Iir</u>	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
` (F)		
(G)		
<u></u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related. See F	orm 000 Part V li	ن جي را ريائا ڪيو محملاءِ جي انگر جي آهي. آهي آهي آهي ان ان جي ان جي ڪي ڪا ان جي
*		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year 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, Ii	ne 15.	<u>and the state of </u>
Mile St. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Description	(b) Book value
(1)		(a) book take
(2)		
(3)		
(4)		
(5)		
(6)		
	······	
(7)	· · · · · · · · · · · · · · · · · · ·	
(8)		
(9)		
(10)		
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
1. (a) Description of liability	(b) Book valu	1 <b>e</b>
(1) Federal income taxes		
(2) SUBLEASE DEPOSIT	2,	500.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		500
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	·	500.
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the	text of the footpote to	the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	le D (Form 990) 2011		Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,281,005
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,315,439
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-34,434
4	Net unrealized gains (losses) on investments	4	1,074
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,074
10		10	-33,360
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Reto	urn	
1	Total revenue, gains, and other support per audited financial statements	1	1,282,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · · · · · · · · · · · · · · · · · ·
a	Net unrealized gains on investments 1,07	4.	
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)	5 1 1 2 1 5 1 2 1	
е	Add lines 2a through 2d	2e	1,074
3	Subtract line 2e from line 1	. 3	1,281,005
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	1 / 1	·
b	Other (Describe in Part XIV.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	1,281,005
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
1	Total expenses and losses per audited financial statements		1,315,439
. 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	,
а	Donated services and use of facilities	1	
b	Prior year adjustments 2b		
C	Other lands		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		1,315,439
. 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
, a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,315,439
Part	XIV Supplemental Information		
Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple Iditional information.	t IV, line ete this	s 1b and 2b; part to provide
•	·		

Part XIV Supplemental Information (continued)

89055J C021

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization GENERATIONS UNITED

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047	2011

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Employer identification number 31-1542973 Š

art	General Information on Grants and Assistance	Assistance						
Õ	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate the	amount of the g	grants or assistan	ce, the grantees'	eligibility for the grants	or assistance, and	
the	the selection criteria used to award the grants or assistance?	or assistance						X Yes No
De	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	es for monit	oring the use of	grant funds in the	United States.			
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990. Part IV line 21 for any recipient that received more than \$5,000. Check this boy if no one recipient received more than	vernments	and Organiza	tions in the Unit	ed States. Comp	s and Organizations in the United States. Complete if the organization answered "Yes" that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	tion answered "Ye	S.".
	Part II can be duplicated if additional space is ne	space is nee	eded		or officer tills bo			MI #3,000.
	(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1								
2)								
3)								
4)		•						-
2)								
6)								
7)								
8)								
(6						-	-	
6								
5								
2)								
Ent	Enter total number of section 501(c)(3) and government or	_	anizations liste	ganizations listed in the line 1 table			<b>A</b>	
Í	Enter total number of other organizations listed in the line		1 table		******		<b>A</b>	-

3 Enter total number of other organizations have been see the Instructions for Form 990. 1E1288 1.800 055J C021

25060

Schedule I (Form 990) (2011)

Page 2

GENERATIONS UNITED

Schedule I (Form 990) (2011)

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ന						
4						
ĸ						
စ						
7						
Part IV	Part IV Supplemental Information. Complete this part to	is part to prov	vide the information	tion required in	Part I, line 2, and any	provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION SCREENS GRANT APPLICATIONS TO ENSURE THAT ONLY ELIGIBLE

ORGANIZATIONS RECEIVE THE GRANTS.

V 11-5

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

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

GENERATIONS UNITED

Employer identification number 31-1542973

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

UPON PREPARATION BY AN INDEPENDENT CPA, THE 990 FORM IS REVIEWED BY THE

EXECUTIVE DIRECTOR. THE 990 FORM IS SUBSEQUENTLY DISTRIBUTED TO ONE OR

MORE OFFICERS, AND THEN TO THE BOARD OF DIRECTORS.

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

THE EXECUTIVE COMMITTEE AND CHAIRPERSON OF THE BOARD OF DIRECTORS REVIEW

THE EXECUTIVE DIRECTOR'S PERFORMANCE ANNUALLY AND DETERMINE COMPENSATION

BASED ON FINANCIAL AND PROGRAMMATIC PERFORMANCE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION CONSIDERS ALL REQUESTS FROM THE PUBLIC FOR DOCUMENTS,

INCLUDING THOSE DOCUMENTS NOT REQUIRED TO BE MADE PUBLIC.

#### CONFLICT OF INTEREST POLICY

GU EXPECTS EVERY EMPLOYEE TO ACT IN ACCORDANCE WITH THE HIGHEST STANDARDS OF ETHICAL AND PROFESSIONAL CONDUCT IN WORK-RELATED MATTERS, TO MAINTAIN THE CONFIDENTIALITY OF ALL PROPRIETARY INFORMATION OF GU, AND TO AVOID ACTIVITIES THAT MIGHT CONFLICT, OR MIGHT APPEAR TO CONFLICT, WITH THE INTERESTS OF GU.

OUTSIDE ACTIVITIES/OUTSIDE EMPLOYMENT. EMPLOYEES MUST RECEIVE WRITTEN

ADVANCE APPROVAL FROM THEIR SUPERVISOR IF THEY WISH TO ENGAGE IN OUTSIDE

ACTIVITIES THAT ARE THE SAME OR SIMILAR TO THEIR WORK AT GU, WHETHER FOR

ANOTHER ORGANIZATION OR AS SELF-EMPLOYMENT, AND WHETHER PAID OR PERFORMED

Employer Identification number 31–1542973

ON A VOLUNTEER BASIS.

OUTSIDE INVOLVEMENT. EMPLOYEES WHO HAVE ANY FINANCIAL OR PERSONAL INTEREST IN AN ORGANIZATION WHICH MAY DO BUSINESS WITH OR COMPETE AGAINST GU MUST DISCLOSE, IN WRITING, THE NATURE OF SUCH FINANCIAL OR PERSONAL INTEREST TO THEIR SUPERVISOR OR THE EXECUTIVE DIRECTOR.

GRATUITIES. EMPLOYEES OF GU ARE NOT PERMITTED TO ACCEPT FROM OR TO GIVE TO ANY PERSON OR ORGANIZATION THAT DOES BUSINESS OR MAY SEEK TO DO BUSINESS WITH GU ANY GIFTS, ENTERTAINMENT OR FAVORS THAT COULD INFLUENCE OR APPEAR TO INFLUENCE A BUSINESS DECISION.

ANY ACTION CONTRARY TO THIS POLICY MAY RESULT IN IMMEDIATE TERMINATION OF AN EMPLOYEE. FURTHER, PARTICIPATION IN CERTAIN OUTSIDE ACTIVITIES MAY BE VIEWED AS BEING IN CONFLICT WITH THE INTERESTS OF GU AND MAY LEAD TO TERMINATION IN APPROPRIATE CIRCUMSTANCES.

ANY ACTION CONTRARY TO THIS POLICY MAY RESULT IN IMMEDIATE TERMINATION OF AN EMPLOYEE. FURTHER, PARTICIPATION IN CERTAIN OUTSIDE ACTIVITIES MAY BE VIEWED AS BEING IN CONFLICT WITH THE INTERESTS OF GU AND MAY LEAD TO TERMINATION IN APPROPRIATE CIRCUMSTANCES.

OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DESCRIBE THEIR CONFLICT OF INTEREST AND SIGN A FORM.

FORM 990, PART XI, LINE 5
NET UNREALIZED GAIN ON INVESTMENTS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

GRANDFAMILIES: GENERATIONS UNITED'S NATIONAL CENTER ON
GRANDFAMILIES WORKS TO PROMOTE POLICIES AND PROGRAMS TO HELP

# ATTACHMENT 1 (CONT'D)

GRANDFAMILIES ADDRESS THE RANGE OF CHALLENGES THEY FACE INCLUDING THOSE RELATED TO HOUSING, LEGAL, EDUCATION, HEALTH AND MENTAL HEALTH, FAMILY RELATIONSHIPS, AND FINANCIAL ISSUES. GU LEADS AN ADVISORY GROUP OF ORGANIZATIONS THAT SET THE AGENDA TO ADVANCE PUBLIC WILL IN SUPPORT OF THESE FAMILIES. GU'S RESOURCES FOR GRANDFAMILIES INCLUDE THE GRANDFAMILIES STATE LAW AND POLICY RESOURCE CENTER (WWW.GRANDFAMILIES.ORG), CREATED AND MAINTAINED IN PARTNERSHIP WITH THE AMERICAN BAR ASSOCIATION, AND WWW.GRANDFACTSHEETS.ORG, MAINTAINED WITH SEVERAL NATIONAL PARTNERS. GU'S EDUCATION AND AWARENESS RAISING ACTIVITIES HELPED LEAD TO THE INCLUSION OF GRANDFAMILIES IN THE NATIONAL FAMILY CAREGIVER SUPPORT ACT AND THE PASSAGE OF LEGACY, THE FIRST LEGISLATION SUPPORTING AFFORDABLE HOUSING FOR GRANDFAMILIES. GU ALSO TRAINS GRANDFAMILIES TO ADVOCATE FOR THEMSELVES. THREE SUCCESSFUL NATIONAL GRANDRALLIES AT THE CAPITOL MOBILIZED MORE THAN 1,000 GRANDPARENTS AT EACH RALLY TO TAKE THEIR CONCERNS TO ELECTED OFFICIALS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES	ATTACHMENT	2
DESCRIPTION	GRANTS	EXPENSES	DESTINATION
CONFERENCE			REVENUE
		56,059.	
HIGH QUALITY PRE-KINDERGARTEN FOR ALL			
MEMBERSHIP		66,788.	
MPHDEVOUTA		21,753.	
SOCIAL SECURITY EDUCATION		22,700.	
		67,166.	
DEVELOPING PROMISING PRACTICES		106,336.	

chedule O (Form 990 or 990-EZ) 2011 came of the organization			Employer Identification	
ENERATIONS UNITED			31-154297	
			ATTACHMENT	2 (CONT'D
ORM 990, PART III, L	INE 4D - OTHER PRO	OGRAM SERVICES		
DESCRIPTION		GRANTS	EXPENSES	REVENUE
DESCRIPTION	•		and the second s	
			•	
	mom***********************************		318,102.	
	TOTALS		310,102.	
		•		
			ATTACHMENT 3	
			ATTACHMENT 3	
ORM 990. PART X - IN	VESTMENTS - PUBLI	CLY TRADED SECURITIES	:	·
VIII 3 3 4 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
			200 A V 200 HP A V 200	GO GE
		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
DESCRIPTION		BOOK VALUE	BOOK VADOB	OK IM
S TREASURY NOTES			•	
			NONE	F) 67
DUE 10/31/2011		103,551.	MOME	FMV
DUE 8/15/2016		113,977.	118,602.	FMV
DOM 0/10/2010				
	TOTALS	217,528.	118,602.	
			ATTACHMENT 4	
FORM 990, PART X - DE	FERRED REVENUE			
•			•	
·		BEGINNING	ENDING	
DESCRIPTION		BOOK VALUE	BOOK VALUE	
		**************************************	<del>17.00.00.00.00.00.00.00.00.00.00.00.00.00</del>	~
DEFERRED REVENUE		170,925.	139,78	õ.
	TOTALS	170,925.	139,78	
	TOTALD	110,340.	139,10	<u>, ,                                  </u>

# 8868 Exempt Organization Return

Rev. January 2			•		Į.		
epartment of the	- Conside			ication for each return.			<del></del>
	All Comme	Automatic 3-Month Extension, con	nplete only	/ Part I and check this	box		<b>▶</b> X
		- a .a.:::::	n Fylonsic	in, complete utily matt.	II (UIL PAGE & VI LINE I	iorm).	
i ∥youale Do <i>not</i> com	niete Part li	unlessou have already been grante	ed an auton	natic 3-month extension	on a previously filed F	orm 8868.	
			000 15	mond a 2 month gutor	matic extension of tim	ne to file (6 m	nonths for
Electronic f	iling (e-file)	You can electronically file Form 80 to file Form 990-T), or an additiona	ooo ii you il (not auto	matic) 3-month extens	sion of time. You can	electronically	file Form
corporatio	n required	to file Form 990-T), or an additional tension of time to file any of the fo	orms listed	I in Part I or Part II wit	th the exception of F	orm 8870, In	iformation
3868 to re	quest an ex	tension of time to file any of the to associated With Certain Personal	Benefit C	ontracts, which must	be sent to the IRS	in paper fo	rmat (see
احمد مثلا ا	Fermore:	details on the electronic Tilling Of Uli	S JUJIJI, VIDI	L WWW. HO. GOWOTHO WING	2 Olloit Oll O	ırities & Nonpi	rofits.
	1 4 - 2	Month Extension of Time. Only	v submit (	original (no copies He	eucu).		
Palata Al	n required to	file Form 990-T and requesting an	automatic 6	3-month extension - che	ck this box and comple	ete -	المستحا
				·			, . ▶ 📖
Partionly,		cluding 1120-C filers), partnerships,	REMICs.	and trusts must use For	m 7004 to request an e	extension of tir	me
			, L_,,,, oo,		Enter filer's identify	/ing number, see	: instructions
to file incom	e tax returns	s. cempt organization or other filer, see instr	ructions.		Employer identific	ation number (E	EIN) or
Type or	Name of ex	Rempt organization of other more per					
-		DECAID INTER		,	X 31-15429	73	
print	GENERA	TIONS UNITED reet, and room or suite no. If a P.O. box,	see instruct	ions.	Social security nu	mber (SSN)	
File by the due date for	I .		000 (1701,000				
filing your 1331 H STREET, IW					<del>,</del>		
return, See instructions.	1 -		lorcigit deel				
	WASHIN	GTON, DC 20005	(file = 50	parate application for ex	ach return)		. 0 1
Enter the R	eturn code f	or the return that this application is for	or (file a se	parate application for ea	actification,		
·				Auulinellou			Return
Application	า		Return	Application			Code
ls For			Code	Is For			07
Form 990			01	Form 990-T (corporati	оп)		08
Form 990-E	3L		02	Form 1041-A	<u> </u>		09
Form 990-L			01	Form 4720	·		10
Form 990-l			04	Form 5227			11
Form 990-	r (sec. 401(a	a) or 408(a) trust)	05	Form 6069			12
Form 990-	T (trust other	than above)	06	Form 8870		:	12
101111-00							
■ The boo	ks are in the	care of BOOKKEEPER					
11,000		<del></del>					•
Telepho	ne No. 🕨	202 289-3979		FAX No. >			, [T]
15 46-0-05	i-ation d	oes not have an office or place of b	usiness in	the United States, chec	k this box		_لا • ب
• If this is	for a Group	Return enter the organization's fou	ır digit Grot	ть ехешьной илипры (	GEN)	If th	
f il lino lo	do aroup c	heck this box	f it is for pa	rt of the group, check th	nis box	▶ and att	ach
	L	od FINE of all members the extension	n is for.				
a list with t	uert an auto		oration regu	ired to file Form 990-T)	extension of time		
		00/4F 00 10 4-file the.	exempt org	anization return for the	organization named at	oove. The exte	ension is
	o organizati	on's return for:					
	ie organizau	vicer 20 11 or					
	calendar	year 20 11 or peginning	. 20	and ending		, 20	
▶ [_	tax year i	Degrining	,		•		
		tered in line 1 is for less than 12 mo	nths check	creason: Initial	return Final ref	turn	•
2 If the	e tax year en	tered in line it is for less than 12 mo	(1010, 01100				
ــــا	Change in	accounting period			•		
		n is for Form 990-BL, 990-PF, 9	00.T 472	0 or 6069 enter the	tentative tax less a	any	
3a If th	is applicatio	in is for Form 990-BL, 990-FT, 8	750-1, 472	0, 0, 0000, 0,110, 0,1	,	3a \$	
nonr	efundable c	redits. See instructions. on is for Form 990-PF, 990-T	4720 (	or 6060 enter any	refundable credits a		
b If th	ris applicat	on is for Form 990-PF, 990-1	, 4/20,	mont allowed as a crea	lit	3b \$	
estin	nated tax pa	syments made, include any prior ye	ar overpay	ment with this form if	required by using FFT		- 117
c Bala	ınce due. Sı	ubtract line 3b from line 3a. Include	your payl	ment with this torm, it	required, by doing at	3c \$ N	ONE
(Ele	ctronic Fede	ral Tax Payment System). See instr	uctions.	I with this Earn 000	8 see Form 8453-FC		
Caution.	If you are g	oral Tax Payment System). See insti- going to make an electronic fund	withdrawa	H WITH THIS FORM 680	U, 300 LUMI 0400°EC	, 0,10 101111	
	instructions.						(Rev. 1-2012)
	A . 6	erwork Reduction Act Notice, see Inst	ructions.			LOUIT GOOD	, (INEV. 1-2012)