990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A F	or the	e 2019	calendar year, or tax year beginning	, 2019	, and ending				, 20
_			C Name of organization				D Employer iden	tification	number
В	heck if a	pplicable:	GENERATIONS UNITED, IN	C.			31-1542	2973	
	Addre		Doing business as						
	7	change	Number and street (or P.O. box if mail is no	ot delivered to street address)	Room/suite		E Telephone nur	nber	
	Initial	return	80 F STREET, NW		8TH FL		(202) 289	9-3979	9
	Final termi	return/	City or town, state or province, country, an	nd ZIP or foreign postal code					
	Amer	ded	WASHINGTON, DC 20001				G Gross receipts	\$	2,861,967.
		cation	F Name and address of principal officer:	DONNA BUTTS, EXEC. I	DIRECTOR		H(a) Is this a grou		Yes X No
	_ рени	"g	SAME AS ABOVE, WASHING	TON, DC 20001			Subordinates? H(b) Are all subordi		? Yes No
$\overline{\Gamma}$	Tax-ex	empt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	7	If "No," atta	ach a list. (s	ee instructions)
J	Websi	te: ►	WWW.GU.ORG				H(c) Group exemp	tion number	r ▶
K	Form	of organ	nization: X Corporation Trust A	Association Other >	L Year of	formation	on: 1986 M s	State of leg	gal domicile: DC
P	art I	Su	ımmary				1		
		Briefly	y describe the organization's mission or	most significant activities: TO IM	PROVE TH	E LIV	JES OF CH	LLDREN	J,
ø			TH AND OLDER PEOPLE THRO						-
anc		POL	ICIES AND PROGRAMS FOR T	HE ENDURING BENEFIT F	OR ALL.				
ern	2	Check	this box if the organization dis	scontinued its operations or dispos	ed of more tha	an 25%	of its net assets		
Governance	3		per of voting members of the governing b	-			1	3	14.
8	4		er of independent voting members of th				ı	4	14.
ties	5		number of individuals employed in caler				1	5	8.
Activities &	6		number of volunteers (estimate if necessa				1	6	50.
Ac	7a		unrelated business revenue from Part VII					7a	0.
			nrelated business taxable income from F					7b	0.
Revenue						· · · · ·	Prior Year	-	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)				1,715,22	1.	2,226,259.
	9		am service revenue (Part VIII, line 2g)					0.	355,506.
eve	10		tment income (Part VIII, column (A), lines				5,98	1.	34,087.
œ	11		revenue (Part VIII, column (A), lines 5, 6		6,00		9,046.		
	12		revenue - add lines 8 through 11 (must e				1,727,20		2,624,898.
	13		s and similar amounts paid (Part IX, colur				147,63		150,704.
	14		its paid to or for members (Part IX, colum					0.	0.
(n	15		es, other compensation, employee benefi				694,01	5.	754,522.
Expenses			ssional fundraising fees (Part IX, column					0.	0.
ē			fundraising expenses (Part IX, column (D	07 704					
ŵ			expenses (Part IX, column (A), lines 11a				654,27	8.	742,653.
			expenses. Add lines 13-17 (must equal F	, , , , , , , , , , , , , , , , , , , ,			1,495,92	8.	1,647,879.
			nue less expenses. Subtract line 18 from				231,27	4.	977,019.
oc						Beginn	ing of Current Y		End of Year
Sets	20	Total a	assets (Part X, line 16)				1,147,93	6.	1,783,072.
Ass	21		liabilities (Part X, line 26)				481,91	2.	119,374.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 t				666,02	4.	1,663,698.
	rt II		gnature Block					'	
Und	der per	nalties o	of perjury, I declare that I have examined this	return, including accompanying sched	ules and staten	nents, ar	nd to the best of	my know	ledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than o	officer) is based on all information of wh	ich preparer ha	s any kno	owledge.		
			Kloung Dette				11/13/2	.0	
Sig		5	Signature of officer				Date		
He	re		DONNA BUTTS	EXECUT	IVE DIRE	CTOR			
		T	ype or print name and title						
		Print/	Type preparer's name	Preparer's signature	Date		Check	if PTIN	
Paid		MICI	HAEL J DEVLIN, CPA				self-employe		00245532
	parer Only	Firm's	sname ▶SARFINO AND RHOADE	ES, LLP			Firm's EIN ▶ 5	2-0961	1657
use	Only		s address ▶11921 ROCKVILLE PIKE, SUIT	re 501 north bethesda, MD 20852	2-2794				0-5500
May	y the	IRS d	iscuss this return with the preparer	shown above? (see instructions)				Yes No
			Reduction Act Notice, see the separate					<u> </u>	Form 990 (2019)

Page 2 Form 990 (2019) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLDER PEOPLE THROUGH INTERGENERATIONAL COLLABORATION, PUBLIC POLICIES, AND PROGRAMS FOR THE ENDURING BENEFIT FOR ALL. Did the organization undertake any significant program services during the year which were not listed on the If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?..... If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 407, 121. 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 (Code:) (Expenses \$ 649,729. including grants of \$ GRANDFAMILIES: THE ORGANIZATION'S NATIONAL CENTER ON GRANDFAMILIES WORKS TO PROMOTE POLICIES AND PROGRAMS TO HELP THOSE WORKING WITH GRANDFAMILIES ADDRESS THE RANGE OF CHALLENGES THEY FACE INCLUDING THOSE RELATED TO HOUSING, LEGAL, EDUCATION, HEALTH AND MENTAL HEALTH, FAMILY RELATIONSHIPS, AND FINANCIAL ISSUES.) (Expenses \$ 116,755. including grants of \$) (Revenue \$ MEMBERSHIP SERVICES: TECHNICAL ASSISTANCE, COMMUNICATIONS (I.E. GTW), INTEREST GROUPS AND COMMITTEES, AND ELEVATING INTERGENERATIONAL PRACTICES. ATTACHMENT 1 4d Other program services (Describe on Schedule O.) (Expenses \$ 273,964. including grants of \$) (Revenue \$ 1,447,569. 4e Total program service expenses ▶

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Part	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,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Λ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	Х	
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	21	
3	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	3		
٠	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		X
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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	21	
٠,	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			
124	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i>			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			17
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	ا ء ہ ا		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		v
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		Λ
	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 I and II	21	Х	

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Part	Checklist of Required Schedules (continued)		Voc	No
22	Did the organization report more than \$5,000 of grapts or other assistance to or for democific individuals on		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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 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		X
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?			v
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		Х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
26	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	26		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4	X	
JSA	reportable gaming (gambling) winnings to prize winners?	1c Form		(2019)
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Par	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 8					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		X		
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X		
С	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			ı		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			ı		
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \dots	7b				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	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		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h				
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?	8				
	Sponsoring organizations maintaining donor advised funds.	0-				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an				
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12					
	middler rece and suprial contributions included on rank rin, into 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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					
С	Enter the amount of reserves on hand					
	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 on 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			ı		
	excess parachute payment(s) during the year?	15		X		
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X		
	If "Yes," complete Form 4720, Schedule O.					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Χ The governing body?..... X Each committee with authority to act on behalf of the governing body?............ Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Χ the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Χ 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 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 Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.................. Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

State the name, address, and telephone number of the person who possesses the organization's books and records ►

BOOKKEEPER 80 F'STREET, NW, 8TH FLOOR WASHINGTON, DC 20001 202-289-3979

JSA

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and financial statements available to the public during the tax year.

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

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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	organization compensate	d any current offic	er, director, or trus	itee.

(A) Name and title	(B) Average hours per week	box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DONNA BUTTS	40.00									
EXECUTIVE DIRECTOR	0.			Х				150,922.	0.	20,828.
(2) JAIA PETERSON LENT	40.00									
DEPUTY EXECUTIVE DIRECTOR	0.					X		108,980.	0.	13,705.
(3) MATTHEW E. MELMED	1.00									
CHAIR	0.	Х		Х				0.	0.	0.
(4)BARB QUAINTANCE	1.00									
SECRETARY	0.	Х		Χ				0.	0.	0.
(5) JOSEPH P. CUTICELLI	1.00									
VICE CHAIR	0.	Х		Χ				0.	0.	0.
(6) HON. GERALD HYLAND	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7) DR. JOHN W. ROWE	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8) KARYNE JONES	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9) PAMELA B. SMITH	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) MAX LESKO	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(11) SARAH L. KASTELIC, PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12) MARVIN WALDMAN	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(13) LYNETTE FRAGA, PHD	1.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14) MARY ANNE MASON	1.00									
TREASURER	0.	X		Χ				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	ıplo	yee	es,	and I	lig	hest Compensat	ed Employ	ees (d	continue	d)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	more rson irect	than o	an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organizat	on from d	am com	(F) timated ount of other pensatio	f
	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 and	om the anization d related anization	i
15) JATRICE MARTEL GAITER	1.00												
BOARD MEMBER 16) JANET MCULSKY	1.00	X						0		0.			
BOARD MEMBER	0.	X						0		0.			(
1b Sub-total							•	259,902.		0.		34,5	533.
c Total from continuation sheets to Part VII, S							•	0.		0.		24 [0.
d Total (add lines 1b and 1c)	limited to t						o re	259,902.	\$100,000 d			34,5)33
												Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo	or, or ch ind	tru <i>lividu</i>	ıste ual	e, I	key e	emp	oloyee, or highes	t compens	ated	3		X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of rep eater than	ortab \$15	ole c 50,0	om 00?	pen	satioi "Yes	n aı ;,"	nd other compens	sation from le J for s	the such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	fron	any	un	related organization	on or indivi	dual	5		X
Section B. Independent Contractors	oo, compre	10 001	iouu		101	ouon	por						
Complete this table for your five highest com- compensation from the organization. Report of year.													
(A) Name and business add	droce							(B)	anticos		(C)	ation	
Name and business add		Ta77\ C	2000	0.6			-	Description of se	ivices		Compens	8 07	<u></u>

(A) Name and business address	(B) Description of services	(C) Compensation
ANA BELTRAN 4630 130TH AVE, SE BELLEVUE, WA 98006	CONSULTING	128,075.

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

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9E1055 1.000

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Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	ny line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts Its	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	100,900.				
ñ, G	С	Fundraising events 1c					
ifts ar /	d	Related organizations 1d					
a,i	e	Government grants (contributions) 1e					
Sir	f	All other contributions, gifts, grants,					
uti e uti		and similar amounts not included above . 1f	2,125,359.				
흕	g	Noncash contributions included in					
e d		lines 1a-1f 1g	\$				
O E	h	Total. Add lines 1a-1f		2,226,259.			
			Business Code				
ice	2a	CONFERENCE REVENUE	900099	109,679.	109,679.		
e S	b	GRANTS	900099	245,827.	245,827.		
Program Service Revenue	С						
e a	d						
5	e						
۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	355,506.			
	3	Investment income (including dividends					
		other similar amounts)		9,705.			9,705.
	4	Income from investment of tax-exempt bon		0.			
	5	Royalties	(ii) Personal	0.			
			(II) Fersonal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c		0.			
	d 7a	Net rental income or (loss)	▶ (ii) Other	0.			
	1 a	sales of assets	(ii) outoi				
		other than inventory 7a 261,451					
o o	ь	Less: cost or other basis					
ž		and sales expenses 7b 237,069					
evenue	_	Gain or (loss) 7c 24,382					
∞	d	Net gain or (loss)		24,382.			24,382.
Other	8a			-			
ō	oa	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	0.				
	b	Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising event	s >	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities	s >	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10	o.				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		0.			
Sn			Business Code				
neo Ine	11a	SUBLEASE INCOME	900099	6,000.	6,000.		
lla /en	b	MISCELLANEOUS INCOME	900099	3,046.	3,046.		
Miscellaneous Revenue	c						
<u></u> _	d	All other revenue		0.045			
	42	Total Add lines 11a-11d		9,046.	264 552		24 002
JSA	12	Total revenue. See instructions		2,624,898.	364,552.		34,087. Form 990 (2019)
9E105		0055J C021	V 19	-7.7F	25060		PAGE 1
			. 13				

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).

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX		X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	100 454	400 454		
	and domestic governments. See Part IV, line 21	109,454.	109,454.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	41 250	41 250		
	individuals. See Part IV, lines 15 and 16	41,250.	41,250.		
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,	171,748.	150,148.	16,399.	5,201.
	trustees, and key employees	1/1,/40.	130,140.	10,399.	3,201.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	456,856.	399,395.	43,625.	13,836.
		100,000.	3337330.	13,020.	137030.
8	Pension plan accruals and contributions (include	27,031.	23,631.	2,582.	818.
	section 401(k) and 403(b) employer contributions)	55,178.	48,239.	5,268.	1,671.
	Other employee benefits	43,709.	38,211.	4,174.	1,324.
10	Payroll taxes	15,705.	30,211.	7/1/1.	1,524.
11	, ,	0.			
	Management	2,060.		2,060.	
	Legal	53,075.		53,075.	
	Accounting	0.		00,070.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	3,113.		3,113.	
	f Investment management fees	3,2231		3,2231	
,	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2.	295,182.	295,182.		
12	Advertising and promotion	0.			
13	Office expenses	11,925.	10,683.	983.	259.
14	Information technology	49,141.	46,277.	1,777.	1,087.
15	Royalties	0.			•
16	Occupancy	115,188.	96,727.	15,142.	3,319.
17		134,933.	130,728.	4,197.	8.
18					
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	24,442.	24,082.	330.	30.
20	Interest	178.	19.	159.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	13,213.		13,213.	
23	Insurance	5,186.		5,186.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	PRINTING & PRODUCTION	12,792.	12,792.		
	POSTAGE & SHIPPING	3,268.	2,595.	611.	62.
	BANK FEES	2,651.	2,189.	462.	
(EQUIPMENT RENTAL & MAINTENAN	15,426.	15,257.		169.
•	All other expenses	880.	710.	170.	
	Total functional expenses. Add lines 1 through 24e	1,647,879.	1,447,569.	172,526.	27,784.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this	Part X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		_	96,503.
	2	Savings and temporary cash investments		_	444,579.
	3	Pledges and grants receivable, net	46,152.	3	783,288.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
Ÿ	9	Prepaid expenses and deferred charges		9	11,061.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 54, 955			
	b	Less: accumulated depreciation	. 32,010.	10c	26,472.
	11	Investments - publicly traded securities	206 007		421,169.
	12	Investments - other securities. See Part IV, line 11			0.
	13	Investments - program-related. See Part IV, line 11.		13	0.
	14	Intangible assets		14	0.
	15	Other assets. See Part IV, line 11		15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	·	16	1,783,072.
	17	Accounts payable and accrued expenses	404 064	17	103,534.
	18	Grants payable		18	0.
	19	Deferred revenue		19	12,219.
	20	Tax-exempt bond liabilities		20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
pi		controlled entity or family member of any of these persons		22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties			0.
	25	Other liabilities (including federal income tax, payables to related third	·		
	20	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	4 0 6 0	25	3,621.
	26	Total liabilities . Add lines 17 through 25			119,374.
		Organizations that follow FASB ASC 958, check here ► X		-	
uce		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	277,762.
B	28	Net assets with donor restrictions	446,663.	28	1,385,936.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	666,024.	32	1,663,698.
Z	33	Total liabilities and net assets/fund balances		33	1,783,072.
			•		Form 990 (2019)

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OIIII O	70 (2013)					90	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1				398.	
2	Total expenses (must equal Part IX, column (A), line 25)	2				379.	
3	Revenue less expenses. Subtract line 2 from line 1)19.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		666,024.			
5	Net unrealized gains (losses) on investments	5		20,655.			
6	6 Donated services and use of facilities					0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10		1,6	63,6	598.	
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," e	xplain	in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		L	2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	n a				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of				
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?	L	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the				
	Single Audit Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b			

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

31-1542973

Department of the Treasury Internal Revenue Service Name of the organization

GENERATIONS UNITED, INC.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Рa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	ırches, or associa	tion of churches desci	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative						
4		A medical research organiz	ration operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	d in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	l in conjunction with a	land-grant college
		or university 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		An organization that norma receipts from activities rela	ted to its exempt f	functions - subject to (certain e	xception	is, and (2) no more tha	n 331/3% of its
		support from gross investmacquired by the organizatio						businesses
11		An organization organized	•				•	
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ions described in sect	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 si	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		supporting organization.	ou must complet	te Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). You must	complete Part IV	, Sections A and C.				
С	L	Type III functionally integ	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	ly integrated with,
	_	its supported organization	n(s) (see instruction	is). You must comple	te Part I	V, Section	ons A, D, and E.	
d	L	Type III non-functionally	integrated. A sup	porting organization o	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е	L	Check this box if the orga	nization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	• •	_	-	_	tion.	
f		iter the number of supported						
g		ovide the following information						
	(I) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
					-			
D)								
_								
E)								
Γota	al							
	-						I	I

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,170,918.	1,230,706.	1,160,458.	1,715,221.	2,226,259.	7,503,562.
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	1,170,918.	1,230,706.	1,160,458.	1,715,221.	2,226,259.	7,503,562.
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)						3,857,308.
6	Public support. Subtract line 5 from line 4						3,646,254.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	1,170,918.	1,230,706.	1,160,458.	1,715,221.	2,226,259.	7,503,562.
	payments received on securities loans, rents, royalties, and income from similar sources	5,546.	59.	10,601.	8,735.	9,705.	34,646.
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.)	2,086.	10,011.	8,250.		3,046.	23,393.
11	Total support. Add lines 7 through 10						7,561,601.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	527,107.
13	First five years. If the Form 990 is forganization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (li	ne 6, column (f)	divided by line	11, column (f)).		14	48.22 %
15	Public support percentage from 2018	Schedule A, Pa	rt II, line 14			15	46.79 %
16a	331/3% support test - 2019. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, ch	
	box and stop here . The organization qu		, ,,	•			
b	33 1/3 % support test - 2018. 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 t			_			
	organization						
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization is Doct VI have the appropriate	anization meets	the "facts-and	l-circumstances'	test, check th	nis box and sto	p here.
10	Explain in Part VI how the organization supported organization						• 🔲
18	_						
	instructions						🔽 🗀

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9E1220 1.000 89055J C021 V 19-7.7F 25060 PAGE 15 Schedule A (Form 990 or 990-EZ) 2019 Page 3

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

(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.)

Continua A Bublic Cupport							
	tion A. Public Support	(2) 2015	(b) 2046	(a) 2047	(4) 2040	(a) 2040	(6) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 a	Amounts included on lines 1, 2, and 3						
L	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
000	tion B. Total Cupport						
	tion B. Total Support	(2) 2015	(b) 2046	(a) 2047	(4) 2040	(a) 2040	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
iva	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						
	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						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41			660		- F04(-)(2)
14	First five years. If the Form 990 is for	•	•				
200	organization, check this box and stop here.			<u> </u>			🟲 🔼
	tion C. Computation of Public Supp			mp (f))		45	0/
15 16	Public support percentage for 2019 (line 8,		-			15	%
16 Soc	Public support percentage from 2018 Sche			<u> </u>		16	%
	tion D. Computation of Investment			40k (D)		47	0/
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the or			•			
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2018. If the orga				•		
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of	nd not check a	i dox on line 1	+, 19a, or 19b,	cneck this box	and see instruc	uons 🟲

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page 4

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.)

S

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2019

				-
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
	, , , , , , , , , , , , , , , , , , , ,	11b 11c		
	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. on B. Type I Supporting Organizations	110		
J CCtit	71 B. Type I Supporting Significations		Yes	Nο
	Did the directors to the consequence of the consequ			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		V	NI -
			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		
Section	on D. All Type III Supporting Organizations			
			Yes	No
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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Section	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	one)	
' a	The organization satisfied the Activities Test. Complete line 2 below.	uuuu	OHS).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
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>	30		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019

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

Schedule A (Form 990 or 990-EZ) 2019

Page 7 Schedule A (Form 990 or 990-EZ) 2019

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on 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	ed						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014							
b	From 2015							
С	From 2016							
d	From 2017							
е	From 2018							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
_	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							

Schedule A (Form 990 or 990-EZ) 2019

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Excess from 2019....

Schedule A (Form 990 or 990-EZ) 2019

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) ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 **Schedule of Contributors**

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Name of the organization GENERATIONS UNITED, INC. 31-1542973

	31-1342973						
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.						
	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.						
Special Rules							
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule R (Form 990)						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization GENERATIONS UNITED, INC.

Employer identification number 31–1542973

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
1_	VARIOUS CONTRIBUTORS UNDER 2% 80 F STREET, NW 8TH FL WASHINGTON, DC 20001	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
2		\$ S				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
3_		\$ 226,044. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
4	MEMBERSHIP DUES <2% 80 F STREET, NW 8TH FL WASHINGTON, DC 20001	\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
5		\$ 439,670. Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution				
6_		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization GENERATIONS UNITED, INC.

Employer identification number 31–1542973

Part I	Contributors (see instructions). Use duplicate copies	s 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		\$110,257.	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$198,941.	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.)

Name of organization GENERATIONS UNITED, INC.

Employer identification number 31-1542973

art II	Noncash Property	(see instructions)). Use duplicate c	opies of Part II if addition	al space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization GENERATIONS UNITED, INC.

Employer identification number 31–1542973

Part III	Exclusively religious, charitable, etc., o	contributions to o	rganizations	described in section 501(c)(7), (8), or
				utor. Complete columns (a) through (e) and
				total of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the			ce. See instructions.) ▶ \$
	Use duplicate copies of Part III if addition	nal space is neede	ed.	
(a) No. from	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is held
Part I	(b) i alpose of gill	(0) 030	or gire	(a) Sescription of non-girels held
		(e) Transf	er of gift	
			_	
	Transferee's name, address, and	ZIP + 4		Relationship of transferor to transferee
(a) No.				
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
		(e) Hullsi	er or girt	
	Transferee's name, address, and	ZIP + 4	F	Relationship 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) Transf	er of gift	·
	Transferee's name, address, and	ZIP + 4	F	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I	., .			.,,,,
				[
				[
		/=\ T	an of oils	
		(e) Transf	er or giπ	
	Transferrate warms address and	71D ± 4		Deletionalis of transference to the second
	Transferee's name, address, and	∠IP † 4		Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

	occion of (c)(o) organizations	that have two times to other or oo (cieca	ion ander section of i(ii	//. Complete i dit ii b. bo iic	t complete i dit ii 7t.
	e organization answered "Yes," (see separate instructions), ther	on Form 990, Part IV, line 5 (Proxy n	/ Tax) (see separate ii	nstructions) or Form 990-l	EZ, Part V, line 35c (Proxy
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Nam	e of organization			Employer ide	ntification number
GEN	ERATIONS UNITED, INC			31-154	
Pa	rt I-A Complete if the o	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	Provide a description of the	organization's direct and indirect	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa				
2		xpenditures (see instructions)			
		campaign activities (see instruction			
Pai		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	on under section 495	5 ▶ \$	
2		cise tax incurred by organization n			
3	_	a section 4955 tax, did it file Form			
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.				
Pai	t I-C Complete if the c	organization is exempt under	section 501(c), ex	(cept section 501(c)(3).
1		xpended by the filing organization			
	activities				
2		ng organization's funds contributed	•		
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	rm 1120-POL,	
4	Did the filing organization file	e Form 1120-POL for this year? . and employer identification num		p. F.27 political organiz	Yes No
5		is. For each organization listed, e			
		tributions received that were pror			
		nd or a political action committee			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
('')			-		
(2)					
(-/					
(3)					
(-/					
(4)					
. ,			1		
(5)					
. ,			1		
(6)					
			7		

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

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 GENERATIONS UNITED, INC.	31-1	542973 Page 2
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).	filed Form 5768 (ele	ction under
A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV eaddress, EIN, expenses, and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
B Check ▶ if the filing organization checked box A and "limited control" provisions app	oly.	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	1,962.	
c Total lobbying expenditures (add lines 1a and 1b)	1,962.	
d Other exempt purpose expenditures	1,445,607.	
e Total exempt purpose expenditures (add lines 1c and 1d)	1,447,569.	
f Lobbying nontaxable amount. Enter the amount from the following table in both		
columns.	219,757.	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:		

	COIUIIIIS.		213,101.	
	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)	54,939.	
	0.11 15 4 5 5 4 16 1		0	

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total						
2a Lobbying nontaxable amount	186,463.	191,941.	206,287.	219,757.	804,448.						
b Lobbying ceiling amount (150% of line 2a, column (e))					1,206,672.						
c Total lobbying expenditures	8,454.	2,907.	1 , 565.	1,962.	14,888.						
d Grassroots nontaxable amount	46,616.	47,985.	51,572.	54,939.	201,112.						
e Grassroots ceiling amount (150% of line 2d, column (e))					301,668.						
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2019

chedule C (Form 990 or 990-EZ) 2019 Page 3

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	file	d For	m 5768			
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	1)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	nt	
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 h	If "Yes," enter the amount of any tax incurred under section 4912						
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ				
d							
Рa	rt 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?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from	m the	prior	year?	3		
Рa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" (answered "Yes."	OR (b) Par	t III-A, I	ine 3	, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts (of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ie				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ıg				
_	and political expenditure next year?		1	4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	Tt IV Supplemental Information				A 1:		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ı grou	ıp iist); Part II-	A, III	es 1	and
2 (5	ee instructions), and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2019

JSA 9E1500 1.000 89055J C021

5J C021 V 19-7.7F

SCHEDULE 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.

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

GEN	NERATIONS UNITED, INC.		1-1542973
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accour	nts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets he	ld in donor	r advised
	funds are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	t funds can	be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	r any other	purpose
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
			orically important land area
		on of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution		
	easement on the last day of the tax year.	-	Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic structure included in (a)		
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, extinguished, or ter	rminated by	y the organization during the
	tax year >		
4	Number of states where property subject to conservation easement is located ▶		
5	Does the organization have a written policy regarding the periodic monitoring, inspensional processing and processing the periodic monitoring.		
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	ng conserva	dion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing	r consorvat	ion assements during the year
'	S	y conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se	ction 170/h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue a		
_	balance sheet, and include, if applicable, the text of the footnote to the organization's final		
	organization's accounting for conservation easements.		
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Oth	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its rever	nue statem	nent and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, educatio service, provide in Part XIII the text of the footnote to its financial statements that describes	n. or resea	arch in furtherance of public
h			
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or re-	e statemen esearch in	furtherance of public service
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		►\$
	(ii) Assets included in Form 990, Part X		▶\$
2	If the organization received or held works of art, historical treasures, or other similar		
	following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		
For	Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page **2**

Pa	rt III Organizations Maintaini	ng Collections	of Art, Histo	rical Tre	easures,	or Other	Similar Assets (continued)
3	Using the organization's acquisition	on, accession, a	nd other reco	ds, checl	k any of	the follow	ving that make sig	nificant us	e of its
	collection items (check all that app	ly):							
а	Public exhibition		d	Loan	or exchan	ige progra	m		
b	Scholarly research		e	Other					
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collect	ions and expl	ain how t	they furth	ner the or	ganization's exemp	t purpose	in Part
	XIII.								
5	During the year, did the organization	on solicit or recei	ve donations of	of art, hist	orical trea	asures, or	other similar		
	assets to be sold to raise funds rath		aintained as pa	art of the	organizati	ion's colle	ction?	Yes	No
Pa	rt IV Escrow and Custodial A								
	Complete if the organiza	ation answered	"Yes" on For	m 990, F	Part IV, li	ne 9, or r	eported an amou	nt on Forr	m
	990, Part X, line 21.								
1a	Is the organization an agent, truste						-		
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and c	omplete the fo	llowing tal	ble:				
							Amoun	t	
С	Beginning balance				<u> </u>	lc			
d	Additions during the year				-	ld			
e	Distributions during the year				_	le			
f O-	Ending balance					lf		V	N-
2a								Yes	No
	If "Yes," explain the arrangement in the arrangemen	n Part XIII. Ched	ck nere if the e	xpianation	nas beer	1 provided	on Part XIII		
Ра	rt V Endowment Funds. Complete if the organization	ation answered	"Yes" on For	m 990 F	Part IV li	ne 10			
	Complete if the organiza	(a) Current year				years back	(d) Three years back	(e) Four ye	ars hack
4.	Deginning of year belones	(a) carrent year	(2)	, ,	.,,,,	<u>'</u>	(a) mee jeare each	(6) . 54. 35	
1a	0 0 ,								
b	Contributions								
С	Net investment earnings, gains,								
4	and losses								
d	Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		ear end halanc	e (line 1a	column (a)) held as	·-		
a	Board designated or quasi-endown	•	%	o (iiilo 19,	, column (a,, noid de	·-		
b	Permanent endowment >	%							
С	Term endowment ▶	%							
	The percentages on lines 2a, 2b, a	and 2c should eq	ual 100%.						
3a	Are there endowment funds not in	the possession	of the organiza	ation that	are held	and admi	nistered for the		
	organization by:							Ye	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations	listed as requir	ed on Sch	edule R?			3b	
4	Describe in Part XIII the intended		nization's endo	wment fu	nds.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiz	upment. ation answered	"Yes" on Fo	rm 990 I	Part IV I	ine 11a	See Form 990 Pa	art X line	10
	Description of property		est or other basis		or other basi			d) Book value	
		,	nvestment)	(0	ther)	dep	reciation		
	Land								
b	Buildings								
C	Leasehold improvements				54,955	;	28,483.	26	5,472.
d	Equipment				34, 333	, •	20,403.	20	7,412.
	Other		Form 900 Port	Y colum	n (R) lino	10c)		26	5,472.
· Ota	/ wa mios ta unough te. (Column	(a) musi equal i	Jilli 330, Fall	A, coluilli	יין, וווופ	100./.		20	

Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990.	, Part IV, line 11b. See Form 990, Part X, line	Page 3
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990	Part IV, line 11c. See Form 990, Part X, line	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
I dit ix		d "Yes" on Form 990.	Part IV, line 11d. See Form 990, Part X, line	15.
		escription	(b) Book v	
(1)	•	•		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
• •				
(9)				
(9) Total. (Col	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
(9)	Other Liabilities. Complete if the organization answere		Part IV, line 11e or 11f. See Form 990, Part	Χ,
(9) Total. (Col Part X	Other Liabilities. Complete if the organization answere line 25.		•	
(9) Total. (Col Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part	
(9) Total. (Col Part X 1. (1) Fede	Other Liabilities. Complete if the organization answere line 25. (a) Description	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue
(9) Total. (Col Part X 1. (1) Fede (2) CAPI	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Col Part X 1. (1) Fede (2) CAPI	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Col. Part X 1. (1) Fede (2) CAPI (3) DEFE	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Coll Part X 1. (1) Fede (2) CAPI (3) DEFE (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Col Part X 1. (1) Fede (2) CAPI (3) DEFE (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Col. Part X 1. (1) Fede (2) CAPI (3) DEFE (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part (b) Book v	alue 1,792
(9) Total. (Col. Part X 1. (1) Fede (2) CAPI (3) DEFE (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25. (a) Description (a) Descript	ed "Yes" on Form 990	Part IV, line 11e or 11f. See Form 990, Part (b) Book v	

JSA 9E1270 1.000 89055J C021 Schedule D (Form 990) 2019 V 19-7.7F 25060 PAGE 33

Schedule D (Form 990) 2019 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,642,440.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	20,655.
3	Subtract line 2e from line 1	3	2,621,785.
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 3,113.	-	
b	Other (Describe in Part XIII.)	١. ١	2 112
	Add lines 4a and 4b	4c	3,113. 2,624,898.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 Irn	2,024,030.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,644,766.
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.)	2-	
е	Add lines 2a through 2d	2e 3	1,644,766.
3	Subtract line 2e from line 1	3	1,011,100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 3,113.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	other (Describe III dit Alli.)	4c	3,113.
5	Add lines 4a and 4b	-	1,647,879.
Part	XIII Supplemental Information.		
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

GEN	MERATIONS UNITED, INC.				31-15429	
Par			Outside the	United States. Compl		
1	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	the grants or a	assistance, and the selec	etion criteria used to	Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	anization's pro	ocedures for monitoring t	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line		duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3 a						
b	Total from continuation					

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

Schedule F (Form 990) 2019

Totals (add lines 3a and 3b)

GENERATIONS UNITED, INC.

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			EAST ASIA/PACIFIC	PROGRAM	41,250.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t	er total number of recipien the IRS, or for which the gra ter total number of other or	antee or counsel has pro	vided a section 501(c)(3) equivalency letter	r		•		1.

GENERATIONS UNITED, INC.

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

rait	1 oreign rollins	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Yes	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990).	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Yes	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Yes X	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Yes X	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) Yes	

Schedule F (Form 990) 2019

9E1277 1.000 89055J C021 V 19-7.7F 25060 PAGE 39 Schedule F (Form 990) 2019 Page **5**

Part V Supplem

Supplemental Information

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

MONTIORING OF GRANTS TO FOREIGN ORGANIZATIONS

GU MONITORS GRANTS TO FOREIGN ORGANIZATIONS BY EVALUATING MONTHLY AND

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

Schedule F (Form 990) 2019

JSA

89055J C021 V 19-7.7F 25060 PAGE 40

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization							Employer identification number				
GENERATIONS UNITED, INC.						31-15429	73				
Part I General Information on Grants ar	nd Assistanc	е									
 Does the organization maintain records to see the selection criteria used to award the gran Describe in Part IV the organization's process. 	nts or assistand	œ?				•	X Yes No				
Part IV, line 21, for any recipient		•					es" on Form 990,				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
(1) LEADINGAGE							RESEARCH SENIOR HOUS				
2519 CONNECTICUT AVE, NW WASH, DC 20008	13-6213525	501 (C) (3)	20,918.				HOUSING				
(2) A SECOND CHANCE											
8350 FRANKSTOWN AVE PITTSBURGH, PA 15221	33-0539640	501 (C) (3)	6,000.				RESEARCH FAMILY RELA				
(3) NATIONAL INDIAN CHILD WELFARE ASSOCIATION											
5100 SW MACADAM AVENUE PORTLAND, OR 97239	93-0951531	501 (C) (3)	21,000.				RESEARCH FAMILY RELA				
(4) OHIO STATE UNIVERSITY											
1960 KENNY ROAD COLUMBUS, OH 43210	31-1145986	501 (C) (3)	25,000.				EISNER REPORT				
(5) FOSTERKINSHIP											
3925 W CHEYENNE AVE SUITE 401	45-4242425	501 (C) (3)	6,000.				RALI PAYMENT 1 OF 2				
(6) GIRL SCOUTS HEART OF MICHIGAN											
444 JAMES L. HART PARKWAY	38-1581300	501 (C) (3)	14,036.				SUBGRANT FOR MHEF				
_(7)	_										
(8)											
(9)											
(10)											
(11)											
(12)											
2 Enter total number of section 501(c)(3) and	government	ı organizations lis	sted in the line 1 tal	ble			6.				
3 Enter total number of other organizations list	sted in the line	1 table									
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 9	990.				Sc	hedule I (Form 990) (2019)				

25060

JSA

89055J C021

V 19-7.7F

GENERATIONS UNITED, INC.

Schedule I (Form 990) (2019)

art 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					
2					
_ 3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

THE ORGANIZATION SCREENS GRANT APPLICATIONS TO ENSURE THAT ONLY ELIGIBLE

ORGANIZATIONS RECEIVE THE GRANTS.

89055J C021 V 19-7.7F 25060 PAGE 42

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GENERATIONS UNITED, INC. 31-1542973 **Questions Regarding Compensation**

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
L	If any of the haves on line to are checked did the organization follow a written noticy regarding normant			
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	16		
-	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•		_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		1

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

Schedule J (Form 990) 2019

GENERATIONS UNITED, INC. 31-1542973

Schedule J (Form 990) 2019

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.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	140,922.	10,000.	0.	10,330.	10,498.	171,750.	
1EXECUTIVE DIRECTOR	(ii)	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)							
	(ii)							
	(i)							
_12	(ii)							
42	(i) (ii)							
13	(i)							
44	(ii)							
14	(i)							
15	(ii)							
10	(i)							
16	(ii)							
10	(")			l .				<u> </u>

GENERATIONS UNITED, INC.

Schedule J (Form 990) 2019

Part || Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

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 Name of the organization

GENERATIONS UNITED, INC.

Employer identification number

31-1542973

ACTIVITIES THAT ARE THE SAME OR SIMILAR TO THEIR WORK AT GU, WHETHER FOR ANOTHER ORGANIZATION OR AS SELF-EMPLOYMENT, AND WHETHER PAID OR PERFORMED ON A VOLUNTEER BASIS.

OUTSIDE INVOLVEMENT: EMPLOYEES WHO HAVE ANY FINANCIAL OR PERSONAL

INTEREST IN AN ORGANIZATION WHICH MAY DO BUSINESS WITH OR COMPETE AGAINST

GU MUST DISCLOSE, IN WRITING, THE NATURE OF SUCH FINANCIAL OR PERSONAL

INTEREST TO THEIR SUPERVISOR OR THE EXECUTIVE DIRECTOR.

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

ANY ACTION CONTRARY TO THIS POLICY MAY RESULT IN IMMEDIATE TERMINATION OF AN EMPLOYEE. FURTHER, PARTICIPATION IN CERTAIN OUTSIDE ACTIVITIES MAY BE VIEWED AS BEING IN CONFLICT WITH THE INTERESTS OF GU AND MAY LEAD TO TERMINATION IN APPROPRIATE CIRCUMSTANCES. OFFICERS, DIRECTORS OR TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY DESCRIBE THEIR CONFLICT OF INTEREST AND SIGN A FORM.

FORM 990, PART VI, SECTION A, LINE 2

A FAMILY RELATIONSHIP EXISTS BETWEEN BOARD MEMBERS MATTHEW MELMED AND LYNETTE FRAGA.

DESCRIPTION

SPECIAL PROJECTS

TOTALS

ATTACHMENT 1

ATTACHMENT 1

EXPENSES REVENUE

273,964.

Schedule O (Form 990 or 990-EZ) 20	019				Page 2
Name of the organization				Employer identific	ation number
GENERATIONS UNITED,	INC.			31-1542	973
			7	ATTACHMENT	2
			=		
FORM 990, PART IX -	OTHER FEES				
		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION		FEES	SERVICE EXP.	AND GENERAL	EXPENSES
CONSULTANTS		295,182.	295,182.		
TOTALS		295,182.	295,182.		
			_		
			<u>A</u>	TTACHMENT 3	
FORM 990, PART X -	PREPAID EXPENSES AN	ID DEFERRED CHA	ARGES		
		DEGINI		7115 T11G	
		BEGINNI		ENDING	_
DESCRIPTION		BOOK VA	ALUE_	BOOK VALU	<u>E</u>
		r	-0 450	1.1	0.61
PREPAID EXPENSES		;	52,453.	11,	061.
	TOTAL C		EQ 4E2	11	061
	TOTALS	=====	52,453.		061.
				ATTACHMENT 4	1
FORM 990, PART X -	DEEEDDED DEWENTE			ATTACHMENT .	<u> </u>
PORM 990, PART X	DEFERRED REVENUE				
		BEGINNI	NG	ENDING	
DESCRIPTION		BOOK VA		BOOK VALU	F.
DESCRIPTION		BOOK VA		BOOK VALU	<u></u>
DEFERRED REVENUE		316	5,482.	12,2	119
		340	0,104.	14,4	11.
	TOTALS	316	5,482.	12,2	119
	IOIALD		0,102.		1 + 7 •