Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A	For th	ne 201	6 calendar year, or tax year begi	nning	, 2016	, and ending	g			, 20	
_			C Name of organization					D Employer ide	ntific	ation number	
B	Check if a	pplicable:	GENERATIONS UNITED, 1	INC.			940	31-154	297	13	
	Addre		Doing business as								
		e change	Number and street (or P.O. box if mail is	not delivered to street addres	s)	Room/suite		E Telephone nu	mber	G.	
	-	l return	25 E STREET, NW, 3RD	FLOOR				(202) 28	9-3	3979	
	Final	return/	City or town, state or province, country,	and ZIP or foreign postal code				(===, ==			
	Amer		WASHINGTON, DC 20001	576 30				G Gross receipts	S	1,248	.106
		cation	F Name and address of principal officer:	DONNA BUTTS,	EXEC. I	DIRECTOR		H(a) Is this a grou			X No
	pend	ing	SAME AS ABOVE WASHING	A CONTRACTOR OF THE PROPERTY O				subordinates H(b) Are all subord			No
1	Tay-ey	empt st	1) ◀ (insert no.)	4947(a)(1)	or 527				st. (see instructions)	NC
<u>-</u>			WWW.GU.ORG) (Illisert IIO.)	4547 (a)(1)	01 527		Common response and the common section of th			
			nization: X Corporation Trust	Association Other		1 Vees of	ć	H(c) Group exemp		e of legal domicile:	DC
_	art I		immary	Association Other	-	L Year or	tormat	ion: 1907 W	State	of legal domicile:	DC
	-				TO TM	DDOVE TU	C TT	WES OF CL	ITT	DDFN	
•	1		y describe the organization's mission of TH AND OLDER PEOPLE THR								
nce		-	ICIES AND PROGRAMS FOR				URA	TION, PUB	TIC		
rna						Processing Strategic Colors	BARRETTE				
Activities & Governance	2			discontinued its operation					1 - 1		10
S	3	Numb	er of voting members of the governing	body (Part VI, line 1a) .		****			3		16.
es	4	Numb	er of independent voting members of t	the governing body (Part \	/I, line 1b) .				4		16.
viti.	5	Total	number of individuals employed in cale	endar year 2016 (Part V, li	ne 2a)				5		8.
cti	6	Total	number of volunteers (estimate if neces	sary)					6		25.
4	1 a	Total	unrelated business revenue from Part V	/III, column (C), line 12 .					7a		0.
_	b	Net u	nrelated business taxable income from	Form 990-T, line 34					7b		0.
				K.				Prior Year		Current Ye	
e	8	Contri	ibutions and grants (Part VIII, line 1h) .					1,170,91		1,230,	706.
enc	9	Progra	am service revenue (Part VIII, line 2g) .					99,12	_	1,	330.
Revenue	10	Invest	ment income (Part VIII, column (A), line	es 3, 4, and 7d)				5,54	6.		59.
ш.	11	Other	revenue (Part VIII, column (A), lines 5,	, 6d, 8c, 9c, 10c, and 11e)		[8,08	6.	16,	011.
	12		revenue - add lines 8 through 11 (must					1,283,67	5.	1,248,	106.
	13		s and similar amounts paid (Part IX, cold						0.	91,	950.
	14		its paid to or for members (Part IX, colu						0.		0.
S	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A),	lines 5-10)			590,47	2.	634,	975.
Expenses	16a		ssional fundraising fees (Part IX, column						0.		0.
кре	b	Total 1	fundraising expenses (Part IX, column (D), line 25) ▶	7,085	:					33.18
ω	17		expenses (Part IX, column (A), lines 11					620,13	6.	513,	450.
	18	Total	expenses. Add lines 13-17 (must equal	Part IX. column (A), line 2	25)			1,210,60		1,240,	
	19		nue less expenses. Subtract line 18 fron			100000000 NO 00 10 E		73,06			731.
or							Begin	ning of Current Y	$\overline{}$	End of Year	
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)			ŀ		774,36			223.
Ass Bal	21		liabilities (Part X, line 26)					228,51	_		556.
Vet	22		ssets or fund balances. Subtract line 21	18408 19 19 19 19 20 19 19 19 19 19 1				545,84	_		667.
	rtII		anature Block	i iioiii iiile 20				010/01	••	0001	007.
		•	of perjury, I declare that I have examined th	is return including accompa	anvina schedu	iles and statem	ente a	nd to the hest of	my l	knowledge and he	lief it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all inform	mation of whi	ch preparer has	any kn	owledge.	y .	knowledge and bei	noi, it is
			A MILLIA DIT	111				(111	1	(-)	
Sig	n		Signature of officer	2064	32%			Date	6/		
He			no. Ritte 6	xecutive Dire	ctor						
			Type or print name and title	xeconive pire	.01						
_		Print/	Type preparer's name	Preparer's signature		Date				PTIN	
Paid	1	5000 00 000000	HAEL J DEVLIN, CPA			2 2 2		Check	"		2
Pre	parer	_	CARETNO AND DUCAL	Michael J. D	when	10/30/1	7	self-employe		P0024553	
Use	Only		name SARFINO AND RHOAL		27502200			2		770 5500	
NA	th = ''		address >11921 ROCKVILLE PIKE, SU	A STATE OF THE PARTY OF THE PAR		2-2794		Phone no. 3	01-	-770-5500	
_			cuss this return with the preparer show)					. X Yes	No
For	Paper	rwork	Reduction Act Notice, see the separat	e instructions.						Form 990	(2016)

\mathbf{p}	3	7	

	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	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.
	THE ENDORING BENEFIT FOR ADD.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 174,963. including grants of \$) (Revenue \$)
	SPECIAL PROJECTS: THE ORGANIZATION IS COMMITTED TO INCREASING
	INTERGENERATIONAL PROGRAMS AND STRATEGIES TO CONNECT, SUPPORT AND
	PROMOTE UNDERSTANDING ACROSS GENERATIONS.
	(Code:)(Expenses \$ 427,248. including grants of \$)(Revenue \$) GRANDFAMILIES: THE ORGANIZATION'S NATIONAL CENTER ON GRANDFAMILIES WORKS TO PROMOTE POLICIES AND PROGRAMS TO HELP GRANDFAMILIES
	ADDRESS THE RANGE OF CHALLENGES THEY FACE INCLUDING THOSE RELATED
	TO HOUSING, LEGAL, EDUCATION, HEALTH AND MENTAL HEALTH, FAMILY RELATIONSHIPS, AND FINANCIAL ISSUES.
	REDATIONOTIFE, AND FINANCIAL TOUGH.
10	(Code:) (Expenses \$ 414,466. including grants of \$ 91,950.) (Revenue \$)
40	PUBLIC EDUCATION: THE PROGRAM INCLUDES IDENTIFYING BEST
	INTERGENERATIONAL PRACTICES, PRODUCING REPORTS, SPEAKING AND
	WRITING, WORKING WITH THE MEDIA, AND SHARING INFORMATION ABOUT
	GRANDPARENTS RAISING GRANDCHILDREN.
4d	Other program services (Describe in Schedule O.) ATTACHMENT 1
	(Expenses \$ 97,948. including grants of \$) (Revenue \$)
	Total program service expenses ► 1,114,625.
JSA	Form 990 (2016)

Par	LIV Checklist of Required Schedules			age .
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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)	828	.,	
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	_
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,	_		Х
6	Part III	5	-	
0	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	,		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
	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? <i>If "Yes,"</i>			
٠	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
2.50	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		X
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		Χ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	MA		
	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
С	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	20000 1107		
	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	-
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
6	Schedule D, Parts XI and XII	12a	Λ	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,	144		
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			2000
	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

art	Checklist of Required Schedules (continued)		Yes	N
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		2
3	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	
l 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 25a	24a		
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		
ia	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
D	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		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		\vdash
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		L
	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		
	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):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Į.
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		L
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
		37		
	Part VI	37		
	The the organization complete acceptule U and provide explanations in acceptule U for Part VI lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	

V 16-7F

Pal	Check if Schedule O contains a response or note to any line in this Part V			
	Check is observable of contains a response of flote to any line in this Fait V	• • •	Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	NAME OF THE OWNER, OWNE
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	70		
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	Denimary or
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			BI.
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		Castle.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	-	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		N. A.	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		No. of Street
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	_	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		7	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	N. S.	N. Vale	
	the organization is licensed to issue qualified health plans		1893	
	Enter the amount of reserves on hand			**
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X
n	IL YES THE ITTER BEARING AND TO CONDITION OF THE PROPERTY OF A PROPERTY OF A PARAMETER AND A P	7 / P		

GENF TIONS UNITED, INC. 31-1542973 Form 990 (2016) Part VI Governance, Management, and Disclosure For each "Yes" response to unes 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No 16 1a Enter the number of voting members of the governing body at the end of the tax year If there are 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. 1b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body?...... X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes

X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 Did the organization have a written whistleblower policy?....... X 14 14 Did the organization have a written document retention and destruction policy?....... Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request Another's website Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ►
BOOKKEEPER 25 E STREET, NW, 3RD FLOOR WASHINGTON, DC 20001 202-289-3979 20

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

Check if Schedule O contains a response or note to any line in this Part VII.................

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor	any related	orga	niza	tion	CO	mpen	sate	ed any current offic	er, director, or trus	stee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than control Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)MATTHEW E. MELMED	1.00									
CHAIR	0.	Х		Х				0.	0.	0
(2)WALTER L. JONES, JR.	1.00									
VICE CHAIR	0.	X		X				0.	0.	0
(3)BARB QUAINTANCE	1.00									
SECRETARY	0.	X		X				0.	0.	0
(4) JOSEPH P. CUTICELLI	1.00									
TREASURER	0.	X		X				0.	0.	0
(5)MARYLEE ALLEN	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(6)HON. GERALD HYLAND	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(7)DR. JACK ROWE	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(8)AMANDA CAVALERI	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(9)KARYNE JONES	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(10) PAMELA B. SMITH	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(11)SUSAN DREYFUS	1.00			(A) = 17						
BOARD MEMBER	0.	X						0.	0.	0
(12)MARY ANNE MASON	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(13)MARVIN WALDMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0
(14)LYNETTE FRAGA, PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	уе	es,	and I	Hig	hest Compensat	ed Employe	ees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	(do not check more than of box, unless person is both officer and a director/trust					an ee)	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	n from	(F) Estimated amount of other compensation
	related organizations below dotted line)	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
15) JANET MCULSKY	1.00									•	
BOARD MEMBER 16) JATRICE MARTEL GAITER BOARD MEMBER	1.00	X						0.		0.	0.
17) DONNA BUTTS EXECUTIVE DIRECTOR	40.00			х				133,640.		0.	25,941.
1b Sub-total	ection A .						* * *	0. 133,640. 133,640.		0.	0. 25,941. 25,941.
2 Total number of individuals (including but not reportable compensation from the organization	imited to the	nose l	iste				re	ceived more than	\$100,000 of		
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	r, or	tru ividu	iste	e, I	key e	mp	loyee, or highest	compensa	ted	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedul	le J for su	ıch	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npen	satio	on f	rom	any	uni	related organization	n or individ	ual	5 X
Section B. Independent Contractors									VVIII — 15 — 15 X 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
 Complete this table for your five highest com- compensation from the organization. Report c year. 											
(A) Name and business add	ress							(B) Description of se	rvices	C	(C) compensation
2 Total number of independent contractors (in more than \$100,000 in compensation from the				itec	to 0		e li	sted above) who	received		

GENE

Part VIII Statement of Revenue
Check if Schedule O contai

		Check if Schedule O contains a respoi	ise of flote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
ran	b	Membership dues	79,250.				
A G	0	Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts	C	Related organizations 1d					
	d	Troiding or gameations T T T T T T T					
ion	e	Coronnont granto (continuations) - 1					
but the	f	All other contributions, gifts, grants,	1,151,456.				
n di		and similar amounts not included above . 1f					
Co	g	Noncash contributions included in lines 1a-1f: \$		1 220 706			
<u>e</u>	h	Total. Add lines 1a-1f		1,230,706.			
Program Service Revenue			Business Code			SALES RELIGIONS	
è	2a	CONFERENCE REVENUE	900099	1,330.	1,330.		
Se	b						
Ž.	С						
Se	d						
ram	е						
ogi	f	All other program service revenue					
4	g	Total. Add lines 2a-2f		1,330.			
	3	Investment income (including divider	nds, interest,				
		and other similar amounts)		59.			59.
	4	Income from investment of tax-exempt bond	proceeds . ►	0.			
	5	Royalties	▶	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	1837.90	assets other than inventory					
	b	Less: cost or other basis					
	,	and sales expenses					
		Gain or (loss)					
	d	Net gain or (loss)	•	0.		THE PERSON NAMED IN COLUMN	and the same of the same of
					1 2 X X X X X X X X X X X X X X X X X X		
Jue	oa	Gross income from fundraising					
Other Revenue		events (not including \$					
Re		of contributions reported on line 1c).	0.				
her	849	See Part IV, line 18 a					
ō	b	Less: direct expenses b		0.			
	С	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities.		0.		NEW THE PARTY OF T	
	10a	Gross sales of inventory, less					
	(625, 24)	returns and allowances a	0.				
	b	Less: cost of goods sold b		and the second second		A STATE OF THE PARTY OF THE PAR	
	С	Net income or (loss) from sales of inventory.	Business Code	0.			
		Miscellaneous Revenue	-		derzyskapacennie 6	SEASON PORTUNE	
	11a	SUBLEASE INCOME	900099	6,000.	6,000.		+
	b	MISCELLANEOUS INCOME	900099	10,011.	10,011.		-
	С	<u></u>					+
	d	All other revenue					
	е	Total. Add lines 11a-11d		16,011.	VESTICAL PROPERTY OF THE SECOND	V. Philadelphia	
	12	Total revenue. See instructions		1,248,106.	17,341.		59.

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31-1542973

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X (A) Total expenses (C) (D) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 45,580. 45,580. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 46,370. 46,370. individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 0. Compensation of current officers, directors, 122,704. 1,410. 133,640. 9,526. trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 378,444. 347,477. 26,975. 3,992. Pension plan accruals and contributions (include 29,428. 26,661. 2,371. 396. section 401(k) and 403(b) employer contributions) 55,160. 49,974. 4,444. 742. 9 Other employee benefits 38,303. 34,702. 3,086. 515. 11 Fees for services (non-employees): 0 a Management 590. 590. 12,607. 42,744. 30,137. 0 d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 0. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 4,681 215,872. 211,191. (A) amount, list line 11g expenses on Schedule O.). ATCH 2 0. Advertising and promotion 11,452. 10,746. 706. Office expenses 48,364. 48,364. 14 Information technology...... 0. 15 98,866. 1,500. 97,366. 16 67,066. 66,767. 269. 30. 17 Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 6,203. 11,393. 5,190. 19 Conferences, conventions, and meetings 0. 20 0. Payments to affiliates........ 21 168. 168. Depreciation, depletion, and amortization 5,932. 5,932. 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.) aGRANT OVERHEAD 73,755. -73,755 PRINTING & PRODUCTION 2,196. 2,196. 1,518. 1,518. CPOSTAGE & SHIPPING dBANK FEES 801. 152. 649 6,488. 6,158. 330. e All other expenses 1,240,375. 1,114,625. 118,665. 7,085. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) 0.

JSA 6E1052 1.000

Part X	Ba	ance	Sheet	t

		Check if Schedule O contains a response of	or not	e to any line in this Pa	art X		X
				,	(A) Beginning of year		(B) End of year
-	1	Cash non interest bearing			4,895.	4	34,712.
	2	Cash - non-interest-bearing		64,569.		50,918.	
		Savings and temporary cash investments	335,067.		252,824.		
	3	Pledges and grants receivable, net	8,100.		600.		
	4	Accounts receivable, net Loans and other receivables from current and			0,100.	4	600.
	5						
		trustees, key employees, and highest co	0	5	0		
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	0.	5	0.		
		and sponsoring organizations of section 501(c)(9) volu	intary	employees' beneficiary	0.	6	0.
ts	_	organizations (see instructions). Complete Part II of Sche	eaule L		0.	-	0.
Assets	7	Notes and loans receivable, net			0.		0.
Ÿ	8	Inventories for sale or use			2,670.		1,522.
	9	Prepaid expenses and deferred charges	· · ·	; · · · · · · · · · ·	2,010.	9	1,322.
	10 a	Land, buildings, and equipment: cost or	4.0	8,518.			
		other basis. Complete Part VI of Schedule D	10a		1 100		0.4.0
		Less: accumulated depreciation	$\overline{}$	10. • MARCON CONT.	1,109.		940.
	11	Investments - publicly traded securities	349,253.		359,007.		
	12	Investments - other securities. See Part IV, line 11		12	0.		
	13	Investments - program-related. See Part IV, line 11		13	0.		
	14	Intangible assets			14	0.	
	15	Other assets. See Part IV, line 11		8,700.		8,700.	
_	16	Total assets. Add lines 1 through 15 (must equal			774,363.		709,223.
	17	Accounts payable and accrued expenses			79,919.		107,320.
	18	Grants payable			18	0.	
	19	Deferred revenue	AŢÇḤ.3[139,908.		33,664.	
	20	Tax-exempt bond liabilities				20	0.
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	ormer	officers, directors,			
Ξ		trustees, key employees, highest compen					
Liabilities		disqualified persons. Complete Part II of Schedule			0.	22	0.
\Box	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	0.
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			8,690.	25	8,572.
	26	Total liabilities. Add lines 17 through 25			228,517.	26	149,556.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
anc	27	Unrestricted net assets			180,199.	27	243,358.
Bal	28	Temporarily restricted net assets			365,647.	28	316,309.
þ	29	Permanently restricted net assets	0.	29	0.		
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here and			
ts	30	Capital stock or trust principal, or current funds .	27 Jan 1980		30		
sse	31	Paid-in or capital surplus, or land, building, or equ		31			
As	32	Retained earnings, endowment, accumulated inco		32			
Vet	33	Total net assets or fund balances		545,846.		559,667.	
_	34	Total liabilities and net assets/fund balances			774,363.		709,223.
					2000 Land 1000 L		Form 990 (2016)

١,	_	A	4
	Page	1	4

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2	48,3	106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,240,37			
3						731.
4	그렇게 있는데 하지만 하는데 하면 되었다면 하는데 하면 이렇게 하면 하게 하는데 하는데 하는데 하는데 하는데 되었다면 하는데			545,84		
5				6,0		090.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5	59,6	667.
Part	. 0					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in			
	Schedule O.					0870
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	ight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?				Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	ı in			.,
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Internal Revenue Service

Department of the Treasury ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number GENERATIONS UNITED, INC. 31-1542973 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990 or 990-EZ) 2016

(D)

(E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			•	· · · · · · · · · · · · · · · · · · ·		
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,045,127.	1,421,892.	1,086,283.	1,170,918.	1,230,706.	5,954,926.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,045,127.	1,421,892.	1,086,283.	1,170,918.	1,230,706.	5,954,926.
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						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						3,211,727.
9.73	tion B. Total Support			34 S			2,743,199.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,045,127.	1,421,892.	1,086,283.	1,170,918.	1,230,706.	5,954,926.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	1,970.	87.	261.	5,546.		7,923.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		10,193.	6,119.	2,086.	10,011.	28,409.
11	Total support. Add lines 7 through 10						5,991,258.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	227,033.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Server -	tion C. Computation of Public Sup		Y				45.79%
14	Public support percentage for 2016 (lin	경향 마이트 하나 그 전한 모든 하나 하는 것이 없는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하	이 사용이 되었는데 아내로 하지 않는데 모든 사람들이 아니다. 나를 되어				43.63%
15	Public support percentage from 2015					23400% or may	10 10
168	331/3% support test - 2016. If the o this box and stop here. The organization						
h	331/3% support test - 2015. If the o						
	check this box and stop here . The orga	17 Table					12 (2)
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets the					TO THE POST OF STATE OF STATE OF STATE	and the control of the first
	organization					CANADA SONO A MANAGAMAN CONTRACTOR TO THE	
b	10%-facts-and-circumstances test - 2						
-	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization						42
18	supported organization Private foundation. If the organization						
STUE	instructions						

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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.)

ion A. Public Support dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
					(6) 2010	(f) Total
				· Common Station	X-7-5-15	1-7
received. (Do not include any "unusual grants.")						
Gross receipts from admissions, merchandise						
sold or services performed, or facilities						
eroco a cestro se se del Broto en una con entraca de activación de materia material de activación de la contraction de l						
		-				
SALVANTARIA SALVANTARIA A MARINARIA MARINARIA MARINARIA MARINARIA						
						7
received from other than disqualified						
persons that exceed the greater of \$5,000						
or 1% of the amount on line 13 for the year						
Add lines 7a and 7b						
and a contract of the state of						
	(a) 2012	(b) 2012	(a) 2014	(4) 2015	(a) 2016	(f) Total
	(a) 2012	(b) 2013	(c) 2014	(a) 2015	(e) 2016	(f) Total
하지 않아 가면 보면 있었습니다. 그는 사람들은 얼마를 하지 않는데 하는데 하는데 하는데 하는데 하면 하셨습니다. 그렇는데 보다 다른데 다른데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는데 하는						
그렇게 하고 있다면 나를 맞는데 하면 하고 있다면 하지만 하지만 하면 하면 하면 없다면 하는데 이번 하다면 하는데 하다.						
rents, royalties and income from similar						
sources						
Unrelated business taxable income (less						
section 511 taxes) from businesses						
15 In the second of the second						
Add lines 10a and 10b						
Net income from unrelated business						
10 12 10 13 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15						
carried on						
Other income. Do not include gain or						
loss from the sale of capital assets						
(Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11,						
and 12.)						
요즘 맛이 하지 않는데 가장 그렇게 하면 하면 하면 하면 하는데 하는데 되었다면 하셨다면 하는데 없는데 하는데 하다.	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
organization, check this box and stop here.						▶
					20	
Public support percentage for 2016 (line 8,	column (f) divid	ed by line 13, colu	mn (f))		15	%
Public support percentage from 2015 Sche	dule A, Part III, lin	ne 15			16	%
			13, column (f))	1 2 5 5000000 2	17	%
					18	%
					AND SHIP COURT OF TAXABLE	
'	in a district and a second in the control of the co					
			•			100
1.000	2.3 1.50 011000	_ por on mic	,		Schedule A (Form 9	
foot for Aranga Aranga Aranga III and Aranga III and I	furnished in any activity that is related to the organization's tax-exempt purpose	furnished in any activity that is related to the organization's tax-exempt purpose	furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	furnished in any activity that is related to the organization's tax-exempt purpose	turnished in any activity that is related to the organization's tax-exempt purpose. Goss receipts from activities that are not an unrelated trade or business under section 513 . Tax revenues levided for the organization's benefit and either paid to or expended on its behalf . The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons . Amounts included on lines 2 and 3 received from other than disqualified persons or 1% of the amount on line 13 for the year Add lines 7a and 7b. Total ary year (or fiscal year beginning in) but in the public support. (Subtract line 7c from line 6,) . Total from line 6, . Goss income from interest, dividends, payments received on securities loans, entities root in the security of the security	turnished in any activity that is related to the organization's tax-exempt purpose . Gross recepts from activities that are not an unrelated trade or business under section 513 . Tax revenues levided for the organization's benefit and either paid to or expended on its behalf . The value of services or facilities furnished by a governmental unit to the organization without charge . Total. Add lines 1 through 5 . Amounts included on lines 1, 2, and 3 received from disqualified persons . Amounts included on lines 2 and 3 received from disqualified persons . Amounts included on lines 2 and 3 received from disqualified persons . Amounts included on lines 2 and 3 received from disqualified persons . Add lines 7a and 7b . Lines and 7b .

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting (Organizations
-----------------------------	---------------

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	Supporting Organizations (continued)			age O
(III anni i			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations		Voc	No
			res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	_		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctionel	
Ü				No
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	6	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			n in Part \//\ Cas
instructions. All other Type III non-functionally integrated supporting organi			
	Lationo	200000000000000000000000000000000000000	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		(0)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
70			(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	Т,		, , , , , , , , , , , , , , , , , , ,
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall		ted Type III supporting	organization (see
instructions).	,	Jes capporting	- 3a

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016						
2	(reasonable cause required-explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
С	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а							
b	Excess from 2013						
С	Excess from 2014						
d	Excess from 2015						
е	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

FORM 990, SCHEDULE A, PART II, SECTION B, LINE 10

OTHER INCOME CONSISTS OF NON-RECURRING INCOME FROM MISCELLANEOUS SOURCES

THAT ARISES FROM ACTIVITIES INCIDENTAL TO THE ORGANIZATION'S NORMAL OPERATIONS.

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. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

GENERATIONS UNITED, INC. 31-1542973 Organization type (check one): Filers of: Section: 501(c)(3)) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2016)

Employer identification number 31-1542973

Part I	Contributors (See instructions). Use duplicate copies of F	Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	VARIOUS CONTRIBUTORS UNDER 2% 25 E STREET NW 3RD FLOOR	\$142,612.	Person X Payroll Noncash
	WASHINGTON, DC 20001		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$174,348.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	MEMBERSHIP DUES <2% 25 E STREET NW 3RD FLOOR WASHINGTON, DC 20001	\$44,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 31–1542973

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_		\$90,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$85,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$ 48,965.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$ 47,345.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$95,936.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization GENERATIONS UNITED, INC.

Employer identification number

31-1542973

Part II	Noncash Property (See Instructions). Use duplicate copies 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 UNLLED, INC.

Employer identification number 31–1542973

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization	he year from any o	one contributor. (Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition			ee instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use	25. 1010	(d) Description of how gift is held
			-	
		(e) Transfe	er of gift	•
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
			Aller .	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transfe	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
	-			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
3 <u></u> 9				
		(e) Transfe	er of gift	
	Transferee's name, address, and	d ZIP + 4	Relatio	nship of transferor to transferee
			Y	

JSA 6E1255 1.000

SCHEDULE C (Form 990 or 990-EZ)

Policial Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

		on roini 330, raitiv, inte 4, or roin			
		that have filed Form 5768 (election u			
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elec	tion under section 501(h	i)): Complete Part II-B. Do no	ot complete Part II-A.
Tax)	(see separate instructions), the		y Tax) (see separate i	nstructions) or Form 990-	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) org	janizations: Complete Part III.		F114-	
					ntification number
	NERATIONS UNITED, IN	The state of the s		31-154	
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see	instructions for definition
	of "political campaign activity	ties")			
2	Political campaign activity e	expenditures (see instructions)		▶ \$	
3	Volunteer hours for political	campaign activities (see instruction	ons)		
Par	rt I-B Complete if the	organization is exempt under	section 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	i5 ▶ \$	
2	Enter the amount of any exc	cise tax incurred by organization n	nanagers under sect	ion 4955 ▶ \$	
3	If the organization incurred	a section 4955 tax, did it file Form	4720 for this year?		. Yes No
h	If "Yes," describe in Part IV.				
		organization is exempt under	section 501(c) e	cent section 501(c)(3	1
-					·/·
1		expended by the filing organization			
•					
2	527 exempt function activiti	ng organization's funds contribute	d to other organizat	ions for section ▶\$	
3		enditures. Add lines 1 and 2. E			
4	Did the filing organization fil	e Form 1120-POL for this year?.			. Yes No
5	Enter the names, addresses	and employer identification num	ber (EIN) of all section	on 527 political organiza	ations to which the filing
		ts. For each organization listed, e			
		tributions received that were pror			
	as a separate segregated fur	nd or a political action committee	(PAC). If additional sp	pace is needed, provide i	nformation in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(4)					
(1)			-		
(2)			-		
(3)			4		
0.07					
4)			-		
5)					
6)					
-000					
	Panarwork Paduction Act Notice	see the Instructions for Form 990 c	r 990 E7	Sahadul	o C (Form 990 or 990 E7) 2016

ch	edule C (Form 990 or 990-EZ) 2016 GENF	TIONS UNITED, INC.	31-15	542973 Pag	e 2
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	illed Form 5768 (elec	tion under	
4		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's	
3	Check ▶ if the filing organization	checked box A and "limited control" provisi	ons apply.		
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)			
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	8,454.		
		a and 1b)	8,454.		
			1,106,171.		
		d lines 1c and 1d)	1,114,625.		
		e amount from the following table in both			
	columns.		186,463.		
	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.			

- 1				
	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	5% of line 1f)	46,616.	
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0	0.	0

Yes No

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 separate instructions for lines 2a through 2f.)

	Lobbying Expendi	tures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	196,188.	199,217.	189,392.	186,463.	771,260.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,156,890.
c Total lobbying expenditures	1,040.	1,178.	4,225.	8,454.	14,897.
d Grassroots nontaxable amount	49,047.	49,804.	47,348.	46,616.	192,815.
e Grassroots ceiling amount (150% of line 2d, column (e))					289,223.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

For each "Ves" response on li	ines 1a through 1i below, provide in Part IV a detailed (a)		(b)		
description of the lobbying activity.	Yes No		Amou	ınt	
legislation, including any att					
a Volunteers?	Undo company display in a management of the latest the same of the latest the				
	clude compensation in expenses reported on lines 1c through 1i)?.				
d Mailings to members, legislate	ors, or the public?				
e Publications, or published or b	proadcast statements?				
	for lobbying purposes?				
g Direct contact with legislators	s, their staffs, government officials, or a legislative body?				
	nars, conventions, speeches, lectures, or any similar means?				
		-			
	se the organization to be not described in section 501(c)(3)?				
	Iny tax incurred under section 4912				
	ed a section 4912 tax, did it file Form 4720 for this year?				
	ganization is exempt under section 501(c)(4), section 501(c)(5), or se	ectio	n		
301(0)(0).				Yes	No
1 Were substantially all (90% or	more) dues received nondeductible by members?		1		
	y in-house lobbying expenditures of \$2,000 or less?				
	carry over lobbying and political campaign activity expenditures from the prior		3		
Complete if the or	ganization is exempt under section 501(c)(4), section 501(c)(5), or se	ectioi	n		
	hor (a) POTH Part III A lines 1 and 2 are anawared "No " OP (b) Par		lina	2 :-	
	her (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Par		, line	3, is	
501(c)(6) and if eit answered "Yes."	her (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part amounts from members		, line	3, is	
501(c)(6) and if eit answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible	r amounts from members	rt III-A	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the section 162 in the section 16	r amounts from members	rt III-A	, line	3, is	
501(c)(6) and if either answered "Yes." Dues, assessments and similar Section 162(e) nondeductible political expenses for which the Current year	r amounts from members	1 2a	, line	3, is	
501(c)(6) and if eit answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which to a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid).	1 1 2a 2b	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which to a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid).	1 2a 2b 2c	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which to a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 1 2a 2b	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). It is section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the	1 2a 2b 2c	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the answered expenses for which the answere expenses for which the carryover from last year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year?	1 2a 2b 2c	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). It section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indipolitical expenditures (see instructions)	1 2a 2b 2c 3	, line	3, is	
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). It section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indipolitical expenditures (see instructions)	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the action of a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the action of a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the answered expenses for which the answere series and similar to the control of the control of the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does does the organization and political expension and	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the answered expenses for which the answere series and similar to the control of the control of the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does the organization and political expenditure next to the excess does does the organization and political expension and	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and
501(c)(6) and if eith answered "Yes." 1 Dues, assessments and similar 2 Section 162(e) nondeductible political expenses for which the a Current year	r amounts from members le lobbying and political expenditures (do not include amounts of the section 527(f) tax was paid). I section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. amount on line 2c exceeds the amount on line 3, what portion of the agree to carryover to the reasonable estimate of nondeductible lobbying year? Indicate the political expenditures (see instructions) Transion Transion Transion	2a 2b 2c 3 4 5			and

Schedule C (Form 990 or 990-EZ) 2016

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number GENERATIONS UNITED, INC. 31-1542973 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 4 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b 2b C Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2016

▶\$

Par	t III Organizations Maintaining	g Collections of	Art, Hist	orical T	reasur	es,	or Oth	ner Simila	r Asse	ts (contii	nued)
3	Using the organization's acquisition	n, accession, and	other recor	ds, check	k any o	f the	follow	ing that ar	e a sign	ificant us	e of its
	collection items (check all that apply	·):		_							
a	Public exhibition		d	Loan	or excha	ange	program	ns			
b	Scholarly research		е	Other							
C	Preservation for future genera										
4	Provide a description of the organia	zation's collections	s and expla	ain how t	hey fur	ther	the org	ganization's	exempt	purpose	in Part
	XIII.										
5	During the year, did the organization									_	
	assets to be sold to raise funds rathe		ained as pa	irt of the o	organiza	ation'	s collec	ction?		Yes	No
Par	Complete if the organization 990, Part X, line 21.	•	s" on Forn	n 990, Pa	art IV, I	ine 9), or re	ported an	amoun	t on Form	1
1a	Is the organization an agent, trustee	e, custodian or othe	er intermed	liary for c	ontribut	ions	or other	r assets not	_		
	included on Form 990, Part X?								[Yes	No
b	If "Yes," explain the arrangement in	Part XIII and com	plete the fol	llowing tab	ole:						
								Ar	nount		
C	Beginning balance	* * * * * * * * *				1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance										
	Did the organization include an amo								-	Yes	No
b	If "Yes," explain the arrangement in	Part XIII. Check h	ere if the ex	xplanation	has bee	en pr	ovided	on Part XIII			
Par							-				
	Complete if the organization				_						
		(a) Current year	(b) Prio	or year	(c) Two	o year	s back	(d) Three ye	ars back	(e) Four ye	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	- : - : - : - : - : - : - : - : - : - :										
q	End of year balance										
2	Provide the estimated percentage of	of the current year	end balanc	e (line 1g,	column	(a))	held as	:			
а	Board designated or quasi-endowme	ent ►	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	* * * * * * * * * * * * * * * * * * *									
	The percentages on lines 2a, 2b, an	in control of the control of the state of the control of the contr									
3 a	Are there endowment funds not in the	he possession of t	he organiza	ation that	are held	d and	d admir	nistered for	the	1	
	organization by:										es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related					?				3b	
4	Describe in Part XIII the intended us										
Par	Land, Buildings, and Equip Complete if the organizati	oment. ion answered "Ye	es" on For	m 990 F	Part IV	line	11a S	ee Form 9	90 Par	t X line	10
_	Description of property		r other basis	(b) Cost				cumulated) Book value	
		-	stment)	(0	ther)		depr	eciation			
1 a	Land					_					
b	Buildings					+					
C	Leasehold improvements				0 51	10		7 570			040
d	Equipment	54 54 52 545			8,51	rg.		7,578.			940.
<u>e</u>	Other	(1)	000 D: 1	V action	- (D) 1'	- 10	- 1				940.
Tota	I. Add lines 1a through 1e. (Column ((a) must equal Fori	m 990, Part	x, columi	rı (B), lin	ie 10	C.)	•			240.

Part VII		d "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	, , , , , , , , , , , , , , , , , , , ,	Cost or end-of-year market value
	ial derivatives		
	y-held equity interests		
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII			
		"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	l "Voc" on Form 000	, Part IV, line 11d. See Form 990, Part X, line 15.
		scription	
(1)	(a) De	scription	(b) Book value
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	
Part X	Other Liabilities.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
ı.	(a) Description of liability	(b) Book valu	е
	ral income taxes		
(2) DEFE	RRED LEASE LIABILITY	8,	572.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 8,5	572.
			he organization's financial statements that reports the if the text of the footnote has been provided in Part XIII

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	1,254,196.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,090.
3	Subtract line 2e from line 1	3	1,248,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1,248,106.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,240,100.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,240,375.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e 3	1,240,375.
3	Subtract line 2e from line 1	3	1,240,373.
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 XIII.)	4c	
С 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,240,375.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

JSA

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 GENF TIONS UNITED, INC.

31-1542973

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2016

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

2016

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

GEN	ERATIONS UNITED, INC.				31-15429	/3
Par	General Information of Form 990, Part IV, line 14	n Activities C	Outside the U	nited States. Complete	if the organization answer	red "Yes" on
1	For grantmakers. Does the orga				() [2017년 1917년 12 - 1917년 12 1일, 2017년 12 12 12 12 12 12 12 12 12 12 12 12 12	
	assistance, the grantees' eligibil					
	grants or assistance?					X Yes No
2	For grantmakers. Describe in	Part V the org	ganization's p	rocedures for monitoring	the use of its grants	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as,	(e) If activity listed in (d) is a program service,	(f) Total expenditures for
		region	agents, and	fundraising, program services,	describe specific type of	and investments
			independent contractors	investments, grants to recipients located in the region)	service(s) in the region	in the region
_			in the region			
(1)						
(2)						
(3)						
00000						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
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(15)						
(16)						
(17)						
3 a						
b						
_	sheets to Part I					
G	I ULAIS LAUU IIILES JA AIIU JD)					

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

Schedule F (Form 990) 2016

GENERATIONS UNITED, INC.

Schedule F (Form 990) 2016

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

Part IV, line 15, for	r any recipient who rec	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed	Part II can be d	Iuplicated if addit	ional space is	needed.		6
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			IMPROVE VACC					
(1)		EAST ASIA/PACIFIC	NATION RATES	26,300.	WIRE TRANSFE			
(2)		EUROPE/ICELAND/GREENLAND	IMPROVE VACC	20.070	WIRE TRANSFE			
(3)								
(4)								
(9)								
(9)								
(1)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that by the IRS, or for which the grantee or counsel has provided a	ient organizations listed a grantee or counsel has pr	bove that are recognized as charities by the foreign country, recognized as tax-exempt rovided a section 501(c)(3) equivalency letter ▶	charities by the f quivalency letter	foreign country, rec	ognized as tax-	exempt		
3 Enter total number of other organizations or entities.	organizations or entities.					A		2.

Schedule F (Form 990) 2016

31-1542973

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Part III Ξ (3) (2) 4 (2) (9) (1 (8) 6) (11) (13) (14) (16) (11) (18) (10) (12)(15)

V 16-7F

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V Supple

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONTIORING OF GRANTS TO FOREIGN ORGANIZATIONS

GU MONITORS GRANTS TO FOREIGN ORGANIZATIONS BY EVALUATING MONTHLY AND

YEAR-END PROGRESS REPORTS RECEIVED FROM THE FOREIGN GRANT RECIPIENTS.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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545-0047	9	
-	0	
No	3	
OMB	9	
\Box		

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Part | General Information on Grants and Assistance

GENERATIONS UNITED, INC.

Name of the organization

Employer identification number	31-1542973	

-	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	bstantiate the	e amount of the	grants or assistar	ice, the grantees'	eligibility for the grants	s or assistance, and	
	the selection criteria used to award the grants or assistance?	s or assistance	e?				$\overline{}$	X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ures for mon	itoring the use	of grant funds in the	United States.			
Part II	II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form	omestic Org	lanizations an	d Domestic Gov	ernments. Com	olete if the organiza	ation answered "Ye	s" on Form
	990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ent that rec	eived more tha	an \$5,000. Part II	can be duplicate	ed if additional spac	e is needed.	
29	1 (a) Name and address of organization or government	(b) 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 noncash assistance	(h) Purpose of grant or assistance
(1)	(1) GERONTOLOGICAL SOCIETY OF AMERICA							IMPROVE VACCINATION
,,	1220 L STREET NW WASHINGTON, DC 20005	52-1256181	501(C)(3)	20,000.				RATES
(2)	AMERICAN ACADEMY OF PEDIATRICS							IMPROVE VACCINATION
	141 NORTHWEST POINT BOULEVARD	36-2275597	501(C)(3)	10,000.				RATES
(3)	(3) LEADINGAGE							RESEARCH SENIOR
1,4	2519 CONNECTICUT AVE, NW	13-6213525	501(C)(3)	15,580.				HOUSING.
(4)								
(2)								
(9)								
9								
(8)								
6)				î				
(10)								
(11)								
(12)								
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations list	ted in the line 1 tab	le		▲ : : : : : : : : : : : : : : : : : : :	
က	Enter total number of other organizations listed in the line	ed in the line	1 table			1 table	A · · · · · · · · · · · · · · · · · · ·	

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

25060

Schedule I (Form 990) (2016)

GENERATIONS UNITED, INC.

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2016)

Part III Grants and

	Something of the second of the	oo io iloogod.				
	(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						
က						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I, I	line 2, Part III, c	olumn (b); and any otl	her additional

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION SCREENS GRANT APPLICATIONS TO ENSURE THAT ONLY ELIGIBLE

ORGANIYATIONS RECEIVE THE GRANTS.

25060

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.
► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

31-1542973 GENERATIONS UNITED, INC.

Pari	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	explain	1b		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
		-		

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

Schedule J (Form 990) 2016

GENERATIONS UNITED, INC.

Page 2

Schedule J (Form 990) 2016

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		bne C.W. of workdown	of W.2 and/or 1000 Mis	for 1000 MISC componention				
		(a) Dicardowill	NA-Z BIIGIOI 1099-INI	So compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DONNA BUTTS	Θ	128,440.	. 5,200.	0	8,316.	17,625.	159,581.	
1EXECUTIVE DIRECTOR	€	0	.0	0				
	E							
2	€							
	€							
ဗ	€							
	€							
4	€							
	8							
5	€							
0	8							
9	(ii)							
	€							
7	€							
	(E)							
8	€							
	(i)							
6	(i)							
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11	€							
	Ξ							
12	€							
	€							
13	(E)							
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15	Œ							
	Ξ							
16	(E)							
							Sch	Schedule J (Form 990) 2016

V 16-7F

GENERATIONS UNITED, INC.

Page 3

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

25060

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.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization

GENERATIONS UNITED, INC.

Employer identification number 31-1542973

FORM 990, PART VI, SECTION B, LINE 11A FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AFTER PREPARATION BY AN INDEPENDENT CPA. AFTER THE EXECUTIVE DIRECTOR'S REVIEW IS COMPLETE, THE 990 IS DISTRIBUTED TO ONE OR MORE OFFICERS FOR REVIEW AND THEN TO THE ENTIRE 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.

FORM 990, PART VI, SECTION B, LINE 12 CONFLICT OF INTEREST POLICY

GENERATIONS UNITED 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

Employer identification number 31-1542973

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

FORM 990, PART VI, SECTION A, LINE 2

A FAMILY RELATIONSHIP EXISTS BETWEEN BOARD MEMBERS MATTHEW MELMED AND

LYNETTEE FRAGA.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS

EXPENSES

REVENUE

MEMBERSHIP

97,948.

ATTACHMENT 1

TOTALS

97,948.

Schedule O (Form 990 or 990-EZ) 2016				Page 2
Name of the organization			Employer identific	
GENERATIONS UNITED, INC.			31-1542	973
			ATTACHMENT	2
FORM 990, PART IX - OTHER FEES				
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
CONSULTANTS	215,872.	211,191.	4,681.	
TOTALS	215,872.	211,191.	4,681.	
FORM 990, PART X - DEFERRED REVENUE	:		ATTACHMENT	3
DESCRIPTION	BEGINNI BOOK V	ALUE	ENDING BOOK VALUE	
DEFERRED REVENUE		9,908.	33,6	
TOTALS	139	9,908.	33,6	64.

Form 8868

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

A	Marth Fatancia of Time Called				TOMO.	
Automatic	6-Month Extension of Time. Only subm	nit original	(no copies needed).			
All corporation	ns required to file an income tax return other	er than For	rm 990-T (including 112	0-C filers), partnership	s, REMI	Cs, and trusts
must use For	m 7004 to request an extension of time to	tile income	tax returns.			
	Name of exempt organization or other filer, see in	netructions		Enter filer's identify		
Type or	reality of oxion programme and of outer mor, one	isti uctions.		Employer identification	number (l	EIN) or
print	GENERATIONS UNITED, INC.			21 15400	72	
	Number, street, and room or suite no. If a P.O. bo	ox. see instru	ections	31-15429		
	25 E STREET, NW, 3RD FLOOR	, , , , , , , , , , , , , , , , , , ,	iotiono,	Social security number (SSN)	
return. See	City, town or post office, state, and ZIP code. For	r a foreign ac	dress, see instructions	L		
instructions.	WASHINGTON, DC 20001					
		in for /file				[0]1
Enter the Rett	urn Code for the return that this application	is for (file	a separate application to	or each return)		01
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or F	Form 990-EZ	01	Form 990-T (corporat	ion)		07
Form 990-BL		02	Form 1041-A			08
Form 4720 (in	dividual)	03	Form 4720 (other tha	n individual)		09
Form 990-PF		04	Form 5227			10
Form 990-T (s	sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (t	rust other than above)	06	Form 8870			12
	BOOKKEEPER					
 The books : 	are in the care of \triangleright 25 E STREET, NW	, 3RD F	LOOR WASHINGTON	DC 20001		
G.,						
Telephone I	No. ► _202 289-3979		Fax No. ▶			
 If the organ 	ization does not have an office or place of	business in	the United States chec	k this boy		▶□
 If this is for 	a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GEN)		If this is
TOT THE WHOLE S	group, check this box	i it is for pa	art of the group, check to	nis box ▶	and	attach
a list with the r	names and EINs of all members the extensi	ion is for.			######################################	
1 I request	an automatic 6-month extension of time un	ntil	<u>11/15</u> , 20 <u>1</u>	$\frac{7}{2}$, to file the exemp	organiz	zation return
for the org	ganization named above. The extension is	for the orga	anization's return for:			
. 🐷						
A CE	alendar year 20 16 or					
► ta	alendar year 20 <u>16</u> or x year beginning	^{, 20}	, and ending	'	20	
			Page 200 CONT			
	year entered in line 1 is for less than 12 m	onths, chec	ok reason: I Initial re	turn Final return	ו	
3a If this an	inge in accounting period	00 T 4700) or COCO			
nonrefun	plication is for Forms 990-BL, 990-PF, 990-BL, 990-BL, 990-PF, 990-BL,	90-1, 4/20	o, or 6069, enter the t	entative tax, less any		
	pplication is for Forms 990-PF, 990-T,	4720			3a \$	0.
estimated	stax payments made. Include any prior yea	r Overnous	cont allowed as a sendit	rundable credits and		
c Balance	due. Subtract line 3b from line 3a. Include	vour navm	ent with this form if rea	usined busseline FFTTO	3b \$	0.
(Electroni	ic Federal Tax Payment System). See instruc	ctions	on with this form, if rec	uned, by using EF1PS		^
	re going to make an electronic funds withdrawal		t) with this Form 9969	Form 0452 50 15	3c \$	0.
instructions.	- 35 to make an electronic funds milliawai	(anoot appl	with this Fulli 0000, Sec	Full 8453-EU and Form	88/9-E	J for payment
Committee of the local division in which the local division is not to be a second or the local division in the	and Paperwork Reduction Act Notice, see Instru	uctions.			F 00	68 (Pay 1.2017)

Mailed 5/1/17

Form 8868 (Rev. 1-2017)