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)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2018 Open to Public

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

A	or the	e 2018 calendar year, or tax year beginning , 2018, a	and ending		, 20	D			
_		C Name of organization		D Employer ide	ntification num	ber			
B	heck if ap	GENERATIONS UNITED, INC.		31-154	2973				
X	Addre chang	e Doing business as							
	Name	change Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone number (202) 289-3979				
	Initial	return 80 F STREET, NW	8TH FI	(202) 28					
	Final termin								
	Amen	WADNINGTON, DC 20001		G Gross receipts		,131,233			
	Applic		IRECTOR	H(a) Is this a gro subordinates		Yes X No			
		SAME AS ABOVE, WASHINGTON, DC 20001		H(b) Are all subord		Yes No			
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 52	7 If "No," at	tach a list. (see inst	ructions)			
		te: • WWW.GU.ORG		H(c) Group exem					
		of organization: X Corporation Trust Association Other	L Year of	formation: 1986 M	State of legal do	omicile: DC			
Pa	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: TO IMP	ROVE TH	E LIVES OF CH	HILDREN,				
Ce		YOUTH AND OLDER PEOPLE THROUGH INTERGENERATIONAL			LIC				
nar		POLICIES AND PROGRAMS FOR THE ENDURING BENEFIT F	OR ALL.						
Activities & Governance		Check this box If the organization discontinued its operations or disposed 			S.				
õ		Number of voting members of the governing body (Part VI, line 1a)			3	17.			
s o		Number of independent voting members of the governing body (Part VI, line 1b)			4	17.			
vitie		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	9.			
ctiv		Total number of volunteers (estimate if necessary)			6	50.			
<		Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 38			7b	4,585.			
				Prior Year		rent Year			
en		Contributions and grants (Part VIII, line 1h)		1,160,45		715,221.			
Revenue		Program service revenue (Part VIII, line 2g)		38,10		0.			
Rev		Investment income (Part VIII, column (A), lines 3, 4, and 7d).		11,23	- 10041760	5,981.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,25		6,000.			
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,224,05		727,202.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		140,41		147,635.			
		Benefits paid to or for members (Part IX, column (A), line 4)	and the second	CEE AA	0.	0.			
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		655,44	0.	694,015.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
Exp				E 20 00		CEA 070			
- 14-50 		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	이 가지 않는 것은 것이 많이	530,09		654,278.			
- 1		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-101,89		231,274.			
L S	19	Revenue less expenses. Subtract line 18 from line 12		Beginning of Current Y					
Net Assets or Fund Balances		Table access (Dark V. Kar. 40)		878,63		of Year 147,936.			
Asse Bala		Total assets (Part X, line 16)		426,58		481,912.			
und		Total liabilities (Part X, line 26)		452,05		666,024.			
Concession in the local division of the loca	rt II	Subtract line 21 from line 20		402700	1.	000,024.			
_		alties of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents and to the best of	my knowledge	and belief it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer has	any knowledge.	iny knowledge				
Sig	_	- Manua Vitts		10,	45/19				
Her		Signature of officer		Date					
	~	DONNA BUTTS EXECUTI	VE DIRE	CTOR					
		Type or print name and title	Data		DTIN				
Paid		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Prep	·	MICHAEL J DEVLIN, CPA Michael J. Devlin	10/22/	self-employe		45532			
	Only	Firm's name SARFINO AND RHOADES, LLP	Nicher-Str.	Firm's EIN ► 5					
Mar	46.0	Firm's address 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 20852-	2794	Phone no. 3	01-770-5				
		RS discuss this return with the preparer shown above? (see instructions).			X Ye				
For	Paper	work Reduction Act Notice, see the separate instructions.			Form	n 990 (2018)			

NEDATIONS UNITED INC

	GENERATIONS UNITED, INC. 31-1542973	_
_	rm 990 (2018)	Page 2
P	Part III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Χ
1	Briefly describe the organization's mission:	
	TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLDER PEOPLE THROUGH	
	INTERGENERATIONAL COLLABORATION, PUBLIC POLICIES, AND PROGRAMS FOR	
	THE ENDURING BENEFIT FOR ALL.	
_		
Z	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	• • • • • • • • • • • • • • • • • • • •	²¹ NO
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
ა	services?	X No
	If "Yes," describe these changes on Schedule O.	
4		asured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	,
4a	a (Code:) (Expenses \$ 599,835. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION: THE PROGRAM INCLUDES IDENTIFYING BEST	_'
	INTERGENERATIONAL PRACTICES, PRODUCING REPORTS, SPEAKING AND	
	WRITING, WORKING WITH THE MEDIA, SHARING INFORMATION ABOUT	
	GRANDPARENTS RAISING GRANDCHILDREN, AND PROMOTING	
	INTERGENERATIONAL SHARED SITES.	
4b	b (Code:) (Expenses \$ 491,776. 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.	
4c	c (Code:) (Expenses \$ 110,550. including grants of \$) (Revenue \$)
	MEMBERSHIP: TECHNICAL ASSISTANCE, COMMUNICATIONS (I.E. GTW),	_^
	INTEREST GROUPS AND COMMITTEES, AND ELEVATING INTERGENERATIONAL	
	PRACTICES.	
4d	d Other program services (Describe in Schedule O.) ATTACHMENT 1	
	(Expenses \$ 110,712. including grants of \$)(Revenue \$)	
4e	e Total program service expenses \blacktriangleright 1, 312, 873.	
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V 18-4.5F 25060

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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Х	
2	complete Schedule A	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	21	
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Δ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI,	10		
	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	Х	
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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12-	Х	
h	Schedule D, Parts XI and XII	12a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
b	"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		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			17
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	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 12 If "Yes," complete Schedule I, Parts Land II.	24	Х	
194	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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Part	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
	employees? If "Yes," complete Schedule J	23	Х	<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		<u> </u>
Ŭ	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		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		<u> </u>
	Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Х	
Berri	19? Note. All Form 990 filers are required to complete Schedule O.	38	Λ	L
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.			
			Yes	. No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			.10
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	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		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	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	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	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.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		Х
	excess parachute payment(s) during the year?	15		Δ
40	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		

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Part	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
Ũ	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
-+ 5	Did the organization make any signmeant enanges to its governing documents since the profession was need?	5		Х
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a		7a		Х
h	one or more members of the governing body?	14		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		х
•	stockholders, or persons other than the governing body?	10		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		x
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
0000	on b. Poneies (This becaon b requests information about policies not required by the internal Revenue	COUC	./ Yes	No
40-		10a		Х
	Did the organization have local chapters, branches, or affiliates?	Tou		
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	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	TTa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	21	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe in Schedule O how this was done	120	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	~ 1	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	<u> </u>	21	
b	Other officers or key employees of the organization	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	40-		х
_	with a taxable entity during the year?	16a		Δ
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	4.01		
0 a a t	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inter-	erest	policy	/, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record BOOKKEEPER 25 E STREET, NW, 3RD FLOOR WASHINGTON, DC 20001 202-289-3979	s 🕨		

Part VII	Compensation	of	Officers,	Directors,	Trustees,	кеу	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ontra	actors								
	Check if Schedule	e O d	contains a r	esponse or n	ote to any line	e in this	s 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unles	Pos heck ss pe	erson	e than o is both or/trust employee	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.	Х		Х				0.	0.	0.
(3)BARB QUAINTANCE	1.00									
SECRETARY	0.	Х		Х				0.	Ο.	0.
(4) JOSEPH P. CUTICELLI	1.00									
TREASURER	0.	Х		Х				0.	Ο.	0.
(5)MARYLEE ALLEN	1.00									
BOARD MEMBER	0.	Х						0.	Ο.	0.
(6)HON. GERALD HYLAND	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)DR. JACK ROWE	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)AMANDA CAVALERI	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)KARYNE JONES	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) PAMELA B. SMITH	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)SUSAN DREYFUS	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)SHELLEY LYFORD	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)MARVIN WALDMAN	1.00]							
BOARD MEMBER	0.	Х						0.	0.	0.
(14)LYNETTE FRAGA, PHD	1.00									
BOARD MEMBER	0.	Х						0.	0.	0.

JSA

Part VII Section A. Officers, Directors, T	ustees, Ke	y Em	ıplo	yee	es,	and I	ligl	hest Compensat	ed Employees (continue	d)
(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck is pe	more erson lirect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	com	(F) timated ount of other pensation
	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)	orga	om the anization I related inizations
5) MARY ANNE MASON BOARD MEMBER	1.00	X						0.	0.		(
.6) JATRICE MARTEL GAITER BOARD MEMBER	1.00	X						0.	0.		(
7) JANET MCULSKY BOARD MEMBER	1.00	X						0.	0.		(
.8) DONNA BUTTS	40.00			v							
EXECUTIVE DIRECTOR 9) JAIA PETERSON LENT DEPUTY EXECUTIVE DIRECTOR	0. 40.00 0.			X		x		145,112.	0.		23,979 14,962
		-									
		-									
1b Sub-total c Total from continuation sheets to Part VII, s								0.	0.		38,941
d Total (add lines 1b and 1c)							-	249,662.	0.		, 38,941
 Total number of individuals (including but nor reportable compensation from the organization Did the organization list any former officemployee on line 1a? If "Yes," complete Scheder 	on ► cer, directo	or, or	2 tru	Iste	e,	key e	mp	loyee, or highes	t compensated	3	Yes N
4 For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$15	50,0	00?	If	"Yes	," (complete Schedu	le J for such	4	X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	accrue co	mpen	satio	on f	fron	n any	un	related organizatio	on or individual	5	2
Section B. Independent Contractors	,										
 Complete this table for your five highest cor compensation from the organization. Report year. 											
(A) Name and business ac	ldress							(B) Description of se	ervices	(C) Compens	ation
ANA BELTRAN 4630 130TH AVE, SE BE	LLEVUE,	WA 9	980(06			С	ONSULTING		14	3 , 275.
							-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 1

25060

Form	990	(2018)	

Par	rt VII	Statement of Rever Check if Schedule O co		se or note to an	v line in this Part VI	11		X
		Check in Schedule O G			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its Its	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		97,950.				
a, G	c	Fundraising events						
Gift lar	d	Related organizations						
imi	- u	Government grants (contribu						
er S	f	All other contributions, gifts,						
ţţ	·	and similar amounts not include		1,617,271.				
onti od O	a	Noncash contributions included						
a ŭ	h	Total. Add lines 1a-1f			1,715,221.			
onu				Business Code				
ivel	2a							
Å	b							
Program Service Revenue	c							
	d							
am	e							
ogr	f	All other program service rev	venue					
P	g	Total. Add lines 2a-2f		►	0.			
	3	Investment income (in	cluding dividen	ds, interest,				
		and other similar amounts).		►	8,735.			8,735.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss).			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	401,277.					
	b	Less: cost or other basis						
		and sales expenses	404,031.					
	c	Gain or (loss)	-2,754.					
	d	Net gain or (loss)		►	-2,754.			
ne	8a	Gross income from fundra	aising					
ven		events (not including \$						
Rey		of contributions reported on	line 1c).					
Other Revenue		See Part IV, line 18						
đ	b	Less: direct expenses						
	с	Net income or (loss) from fu			0.			
	9a	Gross income from gaming						
		See Part IV, line 19						
		Less: direct expenses						
	c	Net income or (loss) from g			0.			
	10a	Gross sales of invent						
		returns and allowances						
	b	Less: cost of goods sold Net income or (loss) from sa	b		0.			
	C	Miscellaneous Revenu		Business Code	0.			
		SUBLEASE INCOME		900099	6,000.	6,000.		
	11a			500055	0,000.	0,000.		
	b			+				
	C d			+				
	d	All other revenue			6,000.			
	12 12	Total revenue. See instruction			1,727,202.	6,000.		8,735.

JSA 8E1051 1.000 89055J C021

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 147,635. 147,635 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 individuals. See Part IV, lines 15 and 16 0 0. 4 Benefits paid to or for members Compensation of current officers, directors, 5 169,091. 147,098. 18,096. 3,897. 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) 7 Other salaries and wages 415,013. 361,033. 44,413. 9,567. 8 Pension plan accruals and contributions (include 22,443. 19,524. 2,402. 517. section 401(k) and 403(b) employer contributions) 1,092. 47,364. 41,203 5,069. Other employee benefits 9 4,292. 40,104. 34,888. 924. 10 11 Fees for services (non-employees): 0 a Management 844. 844. 48,392. 48,392. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17. 2,826. 2,826. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 288,080. 287,937. 143. (A) amount, list line 11g expenses on Schedule O.) ATCH 2. 0. 12 Advertising and promotion 3,228. 1,211. 2,017. 13 58,403. 53,009. 4,633. 761. 14 Information technology 0. 15 Royalties 112,421. 97,799. 12,031. 2,591. Occupancy 16 100,102. 96,909. 2,670. 523. 17 18 Payments of travel or entertainment expenses 0. for any federal, state, or local public officials 12,591. 12,591. Conferences, conventions, and meetings 19 369. 369. 20 0. 21 7,298. 7,298. 22 Depreciation, depletion, and amortization . . . 5,303. 5,303. Insurance 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 7,941. 7,575. aPRINTING & PRODUCTION 366. **h**POSTAGE & SHIPPING 1,318. 300. 1,018. 929. 41 888. cBANK FEES dEQUIPMENT RENTAL & MAINTENAN 4,233. 4,120. 15. 98. e All other expenses 1,495,928. 1,312,873. 163,085. 19,970. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🍗 if

following SOP 98-2 (ASC 958-720)

0.

-		GENERATIONS UNITED, INC.		JT	1542973
-	n 990 (Page 11
Pa	rt X	Balance Sheet	ia Dart V		77
		Check if Schedule O contains a response or note to any line in th		•••	1
			(A) Beginning of year		(B) End of year
					3,781.
	1	Cash - non-interest-bearing	• •		698,613.
	2	Savings and temporary cash investments			46,152.
	3	Pledges and grants receivable, net	• •	-	40,152.
	4	Accounts receivable, net		4	0.
	5	Loans and other receivables from current and former officers, directo			
		trustees, key employees, and highest compensated employee		-	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section)	on 0.	5	0.
		4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employed	ers		
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficia	ary 0.		0.
ts	_	organizations (see instructions). Complete Part II of Schedule L		- V	0.
Assets	7	Notes and loans receivable, net	••	7	0.
Ř	8	Inventories for sale or use Prepaid expenses and deferred charges ATCH 3	2,291.		52,453.
	9			9	52,433.
	IUa	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 47, 27	79		
	h	Less: accumulated depreciation		100	32,010.
	11	Investments - publicly traded securities			306,227.
	12	Investments - other securities. See Part IV, line 11	• •		0.
	13	Investments - program-related. See Part IV, line 11		12	0.
	14	Intangible assets		15	0.
	15	Other assets. See Part IV, line 11			8,700.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,147,936.
	17	Accounts payable and accrued expenses			131,361.
	18	Grants payable	• •		0.
	19	Deferred revenue ATCH 4			346,482.
	20	Tax-exempt bond liabilities			0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.		0.
ŝ	22	Loans and other payables to current and former officers, directo			
Liabilities		trustees, key employees, highest compensated employees, a			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ξ.	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related this	rd		
		parties, and other liabilities not included on lines 17-24). Complete Part			
		of Schedule D	6,736.	25	4,069.
	26	Total liabilities. Add lines 17 through 25		26	481,912.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 a	nd		
čě		complete lines 27 through 29, and lines 33 and 34.	000 000		010.001
ılan	27	Unrestricted net assets		27	219,361.
ñ	28	Temporarily restricted net assets		28	446,663.
nnc	29	Permanently restricted net assets		29	0.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here at complete lines 30 through 34.	nd		
its	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	452,054.	33	666,024.
	34	Total liabilities and net assets/fund balances	878,635.	34	1,147,936.
					Form 990 (2018)

Form 99	90 (2018)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.				202.
1	Total revenue (must equal Part VIII, column (A), line 12) 1		-		928.
2	Total expenses (must equal Part IX, column (A), line 25) 2				274.
3	Revenue less expenses. Subtract line 2 from line 1 3)54.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments				304.
5				± , , ,	0.
6					0.
7 8					0.
° 9	Prior period adjustments 8 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))		6	66,0	024.
Part	XII Financial Statements and Reporting				
	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," explain	in			
	Schedule O.				
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 compiled	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 audited or	na			
	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 oversig	-		Х	
	of the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	7	
	If the organization changed either its oversight process or selection process during the tax year, explain	in			
	Schedule O.				
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		3a		Х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	· · ⊢			
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
				000	

 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.

OMB No. 1545-0047 2018

D		4 - f 4h - T		► A	Attach to Form 990 or F	orm 990-	EZ.		Open to Public
Department of the measury					Inspection				
Nam	e of th	e organization						Employer identifi	cation number
GE	NERA	TIONS UNI	TED, INC.					31-15429	73
Pa	rt I	Reason for	r Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	
The	orga	nization is not	a private fou	ndation because it	is: (For lines 1 throug	gh 12, ch	neck only	one box.)	
1		A church, con	vention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school desc	ribed in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 9	90 or 990)-EZ).)	
3		A hospital or a	a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical res	earch organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's nam	ne, city, and st	tate:					
5		An organizati	on operated	for the benefit of	a college or universi	y ownee	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, sta	te, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	Х	An organizati	on that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in s	ection 170(b))(1)(A)(vi). (Compl	ete Part II.)				
8		-			b)(1)(A)(vi). (Complete	,			
9		-		-			-	I in conjunction with a	
		-	or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state of	f the college or
		university:							
10		receipts from support from	activities rela gross investm	ited to its exempt f nent income and u	functions - subject to	certain e able inco	exception	ntributions, membersh is, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organizatio	on organized	and operated excl	usively to test for publ	c safety.	See sec	tion 509(a)(4).	
12		0	0	•	-	· ·		,	arry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
		Check the box	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		7 ·· ĕ	0		te Part IV, Sections A				
b								supported organization	.,,,,
			0		0	the sam	e persor	ns that control or man	age the supported
		7 ~	. ,	•	, Sections A and C.				
С					· ·			n with, and functional	ly integrated with,
		-	-		is). You must comple		-		
d			-	•		•		ection with its suppor	e .,
			2		· ·	2		oution requirement and	an attentiveness
					omplete Part IV, Sect				
e			0					hat it is a Type I, Type I	I, Type III
f	Ent	2	0 /	21	ionally integrated sup	porting o	organizat	lion.	
g				-	orted organization(s).				•••••
9		me of supported of		(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of
	(1) 148	and of supported (organization	(1) 211	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))		ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(0)									
(C)									
(D)									
(D)									
(E)									
/									
Tot	al								

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

Schedule A (Form 990 or 990-EZ) 2018

31-1542973

Page 2

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	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,086,283.	1,170,918.	1,230,706.	1,160,458.	1,715,221.	6,363,586.
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	1,086,283.	1,170,918.	1,230,706.	1,160,458.	1,715,221.	6,363,586.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						3,362,085.
6	Public support. Subtract line 5 from line 4						3,001,501.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,086,283.	1,170,918. 5,546.	1,230,706.	1,160,458.	1,715,221. 8,735.	6,363,586. 25,202.
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.)	6,119.	2,086.	10,011.	8,250.		26,466.
11	Total support. Add lines 7 through 10						6,415,254.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	170,815.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2018 (lin	ne 6, column (f)) divided by line	11, column (f)).		14	46.79%
15	Public support percentage from 2017					15	45.67%
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	•		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization						
	Part VI how the organization meets the			-			
	organization						
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization				_		
18	supported organization						
10	_						
	instructions						· · · 🛃 🖂

Schedule A (Form 990 or 990-EZ) 2018

25060

Schedule A (Form 990 or 990-EZ) 2018

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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		1			1	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) ⊺otal
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.) • • • • • • • • • • • • • • • • • •						
14	First five years. If the Form 990 is f	-					
0.00	organization, check this box and stop here						🕨
	tion C. Computation of Public Sup	•	-	(6)		4.5	0/
15	Public support percentage for 2018 (line 8		2 I			. 15	%
16 500	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen			12 column (f))		47	0/
17	Investment income percentage for 2018 (li					17	%
18	Investment income percentage from 2017 331/3% support tests - 2018. If the or					18	
isa							
F	17 is not more than 331/3%, check th 331/3% support tests - 2017. If the orga		-				
a	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA 221 1.0		in the one of		,, 101			990 or 990-EZ) 2018
U.I I کے							

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

31-1542973

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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 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.
- **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.
- c 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.
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)*.
- 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).
- **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**.
- **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.*
- c 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**.
- **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.*
 - **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.)

	GENERATIONS UNTIED, INC. 51-1342	.515		_
	le A (Form 990 or 990-EZ) 2018		I	Page 5
Part	Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		103	110
	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		
b	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			
			Yes	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? <i>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.</i>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons)	
a b c	 The organization satisfied the Activities Test. Complete line 2 below. 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 		ctions)	No
2	Activities Test. Answer (a) and (b) below.		res	No
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? <i>If "Yes," then in Part VI identify those supported organizations and explain</i> 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	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

		Page
nization	s	
-		
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
		Current Year
1		
2		
3		
4		
5		
6		
1	ig trust or izations n 1 2 3 4 5 6 7 8 7 8 11 12 3 4 5 11 12 13 14 15 14 15 14 15 14 15 14 15 14 15 16 7 2 3 4 5 1 2 3 4 5 3 4 5 3 4 5 3 4 5 5 5 6 <td>1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 3 4 5 1 2 3 4 5</td>	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 1a 1b 1c 1d 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 3 4 5 1 2 3 4 5

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedu Part	ILE A (Form 990 or 990-EZ) 2018 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page 7
	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			
-	organizations, in excess of income from activity	inpr purposes of support	ou -	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	eee ei eappeitea eigain		
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.	and organization is roop		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
с	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Page 8

Schedule A (Form 990 or 990-EZ) 2018

Part VI 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

GENERATIONS UNITED, INC.

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

31-1542973

	Organization	type	(check	one):
--	--------------	------	--------	-------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year \ldots **>** \$

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).

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			
1	VARIOUS CONTRIBUTORS UNDER 2% 25 E STREET NW 3RD FLOOR WASHINGTON, DC 20001	\$115,225.	Person X Payroll Noncash (Complete Part II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution			
2		\$119,489.	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		\$	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	MEMBERSHIP DUES <2% 25 E STREET NW 3RD FLOOR WASHINGTON, DC 20001	\$62,950.	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		\$77,793.	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		\$85,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)						
Name of organization	GENERATIONS	UNITED,	INC.			

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$272,914.	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		\$200,000.	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
9		\$99,189.	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
		\$40,000.	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
		\$69,892.	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
		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (201

Schedule B (Form 990, 99	0-EZ, or 990-PF) (2018))	
Name of organization	GENERATIONS	UNITED,	INC.

(a)	(b)	(2)	(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$207,462.	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
14		\$65,000.	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
		\$	Person 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
		\$	Person 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.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization	GENERATIONS	UNITED,	INC.	

Employer identification number 31–1542973

art II Nor	ncash Property (see instructions). Use duplicate copies of	of Part II if additional space is nee	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
		\$	

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)			
Name of organization GENERAT	IONS UNITED,	INC.	Employer identification number
			31-1542973

				51 1542575				
Part III	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) thro the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, ch							
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	e year. (Enter this in	formation once. S					
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held				
	·							
		(e) Transf	er of gift					
	Transferee's name, address, ar	nd 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) Transfer of gift							
	Transferee's name, address, ar	nd 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) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee				
(a) No.	(1) D	(-)						
from Part I	(b) Purpose of gift	(c) Use	orgin	(d) Description of how gift is held				
		(e) Transf	er of aift					
	Transferee's name, address, ar		Relationship of transferor to transferee					
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2018)				

Department of the Internal Revenue		► Comp	blete if the organization is described b ► Go to www.irs.gov/Form990 for		to Form 990 or Form 990- latest information.	EZ. Open to Public Inspection
			on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		16 (Political Campaign Activi	ties), then
		0	on 501(c)(3)) organizations: Complete F		Do not complete Part I-B.	
			plete Part I-A only.			
	0		on Form 990, Part IV, line 4, or Form	990-EZ, Part VI, line	17 (Lobbying Activities), the	n
-			that have filed Form 5768 (election un			
 Section 50 	01(c)(3) o	rganizations	that have NOT filed Form 5768 (election	on under section 501(I	n)): Complete Part II-B. Do no	ot complete Part II-A.
lf the organiza Tax) (see sepa			on Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
 Section 50 	01(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name of organ	ization				Employer ide	ntification number
GENERATIO	NS UNI	TED, INC			31-154	2973
Part I-A	Comple	ete if the c	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1 Provide	a descri	otion of the	organization's direct and indirect p	olitical campaign a	ctivities in Part IV. (see ir	nstructions for
definitio	n of "poli	tical campa	ign activities")		× ×	
			xpenditures (see instructions)		▶ \$	
			campaign activities (see instruction			
			organization is exempt under s			
			cise tax incurred by the organizatio			
			cise tax incurred by organization m			
			a section 4955 tax, did it file Form			
	_			-		
b If "Yes,"						
			organization is exempt under	section 501(c), e	xcept section 501(c)(3	3)
1 Enter th	e amour	t directly e	expended by the filing organization	n for section 527 e	exempt function	-
527 exe	mpt fund	tion activiti	ng organization's funds contributed			
line 17b			enditures. Add lines 1 and 2. En			
			e Form 1120-POL for this year?			
			and employer identification numb			-
			s. For each organization listed, en tributions received that were prom			
			nd or a political action committee (I			
		, eguteu rui				
	a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)				-		
(4)				_		
(5)						
(6)				-		
For Paperwork	Reductio	on Act Notic	e, see the Instructions for Form 990 or	990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2018

Political Campaign and Lobbying Activities

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

SCHEDULE C

(Form 990 or 990-EZ)

25060

OMB No. 1545-0047

2018

Sch	edule C (Form 990 or 990-EZ) 2018 GENERA	TIONS UNITED, INC.	31-1;	54∠973 Page Z
Pá	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e ind share of excess lobbying expenditures).	ach affiliated group meml	per's name,
в	Check if the filing organization check	ecked box A and "limited control" provisions app	oly.	
		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)	1,565.	
c	: Total lobbying expenditures (add lines 1	a and 1b)	1,565.	
c	Other exempt purpose expenditures		1,311,308.	
e	• Total exempt purpose expenditures (add	d lines 1c and 1d)	1,312,873.	
f		e amount from the following table in both		
	columns.	_	206,287.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	51,572.	
h	Nubtract line 1g from line 1a. If zero or le	ess, enter -0	0.	0.
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0	0.	0.
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			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 Expend	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	189,392.	186,463.	191,941.	206,287.	774,083.
b Lobbying ceiling amount (150% of line 2a, column (e))					1,161,125.
c Total lobbying expenditures	4,225.	8,454.	2,907.	1,565.	17,151.
d Grassroots nontaxable amount	47,348.	46,616.	47,985.	51,572.	193,521.
e Grassroots ceiling amount (150% of line 2d, column (e))					290,282.
f Grassroots lobbying expenditures					

Page 3

Schedule C (Form 990 or 990-EZ) 2018				
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768			
	(election under section 501(h)).			

Eor	or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed -		a)	(b)	
	cription of the lobbying activity.	Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
с	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection	

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?
•	Did the converting a second a converte behavior and a difficul converting a divide converdition of the second

5	Dia in	s organization agree to carry over lobbying and political campaign activity expenditures from the prior yea	u :	3
Pa	rt III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sect	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, answered "Yes."				
1	Duce	accessments and similar amounts from mombars		

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year.		
	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Supplemental Information Part IV

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PAGE 29

Part IV Supplemental Information (continued)	
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Page 4

SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

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

Attach to Form 990.

Open to Public

20

OMB No. 1545-0047

8

Depa	Department of the Treasury Attach to Form 990. Open to Public						
Interr	Internal Revenue Service Solution Servic						
Name of the organization Employer identif				Employer identifica	tion number		
GEN	ERATIONS UNIT	ED, INC.		31-154297	73		
Pa	rt I Organizat	tions Maintaining Donor Adv	ised 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 er	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5			advisors in writing that the assets he	ld in donor advised			
	0		e organization's exclusive legal control?		Yes No		
6	-		and donor advisors in writing that grant				
			fit of the donor or donor advisor, or fo				
	-				Yes No		
Pa		tion Easements.					
	Complete	if the organization answered	"Yes" on Form 990, Part IV, line 7.				
1	Purpose(s) of cons	servation easements held by the	e organization (check all that apply).				
	Preservation	n of land for public use (e.g., rec	reation or education) 📃 Preservation	on of a historically im	portant land area		
	Protection o	of natural habitat	Preservatio	on of a certified histor	ric structure		
	Preservation	n of open space					
2	Complete lines 2a	through 2d if the organization h	eld a qualified conservation contribution	in the form of a cons	servation		
	easement on the la	ast day of the tax year.		Held at the	End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	Total acreage rest	ricted by conservation easement	s	2b			
с	Number of conser	vation easements on a certified	historic structure included in (a)	2c			
d	Number of conser	vation easements included in (c) acquired after 7/25/06, and not on a				
	historic structure li	sted in the National Register		2d			
3	Number of conser	vation easements modified, trar	nsferred, released, extinguished, or term	ninated by the organ	ization during the		
	tax year 🕨						
4	Number of states	where property subject to conse	ervation easement is located 🕨				
5	Does the organization	ation have a written policy reg	garding the periodic monitoring, inspe	ection, handling of			
	violations, and enfo	orcement of the conservation ea	sements it holds?		Yes No		
6	Staff and volunteer I	hours devoted to monitoring, inspec	ting, handling of violations, and enforcing o	conservation easements	during the year		
	▶						
7	Amount of expense	es incurred in monitoring, inspec	ting, handling of violations, and enforcing	conservation easem	ents during the year		
	▶\$						
8	Does each conserv	vation easement reported on line 2	2(d) above satisfy the requirements of se	ction 170(h)(4)(B)(i)			
					Yes No		
9	In Part XIII, descri	be how the organization reports	conservation easements in its revenue a	and expense statemen	it, and		
		, ,	of the footnote to the organization's fina	ncial statements that (describes the		
		ounting for conservation easeme					
Pa	rt III Organizat	tions Maintaining Collections	of Art, Historical Treasures, or Otl	her Similar Assets.			
	Complete	If the organization answered	"Yes" on Form 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SI	FAS 116 (ASC 958), not to report in it ar assets held for public exhibition, e	s revenue statement	and balance sheet		
	public service, pro	vide, in Part XIII, the text of the f	potnote to its financial statements that d	escribes these items.	II III IUITIIelance of		
b			SFAS 116 (ASC 958), to report in its				
	works of art, histe	orical treasures, or other simila	ar assets held for public exhibition, e				
	. ,.	vide the following amounts relat	0				
2	If the organization	n received or held works of a	rt, historical treasures, or other simila	r assets for financia	l gain, provide the		
	-		FAS 116 (ASC 958) relating to these ite				
а							
b	Assets included in	Form 990, Part X					

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

Schedule D (Form 990) 2018

31	-1	54	2	97	13

Schee	dule D (Form 990) 2018		01111	, .							01 101	2010	Р	age 2
Pa	rt III Organizations Maintaini	ing Collec	tions of	Art, Hi	istorio	al Tre	asures	s, or	Other	Similar A	Assets (c	ontinue	əd)	
3	Using the organization's acquisition	on, accessi	on, and c	other re	ecords	, check	k any o	f the	follow	ing that a	are a sign	ificant	use o	of its
	collection items (check all that app	ly):												
а	Public exhibition			d		Loan c	or excha	ange	progra	ms				
b	Scholarly research			е		Other								
с	Preservation for future gene	rations												
4	Provide a description of the organ	nization's c	ollections	and e	explain	how t	hey fur	ther	the or	ganization	's exempt	purpos	e in	Part
	XIII.													
5	During the year, did the organization	on solicit or	receive d	Ionatio	ns of a	rt, histo	orical tr	easur	res, or	other simil	ar			
	assets to be sold to raise funds rath	ner than to	be mainta	ained a	s part	of the c	organiza	ation's	s colle	ction?	[Yes		No
Pa	rt IV Escrow and Custodial A	rrangeme	nts.											
	Complete if the organiza	ation answ	ered "Ye	es" on	Form	990, F	Part IV,	line	9, or r	eported a	n amour	nt on Fo	orm	
	990, Part X, line 21.													
1a	Is the organization an agent, truste	e, custodia	an or othe	er interi	media	y for c	ontribut	tions (or othe	r assets no	ot			
	included on Form 990, Part X?										[Yes		No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	olete th	e follov	ving tab	ole:							
											Amount			
с	Beginning balance							1c						
	Additions during the year							1d						
е	Distributions during the year							1e						
f	Ending balance							1f						
2a	Did the organization include an am							or cus	stodial	account lia	ability?	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII.	Check he	ere if th	ne expl	anation	has be	en pro	ovided	on Part XII				
Pa	rt V Endowment Funds.													
	Complete if the organiza	ation answ	ered "Ye	es" on	Form	990, F	Part IV,	line	10.					
		(a) Curre	nt year	(b)) Prior ye	ear	(c) Two	o years	s back	(d) Three y	ears back	(e) Four	years	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	Administrative expenses													
a	End of year balance													
2	Provide the estimated percentage			end bal	lance (line 1a.	column	ı (a)) I	held as	-				
	Board designated or quasi-endown		,	%				(//		-				
b	Permanent endowment	%		_										
с	Temporarily restricted endowment		%											
	The percentages on lines 2a, 2b, a	and 2c shou	uld equal 1	100%.										
3a	Are there endowment funds not in	the posses	sion of th	ne orga	nizatio	on that	are hel	d and	l admir	nistered for	the			
	organization by:												Yes	No
	(i) unrelated organizations											3a(i)		
	(ii) related organizations											3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	ed organiza	tions liste	d as re	quired	on Sch	edule R	?				3b		
4	Describe in Part XIII the intended	uses of the	organiza	tion's e	ndown	nent fur	nds.							
Pa	rt VI Land, Buildings, and Equ	uipment.			F	000		line e	44- 0	о Г	000 0-		- 40	
	Complete if the organiz Description of property		(a) Cost or				γαπ IV, protherba			See FOrm		π λ, IIN) Book va		•
	Description of property		(invest		515 (1		ther)	1515		eciation	(u) DOOK VA	lue	
1a	Land													
b	Buildings	[
с	Leasehold improvements	[
d	Equipment	[47,27	79.		15,269.			32,0	010.
	Other													
	I. Add lines 1a through 1e. (Column		qual Forn	n 990, I	Part X,	columr	n (B), lin	ne 100	c.)				32,0	010.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 3 Investments - Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: (a) Description of security or category (b) Book value (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) 🕨 Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.). ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) CAPITAL LEASE LIABILITY 4,069. (3) (4) (5) (6)(7)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 4,069.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Schedu	le D (Form 990) 2018		Page 4
Part		n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	1,707,072.
1	Total revenue, gains, and other support per audited financial statements		1,101,012.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments		
а			
b	Donated services and use of facilities	-	
с	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	17 204
е	Add lines 2a through 2d	2e	-17,304.
3	Subtract line 2e from line 1	3	1,724,376.
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 2,826		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	2,826.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,727,202.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,493,102.
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.)	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,493,102.
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 4a 2, 826		
	Other (Describe in Part XIII.)	1	
b		4c	2,826.
с 5	Add lines 4a and 4b	<u> </u>	1,495,928.
-	XIII Supplemental Information.		-,, -=• .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

JSA 8E1271 1.000

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States								20 18
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								
► Attach to Form 990.								Open to Public
Internal Revenue Service Form 990 for the latest information.								Inspection
Name of the organization							Employer identification number	
GENERATIONS UNITED, INC.							31-1542973	
Part I General Information	tion on Grants and	d Assistance	e					
1 Does the organization m	aintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	ts or assistance, and	
								X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.								
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.								
1 (a) Name and address of or governmer		(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) LEADINGAGE								RESEARCH SENIOR HOUS
2519 CONNECTICUT AVE, NW WASH, DC 20008		13-6213525	501(C)(3)	40,692.				HOUSING
(2) A SECOND CHANCE								
8350 FRANKSTOWN AVE PITTSBURGH, PA 15221		33-0539640	501(C)(3)	12,000.				RESEARCH FAMILY RELA
(3) NATIONAL INDIAN CHILD WELFARE ASSOCIATION								
5100 SW MACADAM AVENUE PORTLAND, OR 97239		93-0951531	501(C)(3)	42,000.				RESEARCH FAMILY RELA
(4) BOSTON UNIVERSITY								
25 BUICK STREET BOSTON, MA 02215		04-2103547	501(C)(3)	10,943.				SOCIAL WORK RESEARCH
(5) OHIO STATE UNIVERSITY								
1960 KENNY ROAD COLUMBUS, OH 43210		31-1145986	501(C)(3)	30,000.				EISNER REPORT
(6) NEW YORK UNIVERSITY								
70 WASHINGTON SQ. SOUTH NEW YORK, NY 10012		13-5562308	501(C)(3)	12,000.				SUBCONTRACT
_(7)		-						
(8)		_						
(9)		_						
(10)		-						
(11)		_						
(12)		-						
2 Enter total number of se		-	-					6.
3 Enter total number of other organizations listed in the line 1 table								

Part III 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.

(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
1					
3					
4					
5					
6					
7					
art IV Supplemental Information. Provide information.	e the information re	equired in Part I,	line 2, Part III, o	olumn (b); and any c	ther additional

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION SCREENS GRANT APPLICATIONS TO ENSURE THAT ONLY ELIGIBLE

ORGANIZATIONS RECEIVE THE GRANTS.

	EDULE J n 990)	•	sation Information	ON	IB No. 1		047
	,	Con	npensated Employees		20	18	
Departm	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.						olic
Internal	Revenue Service		90 for instructions and the latest information.		Inspe		n
	of the organization		1	Employer identification	numbe	r	
		NITED, INC.		31-1542973			
Part	Question	s Regarding Compensation				v	
10	Chock the ap	propriato boy(os) if the organization pro	vided any of the following to or for a perso	on listed on Form		Yes	No
Id			provide any of the following to of for a person provide any relevant information regarding				
	<u> </u>	ss or charter travel	Housing allowance or residence for				
		or companions	Payments for business use of persor				
		emnification and gross-up payments	Health or social club dues or initiatio				
		onary spending account	Personal services (such as maid, cha				
b	or reimburse		e organization follow a written policy re penses described above? If "No," com		1b		
2			to reimbursing or allowing expenses	incurred by all			
~	-		/Executive Director, regarding the items	-			
	,				2		
3	Indicate which organization's	n, if any, of the following the filing organ CEO/Executive Director. Check all that	nization used to establish the compensatio at apply. Do not check any boxes for method e CEO/Executive Director, but explain in Pa	n of the ds used by a			
		sation committee	Written employment contract				
		dent compensation consultant	Compensation survey or study				
		00 of other organizations	X Approval by the board or compensat	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to				
а	0	0	ayment?		4a		Х
b	Participate in,	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b		Х
с	Participate in,	, or receive payment from, an equity-ba	sed compensation arrangement?		4c		Х
	If "Yes" to an	y of lines 4a-c, list the persons and pr	ovide the applicable amounts for each ite	əm in Part III.			
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	ganizations must complete lines 5-9.				
5	-		line 1a, did the organization pay or accrue a	any			
		n contingent on the revenues of:					
а					5a		X
b					5b		Х
		e 5a or 5b, describe in Part III.					
6			line 1a, did the organization pay or accrue a	any			
	-	n contingent on the net earnings of:					v
a					6a		X
b					6b		Λ
-		e 6a or 6b, describe in Part III.					
7	•		n A, line 1a, did the organization provi		7		Х
8			escribe in Part III				
0	-		Regulations section 53.4958-4(a)(3)? If	-			
					8		Х
9			ow the rebuttable presumption procedu				
					9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fo	orm 990.	Schedu	-	orm 990	0) 2018

Schedule J (Form 990) 2018

Page **2**

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

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B) reported
(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	(i)	137,112.	8,000.	0.	10,018.	13,961.	169,091.	
1EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
15	(i)							
15	(ii)							
10	(i)							
16	(ii)							<u> </u>

Schedule J (Form 990) 2018

Page 3

Schedule J (Form 990) 2018

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 O (Form 990 or 990-EZ)

Department of the Treasury

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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 8 Open to Public Inspection

Internal Revenue Service 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 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

SPECIAL PROJECTS

TOTALS

Schedule O (Form 990 or 990-EZ) 2018

110,712.

REVENUE

Schedule O (Form 990 or 990-EZ) 2018 Name of the organization			Employer identific	Page ation number
GENERATIONS UNITED, INC.			31-1542	
			ATTACHMENT	
		=		
FORM 990, PART IX - OTHER FEES				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS	288,080.	287,937.	143.	
TOTALS	288,080.	287,937.	143.	
		7.1	FTACHMENT 3	
		A	ITACHMENT 3	
FORM 990. DART X - DREDAID EXDENSES AN	D DEFERRED CH	ARGES		
FORM 990, PART X - PREPAID EXPENSES AN	D DEFERRED CHA	ARGES		
FORM 990, PART X - PREPAID EXPENSES AN	D DEFERRED CHA		ENDING	
		ING	ENDING BOOK VALU	Е
	BEGINN	ING		<u>E</u>
DESCRIPTION	BEGINN	ING	BOOK VALU	<u>E</u> 453.
DESCRIPTION	BEGINN	ING ALUE 2,291.	BOOK VALU	453.
DESCRIPTION	BEGINN	ING ALUE	BOOK VALU	
DESCRIPTION PREPAID EXPENSES	BEGINN	ING ALUE 2,291.	BOOK VALU	453.
DESCRIPTION PREPAID EXPENSES	BEGINN	ING ALUE 2,291.	BOOK VALU	453.
DESCRIPTION PREPAID EXPENSES	BEGINN	ING ALUE 2,291.	BOOK VALU	453.
FORM 990, PART X - PREPAID EXPENSES AN DESCRIPTION PREPAID EXPENSES TOTALS	BEGINN	ING ALUE 2,291.	BOOK VALU 52, 52,	453. <u>453.</u>
DESCRIPTION PREPAID EXPENSES TOTALS	BEGINN	ING ALUE 2,291.	BOOK VALU	453. <u>453.</u>
DESCRIPTION PREPAID EXPENSES TOTALS	BEGINN	ING ALUE 2,291.	BOOK VALU 52, 52,	453. <u>453.</u>
DESCRIPTION PREPAID EXPENSES	BEGINN	ING ALUE 2,291.	BOOK VALU 52, 52,	453. <u>453.</u>
DESCRIPTION PREPAID EXPENSES TOTALS	BEGINN BOOK VA	ING ALUE 2,291. 2,291.	BOOK VALU 52, 52,	453. <u>453.</u>
DESCRIPTION PREPAID EXPENSES TOTALS FORM 990, PART X - DEFERRED REVENUE	BEGINN	ING ALUE 2,291. 2,291.	BOOK VALU 52, 52,	453. <u>453.</u> 4
DESCRIPTION PREPAID EXPENSES TOTALS FORM 990, PART X - DEFERRED REVENUE	BEGINN BOOK VA	ING ALUE 2,291. 2,291.	BOOK VALU 52, 52, ATTACHMENT	453. <u>453.</u> 4
DESCRIPTION PREPAID EXPENSES TOTALS	BEGINN BOOK VA BEGINN BOOK VA	ING ALUE 2,291. 2,291.	BOOK VALU 52, 52, ATTACHMENT	453. 453. 4 4
DESCRIPTION PREPAID EXPENSES TOTALS FORM 990, PART X - DEFERRED REVENUE DESCRIPTION	BEGINN BOOK VA BEGINN BOOK VA	ING ALUE 2,291. 2,291. 1NG ALUE	BOOK VALU 52, 52, ATTACHMENT ENDING BOOK VALU	453. 453. 4 4

25060

ESTIMATED TAX WORKSHEET FOR FORM 990-W

Α.	2019 Estimated Tax	Α	
В.	Enter ¹⁰⁰ % of Line A		
C.	Enter 100 % of Line A B Enter 100 % of tax on 2018 FORM 990-T C 963.		
D.	Required Annual Payment (Smaller of lines B or C)	D	963.
E.	Income tax withheld (if applicable)	Е	
	Balance (As rounded to the nearest multiple of)		1,200.

Record of Estimated Tax Payments (c) 2018 overpayment (d) Total amount paid and Payment number (b) Amount (a) Date credit applied credited (add (b) and (c)) 04/15/2019 _1 06/17/2019 1,200. 1,200. 2 09/16/2019 3 12/16/2019 4 1,200. 1,200. Total

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

			NOTICE 201	L8-1	00						
		Ex	empt Organization	Bus	iness Inco	ome '	Tax Re	eturr	n	OMB No.	1545-0687
Form	990-T		. (and proxy tax							ond no	
		For cale	ndar year 2018 or other tax year begin	ning	, 2018,	and endir	ng	, 20	·	20	18
	ment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and th	ne latest	informatio	ı.			lic Inspection for
	I Revenue Service	► Do	not enter SSN numbers on this form a						_		lic Inspection for ganizations Only
ΑΧ	Check box if address changed		Name of organization (Check bo	ox if nar	me changed and see i	nstruction	s.)	1		yer identifica yees' trust, see i	
B Eve	mpt under section		GENERATIONS UNITED,	TNC							
	501(C)(3)	Print	Number, street, and room or suite no. I						31-15	542973	
	408(e) 220(e)	or						E	E Unrela	ted business	activity code
	408A 530(a)	Type	80 F STREET, NW						(See ins	structions.)	
	529(a)		City or town, state or province, country	/, and Z	IP or foreign postal co	ode					
	k value of all assets	l	WASHINGTON, DC 2000	1							
ate	nd of year		up exemption number (See instructi								
	1,147,936.		ck organization type 🕨 🕺 501	. ,		501(c			401(a) t		Other trust
			nization's unrelated trades or busine						-	(or first) unr	
			LIFIED TRANSPORTATION							e than one, d	escribe the
			end of the previous sentence, cor	nplete	Parts I and II, com	plete a S	chedule M	for each	addition	ial	
	ide or business, the		corporation a subsidiary in an affili	n hate	roup or a parent sul	beidian <i>y</i> d	ontrolled a	oup?			Yes X No
			identifying number of the parent co	-		bolulary c	ontrolled g	oup: .			
	e books are in care			poreite		elephon	e number	> 202	-289-	3979	
Par	t I Unrelated	Trade of	or Business Income		(A) Income	e	(B) I	Expense	es	(0	C) Net
1a	Gross receipts or s	sales									
b	Less returns and allowa	inces	c Balance 🕨	1c							
2	5		ule A, line 7)	2							
3			2 from line 1c	3							
4a			ttach Schedule D)	4a							
b			Part II, line 17) (attach Form 4797).	4b							
с 5			rusts	4c 5							
6				6							
7		,	come (Schedule E)	7							
8			ents from a controlled organization (Schedule F)	8							
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
10	Exploited exempt	activity i	ncome (Schedule I)	10							
11	Advertising incom	ne (Scheo	lule J)	11							
12			tions; attach schedule)								
13			ough 12	13	ne fer linsitetie.	0.			ve e e t f		
Par			Taken Elsewhere (See instr be directly connected with t					S.) (⊏	xcept is		uuons,
14			directors, and trustees (Schedule K)				,		. 14		
15			· · · · · · · · · · · · · · · · · · ·								
16											
17											
18			(see instructions)								
19											
20			See instructions for limitation rules)						. 20		
21			4562)						_		
22			on Schedule A and elsewhere on re						22b		
23											
24 25			compensation plans								
26			Schedule I).								
27			chedule J)								
28			chedule)								
29			s 14 through 28								
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction. Subtra	act line	29 from	line 13	30		
31		-	g loss arising in tax years beginnir	-							
32 For P			e income. Subtract line 31 from line lotice, see instructions.	30.					. 32	-	000 T 100 1
101 P	apernois Reduct	Jon Act P	toube, see manuchons.							Form	990-T (2018)

GENERATIONS UNITED, INC.

31-1542973	3
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Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	
34	Amounts paid for disallowed fringes		5,585.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions).	35	
26		55	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		5,585.
		50	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		4 505
	enter the smaller of zero or line 36	38	4,585.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	- 39	963.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	963.
Par	t V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)	7	
	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	963.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)		963.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments	-	
	Tax deposited with Form 8868. 50c	-	
		-	
	Foreign organizations: Tax paid or withheld at source (see instructions)	-	
		-	
		-	
g	Other credits, adjustments, and payments: Form 2439		
- 4	Form 4136 OtherTotal ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	963.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		903.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded		
Par			V
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature o		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	,	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	
	here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	best of my knowledge a	and belief, it is
Sig		ay the IRS discuss	this return
Her	e DONNA BUTTS EXECUTIVE DIRECTOR w	ith the preparer sh	own below
		ee instructions)? X Ye	s No
Deid	Print/Type preparer's name Preparer's signature Date Chev		
Paid	MICHAEL J DEVLIN, CPA self-	employed P0024	
-		's EIN ▶ 52-0961	
	Only Firm's address ▶ 11921 ROCKVILLE PIKE, SUITE 501, NORTH BETHESDA, MD 20852-2794 Phor	ne no. 301-770-5	
JSA		Form 99	0-T (2018)

GENERATIONS UNITED, INC.

Form 990-T (2018)							Page 3	
Schedule A - Cost of G	oods Sold. Er	iter methoo	d of inventor	y valuation	•			
1 Inventory at beginning of	year 1			6 Inventory	at end of yea	ar	6	
2 Purchases	2		7			ld. Subtract line		
3 Cost of labor	3			6 from I	ine 5. En	ter here and in		
4a Additional section 263A c				Part I, line	2		7	
(attach schedule)	4a		8			section 263A (v		
b Other costs (attach sched				property	produced	or acquired fo	resale) apply	
5 Total. Add lines 1 through						<u></u>		
Schedule C - Rent Incom		roperty a	nd Persona	al Property	Leased V	Vith Real Prope	rty)	
(see instructions)	•					-	• ·	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accru	ed					
(a) From personal property (if the	percentage of rent	(b) F	rom real and pe	ersonal property	(if the	3(a) Deductions of	irectly connected with the income	
for personal property is more th	han 10% but not	percent	age of rent for p	ersonal property	exceeds	in columns 2(a) and 2(b) (attach schedule)		
more than 50%)	50% oi	r if the rent is ba	ased on profit or	income)			
(1)								
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of c	olumns 2(a) and 2	b). Enter				(b) Total deduction Enter here and on		
here and on page 1, Part I, line 6		,				Part I, line 6, colu		
Schedule E - Unrelated D	ebt-Financed I	n come (se	ee instructior	าร)				
			2. Gross in	come from or	3. [nnected with or allocable to	
1. Description of de	bt-financed property		allocable to	debt-financed	(a) Straid	nt line depreciation	ced property (b) Other deductions	
			proj	perty		ch schedule)	(attach schedule)	
(1)								
(2)								
(3)								
(4)								
4. Amount of average	5. Average adju		6.0	olumn			8. Allocable deductions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			vided		income reportable n 2 x column 6)	(column 6 x total of columns	
property (attach schedule)	(attach sche		by co	lumn 5	(colum		3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				
					Enter her	e and on page 1,	Enter here and on page 1,	
					Part I, lir	ne 7, column (A).	Part I, line 7, column (B).	
Totals								
Total dividends-received deduc	tions included in co	olumn 8						
		-			-	1		

Form 990-T (2018)

Schedule F—Interest, Ann	ulles, Royalles			ot Controlled Or			UIIS (See	Instructio	ons)			
1. Name of controlled organization	2. Employer identification numb		3.Net	unrelated income (see instructions)	4. Total	of specified ents made	included			cluded in the controlling connected wi		6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruc			 Total of specifi payments made 		includ	t of column ed in the co ation's gros	ntrolling		1. Deductions directly nnected with income in column 10		
(1)												
(2)												
(3)												
(4)												
Totals					<u></u> ►	Enter I Part I,	columns 5 a nere and on , line 8, colu , line 8, colu	page 1, nn (A).	En	dd columns 6 and 11. ter here and on page 1, art I, line 8, column (B).		
1. Description of income	2. Amount of			3. Dedu directly co (attach sc	ctions nnected		4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
(3)												
(4)												
	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B).		
Totals												
Schedule I-Exploited Exe	empt Activity In	come,	Othe	r Than Advert	ising Ir	ncome (s	see instru	ctions)				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	d conne prod un	xpense irectly ected w uction related ess inco	vith of lf a gain, c cole 5 thr	ted tradé (column lumn 3). ompute	from act is not u	s income tivity that inrelated s income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and 1, Part 0, col. (: I,						Enter here and on page 1, Part II, line 26.		
Schedule J-Advertising I	ncome (see instr	uctions)									
Part I Income From Per				nsolidated Ba	sis							
			u 00		0.0							
1. Name of periodical	2. Gross advertising income		Direct tising co	4. Adver gain or (lo 2 minus c a gain, co cols. 5 thr	ss) (col. ol. 3). If mpute	1	culation ome	6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))												

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(4)

Total. Enter here and on page 1, Part II, line 14

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Part II Income From Per 2 through 7 on a l	iodicals Reportine basi	rted on a Sepa s.)	rate Basis (For e	each periodical	listed in Part II	fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)►						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr			
1. Name		2.	Title	3. Percent of time devoted to business	4. Compensation unrelated	
(1)				%		
(2)				%		
(3)				%		

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%

►