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Return of Organization Exempt From Income Tax

, 20

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2011 calendar year, or tax year beginning

, 2011, and ending

Open to Public Inspection

В	Check of a	noficable .	C Name of organization		D Employer identification number						
	_		GENERATIONS UNITED		31-154	2973					
L	Addr		Doing Business As								
	Name	e change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone r	number					
L	Initia	l return	1331 H STREET, NW	900	(202) 289-3979						
i_	Term	inated	City or town, state or country, and ZIP + 4								
Г	Amer		WASHINGTON, DC 20005		G Gross receipts \$ 1,281,005.						
		cation	F Name and address of principal officer DONNA BUTTS		H(a) is this a group return for Yes X No						
_			SAME AS ABOVE ,		affiliates? H(b) Are all affiliates included? Yes						
ī	Tax-ex	cempt st	atus X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or 527	⊣ ``		e instructions)				
J	Webs	ite: ▶	WWW.GU.ORG		H(c) Group exem						
ĸ			ization X Corporation Trust Association Other	I Year of forms	tion 1987 M						
Ď.	art I		mmary	E real or forma	1011 2007 111	State of 1	egai domicile. DO				
	1		describe the organization's mission or most significant activities:								
	'	-	IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLD.	ED DEODIE T	UPOTICU						
9			ERGENERATIONAL COLLABORATION, PUBLIC POLICIE			WAR.					
Governance			JRING BENEFIT FOR ALL.	S, AND FROG	TAMB FOR						
Š	_		·		 -						
ගී	2		this box if the organization discontinued its operations or dispose				4.5				
•ජ ග	3	Numb	er of voting members of the governing body (Part VI, line 1a)			. 3	17.				
ä	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4	17.				
Activities &	5		number of individuals employed in calendar year 2011 (Part V, line 2a)				18.				
Ā		Total	number of volunteers (estimate if necessary)			6					
			unrelated business revenue from Part VIII, column (C), line 12			7a	0				
	b	Net ur	nrelated business taxable income from Form 990-T, line-34	<u> </u>	<u> </u>	. 7b	0				
	1		RECEIVE		Prior Year		Current Year				
<u>a</u>	8	Contri	91.	1,174,169.							
Revenue	9	Progra	ment uncome (Part VIII, column (A), lines 3, 4, and 7(1)		3,7	03.	81,573.				
ě	10	00.	9,266.								
œ	11		revenue (Part VIII, column (A), lines 3, 4, and 7d). revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)]	16,4	01.	15,997.				
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A Line 12)	E	1,253,9	95.	1,281,005.				
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0	6,000.				
	14		its paid to or for members (Part IX, column (A), line 4)			o	0				
ဟ	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		697,3	58.	638,815.				
Expenses	16a					o					
ē	b	Total f	ssional fundraising fees (Part IX, column (A), line 11e)	2.							
ũ	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	==	567,4	68.	670,624.				
	18	Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • • • • • • • • • • • • • • • • •	1,264,8		1,315,439.				
	19		true less expenses Subtract line 18 from line 12		-10,8		-34,434.				
- S	13	Reven	de less expenses Subtract line to from line 12	Post							
Assets or	20	Total	perate (Part Y. line 16)	Begi	nning of Current		End of Year 639, 494.				
SSE	20		assets (Part X, line 16)	• • • • • • • • • • • • • • • • • • • •							
Net A	21		nabilities (Part X, line 26)		247,5		218,215.				
			sets or fund balances Subtract line 21 from line 20		454,6	39.	421,279.				
	rt II		gnature Block		 						
COI	aer per rect, ai	naities of nd comp	f perjury, I declare that I have examined this return, including accompanying schedules blete Deg@aration of preparer (other than o∰cer) is based on all information of which pi	and statements, and reparer has any knowl	to the best of my l ledge.	knowledge	and belief, it is true,				
			Atlan 0/10/14		1, _	9/1	5 1 10				
Sig	ın		Villa VISTO			8/1	<u> 3112</u>				
He			Signalitie of officer	N 1	Date						
110		.	V Donna M. Butts, Executive	Director	·						
			Type or print name and title								
Det.	4		Type preparer's name Preparer's signature	Date	Check	If PTIN	_				
Paid		MIC	HAEL J. DEVLIN Muchay Devlin CA	8/14/12	self-employ	red	P00245532				
	parer Only	Firm's	name > SARFINO AND RHOADES, LLP	- ,	Firm's EIN	52-09	61657				
USE	Jiny	Firm's	address ▶ 11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA, MD 208	52-2794	Phone no.	301-7	70-5500				
Ma	the I	RS dis	cuss this return with the preparer shown above? (see instructions)				X Yes No				
_			Reduction Act Notice, see the separate instructions.				Form 990 (2011)				

	GENERATIONS UNITED 51-1542975
_	n 990 (2011) Page
Pá	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO IMPROVE THE LIVES OF CHILDREN, YOUTH AND OLDER PEOPLE THROUGH
	INTERGENERATIONAL COLLABORATION, PUBLIC POLICIES, AND PROGRAMS FOR
	THE ENDURING BENEFIT FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
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 expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
<u></u>	(Code:) (Expenses \$ 236,768. including grants of \$) (Revenue \$)
	SHARED SITES: COMMITTED TO INCREASING INTERGENERATIONAL SHARED
	SITES AND SHARED RESOURCES TO MEET THE COUNTRY'S DEPENDENT CARE
	NEEDS AND ENCOURAGE AGE-INTEGRATED COMMUNITIES. GU ALSO HOSTS THE
	NATIONAL RESOURCE CENTER ON INTERGENERATIONAL SHARED SITES.
4 b	(Code:) (Expenses \$ 222,949. including grants of \$) (Revenue \$)
	ATTACHMENT 1
4 c	(Code) (Expenses \$ 333,205. including grants of \$) (Revenue \$)
	PUBLIC EDUCATION INCLUDING IDENTIFYING BEST INTERGENERATIONAL
	PRACTICES, PRODUCING REPORTS, SPEAKING AND WRITING, AND EDUCATING
	ABOUT GRANDPARENTS RAISING GRANDCHILDREN.
4 d	Other program services (Describe in Schedule O.) ATTACHMENT 2
	(Expenses \$ 318, 102. Including grants of \$) (Revenue \$)
	Total program service expenses ▶ 1,111,024.
JSA	Form 990 (20

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

	GENERATIONS UNITED 31-154	2973		
	990 (2011)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
- 4			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		ا ,,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			.,
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
04-	employees? If "Yes," complete Schedule J	23		<u> </u>
24 a	property of their states and their states are states and their states and their states are states and their states and their states are states are states are states and their states are states			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	The state of the s	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	امدا		
	to defease any tax-exempt bonds?	24c		
d 25 -	and your restriction of the second control o	24d		
25 a	t // / U and a second	05-	i	v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	0 0 manage and a manage and a manage 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?	256		х
26	If "Yes," complete Schedule L, Part I	25b		
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
U	Schedule L, Part N	28b		х
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
50	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N.</i>			
٠.	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ٽ ا		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
•	N, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Jou		
-	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555		
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		
	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 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2011)
		. 51111		

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	Section and Parameter Parameter College Cities and Tay Compliance			Page
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	, , , , , , , , , , , , , , , , , , , ,	•	Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			7" 2" .
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1	4	- C
·	reportable gaming (gambling) winnings to prize winners?	1c	X	<u> </u>
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2,725	17.45	73 7
20		3 - ₹	1	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u></u>
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	7.	,	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			t
	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 ▶			12-
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	، ،	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь]
7	Organizations that may receive deductible contributions under section 170(c).	5 4 7		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		i .	
	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?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		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
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		•	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	To Survey	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	2 d	÷ ,r
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		2 2/2	1 5.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	5.1.12E	-
	Note. See the instructions for additional information the organization must report on Schedule O.		Sept 2	
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
	the organization is licensed to issue qualified health plans	1		2
	Enter the amount of reserves on hand		5 . C . E . A	17
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

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Form 990 (2011) GENERATIONS UNITED Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Х Section A. Governing Body and Management Yes No 17 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 17 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a Х 8Ь Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. <u>12a</u> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c X 13 13 Х Did the organization have a written document retention and destruction policy?....... 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 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 16a Х 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. Another's website | X | Upon request Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

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

202-289-3979

Form 990 (2011)

Form 990 (2011)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for	box,	unles	neck ss pe	more more	e than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2/1000 MIGO)	organization and related organizations
(1)_WILLIAM L. MINNIX, JRCHAIR	1.00	х		X				0	0	0
CHRISTINE JAMES-BROWN TREASURER	1.00	х		Х				0	0	0
(3) MICHAEL S. MARCUS SECRETARY	1.00	х		х	-	_		0	0	C
(4) MARYLEE ALLEN BOARD MEMBER	1.00	х						0	0	
(5) WILLIAM H. BENTLEY BOARD MEMBER	1.00	х				_		0	0	C
(6) ROBERT DUGGER BOARD MEMBER	1.00	х						0	0	0
(7) JATRICE MARTEL GAITER BOARD MEMBER	1.00	х						O	0	C
(8) MARLA VIORST BOARD MEMBER	1.00	х						0	0	C
(9) WALTER L. JONES BOARD MEMBER	1.00	х						0	0	0
(10) LARRY NAAKE BOARD MEMBER	1.00	х						0	0	
(11) BARB QUAINTANCE BOARD MEMBER	1.00	х						0	0	C
(12) PAMELA B. SMITH BOARD MEMBER	1.00	х			Ì			0	0	C
(13) MATTHEW MELMED VICE CHAIR	1.00	х		х				0	0	C
(14) SANDRA TIMMERMANN BOARD MEMBER	1.00	х						C	0	C
ISA A						<u></u>		·	<u> </u>	Form 990 (2011)

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employ	ees (c	ontinue		Page 0
(A) Name and title	(B) Average hours per week (describe	box,	unles er and	Pos heck ss pe	erson firect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an com	(F) stimated nount of other opensation	f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-I	VIISC)	org. and	om the anizatio i related inization	d
15) SANDRA Y. NATHAN											··		
BOARD MEMBER	1.00	X			ļ			0		0			0
16) JOHN ROTHER BOARD MEMBER	1.00	x		:				c		o			0
17) PAUL N. D. THORNELL BOARD MEMBER	1.00	х						o		0		_	
18) DONNA BUTTS EXECUTIVE DIRECTOR	40.00			х				116,792.		0		10,8	346.
	-												
											-		
											4		
												_	
1b Sub-total c Total from continuation sheets to Part VII, S							>	116,792.		0		10,8	0
d Total (add lines 1b and 1c)								116,792.	<u> </u>	0		10,8	
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re		\$100,000 o	f		•	
			-								-	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directoule J for suc	or, or ch ind	tru Iividi	ust <u>e</u> ual	e, • .	key e	emp	oloyee, or highes	t compensa	ited	3	-	x
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	0,0	00?	i If	"Yes	5, "	complete Schedu	le J for s	uch	4	÷	x
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individ	dual		·-c ·	7.
for services rendered to the organization? If "Y Section B. Independent Contractors	es, compie	te Scr	<u>neau</u>	ile J	tor	such	per	son	<u></u>	· ·	5		<u> </u>
Complete this table for your five highest com- compensation from the organization. Report of year.	pensated i	ndepe	ende the	ent e	con	tracto dar ye	rs t ar e	hat received more ending with or with	than \$100, nin the orgai	,000 of nizatior	f n's tax		
(A) Name and business add	iress							(B) Description of se	ervices	C	(C) ompens	ation	
				_			士						
							\perp					_	

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Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

	<u>;</u>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512, 513, or 514
at sta	1a	Federated campaigns	<u>1a</u>		ļ		SE NOW!	7.
<u> </u>	b	Membership dues	<u>1b</u>	129,925.		gram and gram and		
<u> </u>	c	Fundraising events	1c					9 , 40, 5
2 5	d	Related organizations	1d					
Sir	e	Government grants (contributio	ns) 1e		1		A Carece	· 通常 1
e di	f	All other contributions, gifts, grants,						1
흡증		and similar amounts not included at	bove . 1f	1,044,244.	Ž.		,	-
Contributions, Gifts, Grants and Other Similar Amounts	g					,		
	h	Total. Add lines 1a-1f			1,174,169.			
Ĕ				Business Code	<u>-</u>			
Š	2a			511190	68.	68.		i
8	b	CONFERENCE		611430	81,505.	81,505.	3	<u> </u>
Σ	C						<u> </u>	
Š	d							
<u>Ia</u>	е							
Program Service Revenue	f	All other program service reven Total. Add lines 2a-2f			81,573.			
	3	Investment income (including of						
	1	other similar amounts)			9,266.			9,266
	4	Income from investment of tax						
	5	Royalties · · · · · · · · ·			0			
			(ı) Real	(ii) Personal				
	6a	Gross rents	15,729					
	ь	Less rental expenses						
	C	Rental income or (loss) L	15,729					
	ď		· · · · · · · · · · · · · · · · · · ·		15,729.			15,729
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		ļ				
	b	Less cost or other basis						
		and sales expenses		 				
	C						<u>.</u> .	-
	d	3 ()		· <u>····</u>	0		· · · · · · · · · · · · · · · · · · ·	
Ę	8a	Gross income from fundraisi						
Ş.	}	events (not including \$						j
æ		of contributions reported on line	•					
ē		See Part IV, line 18						
Other Revenu	b				0			
O		Gross income from gaming acti	-					
	34	See Part IV, line 19						
	Ь	Less direct expenses						
	C				o			
	10a	Gross sales of inventory	_					
		returns and allowances						
	ь	Less cost of goods sold		1		<u> </u>		
	С	Net income or (loss) from sales	of inventory.	<u></u> ▶	0			
	<u> </u>	Miscellaneous Revenue		Business Code				
	11a	MISCELLANEOUS REVENUE		900099	268.	268.		
	ь							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d · · ·			268.	·	-	* .
	12	Total revenue. See instructions	<u> </u>	<u></u> >	1,281,005.	81,841.		24,995.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX											
	not include amounts reported on lines 6b, , 8b, 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 governments and										
	organizations in the United States See Part IV, line 21.	6,000.	6,000.								
2	Grants and other assistance to individuals in										
_	the United States See Part IV, line 22	o									
3	Grants and other assistance to governments,										
_	organizations, and individuals outside the										
	United States See Part IV, lines 15 and 16	o									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
•	trustees, and key employees	116,792.	111,454.	5,061.	277.						
6	Compensation not included above, to disqualified										
Ū	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	o									
7	Other salaries and wages , ,	431,430.	411,711.	18,695.	1,024.						
8	Pension plan accruals and contributions (include section										
٥	401(k) and 403(b) employer contributions)	19,804.	19,381.	374.	49.						
9	Other employee benefits	31,271.	30,603.	592.	76.						
		39,518.	38,673.	748.	97.						
10	Payroll taxes	02,010.	- 30,013.								
11	Fees for services (non-employees)	ol]	Ì							
	Management	0									
	Legal	<u> </u>		——— —							
	Accounting	0									
	Lobbying	0									
	Professional fundraising services See Part IV, line 17	0									
	Investment management fees	278,003.	273,384.	4,619.							
	Other	278,003.	2/3,364.	4,019.							
12	Advertising and promotion	6,978.	6,978.								
13	Office expenses	0,978.	0,3/0.								
14	Information technology	- 0									
15	Royalties	176,065.	2 040	172 005							
16	Occupancy	57,166.	2,840.	173,225.							
17	Travel	37,100.	57,166.								
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	06.005								
19	Conferences, conventions, and meetings	86,835.	86,835.								
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	3,691.	3,522.	160.	<u>9.</u>						
23	Insurance	3,413.		3,413.							
24	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O)										
_	PRINTING & PRODUCTION	19,319.	18,939.	380.							
_	TELEPHONE	25,785.	25,785.								
_	EQUIPMENT AND MAINTENANCE	9,648.	9,219.	429.							
d	POSTAGE & SHIPPING	8,051.	7,753.	298.							
е	All other expenses	-4,330.	781.	-5,111.							
	Total functional expenses. Add lines 1 through 24e	1,315,439.	1,111,024.	202,883.	1,532.						
	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			İ							
	following SOP 98-2 (ASC 958-720)	0									
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Par	t X	Balance Sheet					rage 1
					(A) Beginning of year		(B) End of year
$\neg \top$	1	Cash - non-interest-bearing			61,280.	1	12,609.
	2	Savings and temporary cash investments			380,669.	2	470,276.
ŀ	3	Pledges and grants receivable, net			16,419.	3	10,860.
1	4	Accounts receivable, net				4	5,367.
	5	Receivables from current and former officers,	dire	ctors, trustees, key			
		employees, and highest compensated employe	es. (Complete Part II of			
	6	Schedule L Receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(employers and sponsoring organizations of se employees' beneficiary organizations (see instruct	3), and contributing 501(c)(9) voluntary	C		c C	
e e	7	Notes and loans receivable, net			C	7	C
Assets	8	Inventories for sale or use		[C	8	C
7	9	Prepaid expenses and deferred charges			C	9	0
1.	10a	Land, buildings, and equipment: cost or		[
		other basis Complete Part VI of Schedule D	10a	46,786.			
	b	Less accumulated depreciation	10b	39,877.	10,600.		6,909.
-	11	Investments - publicly traded securities		ATCH 3	217,528.	11	118,602.
- 1	12	Investments - other securities. See Part IV, line 11		[12	0
•	13	Investments - program-related. See Part IV, line 11				13	0
•	14	Intangible assets ,				14	0
	15	Other assets See Part IV, line 11	<i></i> [15,663.		14,871.	
	16	Total assets. Add lines 1 through 15 (must equal			702,159.		639,494.
_ ·	17	Accounts payable and accrued expenses		74,095.		75,930.	
1.	18	Grants payable		18	0		
	19	Deferred revenue	170,925.	19	139,785.		
	20	Tax-exempt bond liabilities			20	0	
8	21	Escrow or custodial account liability. Complete				21	0
Liabilities	22	Payables to current and former officers,	direct	ors, trustees, key			
ap		employees, highest compensated employees,					
7		Complete Part II of Schedule L				22	0
]2	23	Secured mortgages and notes payable to unrelate				23	0
2	24	Unsecured notes and loans payable to unrelated			<u></u>	24	0
2	25	Other liabilities (including federal income tax, pay				i i	
ı		parties, and other liabilities not included on lines		•			
- }		of Schedule D			2,500.		2,500.
	26	Total liabilities. Add lines 17 through 25			247,520.	26	218,215.
ses		Organizations that follow SFAS 117, check here lines 27 through 29, and lines 33 and 34.	. ► [X and complete			
ğ	27	Unrestricted net assets		<u>.</u>	273,782.		349,089.
Fund Balances	28	Temporarily restricted net assets			180,857.	28	72,190.
힏	29	Permanently restricted net assets		<u></u> [29	0
or Fu		Organizations that do not follow SFAS 117, che complete lines 30 through 34.	re ▶ and				
	30	Capital stock or trust principal, or current funds .			30		
Assets	31	Paid-in or capital surplus, or land, building, or equ	ııpmeı	nt fund		31	
	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	
Net :	33	Total net assets or fund balances			454,639.	33	421,279.
- 1	34	Total liabilities and net assets/fund balances			702,159.		639,494.

Form **990** (2011)

GENERATIONS UNITED

Form 990 (2011)							
Pa	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				005.	
2	Total expenses (must equal Part IX, column (A), line 25)					439.	
3	Revenue less expenses. Subtract line 2 from line 1					434.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	I =		4		639.	
5	Other changes in net assets or fund balances (explain in Schedule O)				1,(074.	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33	,	ļ				
	column (B))	. 6		4	21,2	279.	
Pa	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII					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," Schedule O	explaii	חות [-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		;	2a ∣		X	
b				2b	X		
C		rovers	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	tant?	!:	2 c	X		
	If the organization changed either its oversight process or selection process during the tax year	explai	n in				
	Schedule O.		1				
đ		year v	vere				
	issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		1				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	et fort	h in			1	
	the Single Audit Act and OMB Circular A-133?		!	3 a		X	
b	in too, and the enganization and the addition in the enganization and the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	lits		3 b		<u> </u>	

Form **990** (2011)

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. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GENERA	ATIONS UNITED								31	-1542973
Part I	Reason for Pub	lic Charity Status	s (All organizations mu	st cor	nplete	this pa	art.) Se	e instr	uctions	
The orga	anization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)		
1	A church, conventi-	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)		
2			(1)(A)(ii). (Attach Schedul	•						
3	A hospital or a coo	perative hospital s	ervice organization descri	ibed in	sectio	n 170(b)(1)(A)	(iii).		
4 📗			erated in conjunction wi	ith a h	ospita	l descri	ibed ın	sectio	n 170(t)(1)(A)(iii). Enter the
	hospital's name, cit									
5			nefit of a college or univ	ersity	owned	l or ope	erated I	by a go	vernme	ntal unit described in
	section 170(b)(1)(
6			or governmental unit des							
7 X			es a substantial part of it	s supp	ort irc	m a go	vernme	entai un	iit or ire	om the general public
• 🗀			. (Complete Part II.) on 170(b)(1)(A)(vi). (Com	volete E						
¦ ⊢			es: (1) more than 331/3%				contrib	outions	memb	archin face and arace
• 🗀			exempt functions - subj							
			ome and unrelated busi							
			ne 30, 1975. See section							taxy from buomococo
10			ted exclusively to test for	•		•		•).	
11			rated exclusively for the	-					•	, or to carry out the
	purposes of one o	r more publicly su	apported organizations de	escribe	d in s	ection 5	509(a)(1) or se	ection 5	09(a)(2). See section
	509(a)(3). Check the	ne box that describ	es the type of supporting	organ	izatıon	and co	mplete	lines 11	le th <u>ro</u> u	<u>.</u> gh 11h.
	a Type I	b Type				ally inte			d	Type III - Other
e			the organization is not							
			gers and other than one	or mo	re put	olicly su	pported	d organ	ızations	described in section
	509(a)(1) or section			. 100	46 -4 4				_	
f	organization, check		n determination from th	e IKS	tnat it	is a i	ype ı, ı	ype II,	or Type	e III supporting
•	•				 ntributi					
9	following persons?	-	mzation accepted any gin	t or co	iiiibut		i ally of	u ic		
	= :		ectly controls, either alor	ne or t	ogethe	er with	persor	s desc	ribed in	(II) Yes No
			dy of the supported organ							
			scribed in (i) above?							44-(3)
			son described in (i) or (ii) a							11g(iii)
h	Provide the following	ng information abo	out the supported organiza	ation(s).					
(i) N	lame of supported	(ii) EIN	(iii) Type of organization	(iv)	is the		ou notify		s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section	coi (i)	zation in Iisted in	the orga	inization (i) of		zation in rganized	support
			(see instructions))		overning ment?	your su		in the	บัร?	
				Yes	No	Yes	No	Yes	No	
(A)				ļ				Ì		
				<u> </u>						
(B)										
	<u> </u>			<u> </u>	-					
(C)										
				 	 			-		
(D)					1					
				<u> </u>	-				-	
(E)										
	 			1				<u> </u>		
Total					1					

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

Schedule A (Form 990 or 990-EZ) 2011

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

Sec	tion A. Public Support			····	· · · · · · · · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)				1 100		3,265,424.
6	Public support. Subtract line 5 from line 4		', -		•		2,487,079.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,341,666.	991,766.	1,021,011.	1,223,891.	1,174,169.	5,752,503.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17 <u>,</u> 374.	14,081.	10,675.	10,000.	9,266.	61,396.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					1	5,813,899.
12	Gross receipts from related activities, etc. (s					12	415,672.
13	First five years. If the Form 990 is forganization, check this box and stop here		<u> </u>	nd, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
	tion C. Computation of Public Sup		-				40 70
14	Public support percentage for 2011 (III					14	42.78%
15	Public support percentage from 2010					15	
iva	331/3% support test - 2011. If the o this box and stop here. The organization	nganization did	not check the	box on line 13,	, and line 14 is	331/3% or more	e, check ► X
h	331/3% support test - 2010. If the o	on quaimes as a	not check a b	ov op lipe 13 e	11	15 io 224/09/ a	• 🔼
	check this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2011. If the ord	anization did n	ot check a box	on line 13 16a	or 16b and liv	ne 14 is
	10% or more, and if the organization						
	Part IV how the organization meets t						
	organization						
b	10%-facts-and-circumstances test - 2	2010. If the org	ganization did n	ot check a box	on line 13, 16	a. 16b. or 17a.	and line
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization supported organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions	<u> </u>	<u>.</u>	<u> </u>	<u> </u>	<u> </u>	▶ 🛄
						chedule A (Form 99	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	-				-	
	received (Do not include any "unusual grants.")	_]	_	
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				<u> </u>		
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the		1		1		1
	organization without charge						
•	Total. Add lines 1 through 5	_					
7-							
/ d	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3					 	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			<u></u>			ļ
	Add lines 7a and 7b		-				
8	Public support (Subtract line 7c from						
	line 6)		l	L.,	L	L	<u> </u>
	tion B. Total Support	(a) 2007	(h) 2009	(0) 2000	(4) 2010	(5) 2044	/O Total
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 10a	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties and income from similar sources]				
h	Unrelated business taxable income (less	_ -					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		·	-		 -		
	Add lines 10a and 10b		· 				
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly					ļ	
	carried on	_					
12	Other income Do not include gain or		!		1	ļ	
	loss from the sale of capital assets				1		
	(Explain in Part IV)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,		1		1		
	and 12)		l	<u> </u>	L	l	<u> </u>
14	First five years. If the Form 990 is for				-		
	organization, check this box and stop here			<u> </u>		· · · · · · · · · · ·	▶
Sec	tion C. Computation of Public Sur						
15	Public support percentage for 2011 (line 8					15	<u> </u>
16	Public support percentage from 2010 Scho				· · · · · · · · · · · ·	16	<u>%_</u>
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2011 (li					17	%_
18	Investment income percentage from 2010	Schedule A, Part	III, line 17			18	
19a	331/3% support tests - 2011. If the or	ganization did n	ot check the bo	k on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3%, check th	is box and sto	p here The org	anızation qualıfie	s as a publicly	supported organ	ization 🕨 🔝
b	331/3% support tests - 2010. If the orga	anızatıon did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 331/	3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here The or	ganization qualifi	ies as a publicly	supported organ	ızation 🕨 🗌
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19t	o, check this bo	ox and see insti	ructions >

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Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2011

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► See separate instructions.

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III			
Nam	e of organization		<u> </u>	Employer iden	tification number
	ERATIONS UNITED				542973
Pai		rganization is exempt under s			nization.
1		organization's direct and indirect p			_
2	Political expenditures			▶ \$	0
3	Volunteer hours				
Par		rganization is exempt under s			
1		ise tax incurred by the organizatio			
2		esse tax incurred by organization m			
3		a section 4955 tax, did it file Form			
	Was a correction made? If "Yes," describe in Part IV.				· · · L Yes L No
Par	t I-C Complete if the o	rganization is exempt under	section 501(c), ex	cept section 501(c)(3).
1	•	xpended by the filing organizatior		•	
	activities			▶ \$	
2		ng organization's funds contributed	•		
		es			
3		enditures. Add lines 1 and 2. En			
	line 17b			▶ \$	
4		Form 1120-POL for this year?			
5		and employer identification numb			
		s For each organization listed, en ributions received that were prom			
		nd or a political action committee			
			i	i —	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate political organization If
					none, enter -0-
(1)					
(2)					
					<u> </u>
(3)					
(4)					
(5)					
					
(6)					

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

Schedule C (Form 990 of 990-EZ) 2011 CENERALI TORRE ON THE	
Part II-A Complete if the organization is exempt under section 501(c)(3) and section 501(h)).	filed Form 5768 (election under
A Check ▶ if the filing organization belongs to an affiliated group (and list in Paname, address, ElN, expenses, and share of excess lobbying expended by the filing organization checked box A and "limited control" provision	ditures).
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing (b) Affiliated organization's totals group totals

		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	2,022.	
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	1,428.	
С	Total lobbying expenditures (add lines 1	a and 1b)	3,450.	
d			1,311,989.	
е		d lines 1c and 1d)	1,315,439.	
f	Lobbying nontaxable amount. Enter the			
	columns		206,544.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25	5% of line 1f)	51,636.	
h	Subtract line 1g from line 1a. If zero or le		0	0
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0	0
i	If there is an amount other than zero on	either line 1h or line 1i, did the organization file	Form 4720	

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

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

Schedule C (Form 990 or 990-EZ) 2011

Yes

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Pai	t II-B	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 570	38		
 For	each "Y	'es" response to lines 1a through 1i below, provide in Part IV a detailed description	(4	a)		(l	o)	
		ing activity.	Yes	No		Amo	ount	
1	During	the year, did the filing organization attempt to influence foreign, national, state or local				,		
	legisla	tion, including any attempt to influence public opinion on a legislative matter or	}		1			
		ndum, through the use of:		•				
а	Volunt	eers?						
b		aff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media	advertisements?						
d	Mailing	gs to members, legislators, or the public?						
e	Public	ations, or published or broadcast statements?		<u> </u>	<u> </u>			
f	Oranio	to other organizations for lobbying purposes:	1		<u> </u>			
g	Direct	contact with legislators, their staffs, government officials, or a legislative body?	<u></u>	 	<u> </u>			
h		, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<u> </u>					
i		activities?	<u> </u>		 			
J	Total.	Add lines 1c through 1i	ł	l				
2 a	Dia tue	e activities in line 1 cause the organization to be not described in section 501(c)(3)?		 	ł			
b	If Yes	" enter the amount of any tax incurred under section 4912			 -			
C		" enter the amount of any tax incurred by organization managers under section 4912			-			
d		iling organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501	/-\/E\					
Pa	(LIII-A	501(c)(6).	(C)(5)	, or s	ectio	n		
					-		Yes	No
1	Were	substantially all (90% or more) dues received nondeductible by members?				1	T	
2	Did the	organization make only in house labburg expanditures of \$2,000 or local					T	
3	Did the	e organization agree to carry over lobbying and political expenditures from the prior year?		· · <u>· · </u>	<u></u>	3		
1	Dues,	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." assessments and similar amounts from members	`		1	, iiiie	J, 15	
2		n 162(e) nondeductible lobbying and political expenditures (do not include amoral expenses for which the section 527(f) tax was paid).	unts	of				
_	•	·						
а		t year			2a			
D		ver from last year			2b			
C	lotal.	pate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			2c			
3 4		es were sent and the amount on line 2c exceeds the amount on line 3, what portion			3			
•		does the organization agree to carryover to the reasonable estimate of nondeductible li						
			•	•	4			
5	Taxable	Itical expenditure next year? a amount of lobbying and political expenditures (see instructions)	• • •		5			
			···	<u>· · · · · · · · · · · · · · · · · · · </u>				
Con	t IV plete th	Supplemental Information is part to provide the descriptions required for Part FA, line 1, Part FB, line 4; Part FC, line plete this part for any additional information.			, and f	Part II-	B, line	;
						- -		
	-							
							-	
	_			_ _	· -			
			- -	. .				

Schedule C (Form 990 or 990-EZ) 2011

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Schedule C (Form 990 or 990-EZ) 2011

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GENERATIONS UNITED

Ization

IS UNITED

Employer identification number
31-1542973

reanizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the

Pa	Organizations Maintaining Donor Advise organization answered "Yes" to Form 990	d Funds or Other Similar Funds of Part IV. line 6.	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor adv	isors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the or	<u> </u>	
6	Did the organization inform all grantees, donors, and o		
	only for charitable purposes and not for the benefit of		
	conferring impermissible private benefit?	<u> </u>	Yes No
Pa	art II Conservation Easements. Complete if the	e organization answered "Yes" to I	
1	Purpose(s) of conservation easements held by the org	ganization (check all that apply).	
	Preservation of land for public use (e.g., recreating	on or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements .		
C	Number of conservation easements on a certified hist		· 2c
ď	Number of conservation easements included in (c) ac		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transfe	rred, released, extinguished, or termi	nated by the organization during the
	tax year ▶Number of states where property subject to conserva	tion agreement is leasted by	
4 5	Does the organization have a written policy regarding		
5	violations, and enforcement of the conservation easen		
6	Staff and volunteer hours devoted to monitoring, inspe		-
U	>	eding, and emoterny conservation ea	isements during the year
7	Amount of expenses incurred in monitoring, inspecting	and enforcing conservation easem	ents during the year
•	►\$	y, and officially conscivation casem	ents during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of s	section 170(h)(4)(B)
_	(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports cor	nservation easements in its revenue a	nd expense statement, and
	balance sheet, and include, if applicable, the text of the		
	organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Complete if the organization answered "Yes		er Similar Assets.
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar a	116 (ASC 958), not to report in its	revenue statement and balance sheet ucation, or research in furtherance of
	public service, provide, in Part XIV, the text of the footi	note to its financial statements that de	escribes these items.
b	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar a public service, provide the following amounts relating	assets held for public exhibition, ed to these items:	ucation, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1 .		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, I	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under SFAS	S 116 (ASC 958) relating to these iter	ns.
а	Revenues included in Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		
For I	Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.	Schedule D (Form 990) 2011

GENERATIONS UNITED

	dule D (Form 990) 2011					_						Page 2
Par	t III Organizations Maintain	ing Colle	ections of	Art, His	storical T	reasure	s, or	Other	Similar A	Assets (d	continued)	
3	Using the organization's acquisition collection items (check all that app		sion, and	other re	cords, che	eck any o	of the	follow	ving that a	are a sigr	nficant use	of its
а	Public exhibition			đ	L.	oan or ex	chan	ge prog	grams			
b	Scholarly research			e		ther						
С	Preservation for future ge	enerations	i					- 				
4	Provide a description of the orga	nization's	collections	s and ex	xplain how	they fu	rther	the or	ganization'	's exemp	t purpose i	n Part
	XIV.											
5	During the year, did the organization	on solicit (or receive o	donation	s of art, hi	storical ti	reasu	res, or	other sımil	ar		
	assets to be sold to raise funds rati	her than t	o be maint	ained as	part of the	e organiz	ation	's collec	ction?	[Yes	No
Par	t IV Escrow and Custodial A line 9, or reported an ar						n ans	swered	"Yes" to	Form 99	0, Part IV	
1a	Is the organization an agent, truste	e. custod	an or othe	r interm	ediary for	contribut	ions (or othe	r assets no	nt		
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement in											
-	3		•						Ā	mount		
С	Beginning balance						10					
ď	Additions during the year							-				
e	Distributions during the year							-				
f	Ending balance											-
2a	Did the organization include an an									T	Yes	No
b	If "Yes," explain the arrangement in									_		
Par	t V Endowment Funds. Cor	nplete if	the organ	nization	answere	d "Yes" t	to Fo	rm 990	0, Part IV,	line 10.		
		(a) Cu	rrent year	(b)	Prior year	(c) Tv	vo yea	rs back	(d) Three y	years back	(e) Four yea	irs back
1 a	Beginning of year balance											
b	Contributions											
C	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities .											
	and programs										_	
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage	of the cur	rent year e	end bala	nce (line 1	g, columi	n (a))	held as	:			
а	Board designated or quasi-endowr	ment ▶_	- 	_%								
	Permanent endowment	%										
C	Temporarily restricted endowment		%									
	The percentages in lines 2a, 2b, a											
3a	Are there endowment funds not in	the poss	ession of t	he orgar	nization th	at are he	ld an	d admır	nistered for	the		
	organization by:										Ye	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	
þ	If "Yes" to 3a(ii), are the related org	-					• • •		• • • • •		3b	
4	Describe in Part XIV the intended										_	
Par	t VI Land, Buildings, and Eq	uipment	. See For	m <u>990,</u>	Part X, Iır	ne 10.	- 1					
	Description of property		(a) Cost or	r other basi stment)	is (b) Co	st or other b (other)	asıs		cumulated eciation	(0	l) Book value	
1 a	Land											
b	Buildings											
C	Leasehold improvements								20 2==			000
d	Equipment		<u> </u>			46,7	86		39,877.		6	,909.
<u>e</u>	Other		1	000 -)	(D) "		V-1 1				000
ota	I. Add lines 1a through 1e. (Column	i (a) mus	equal Foff	п 99 0, Р	aπ X, COIU	mn (B), III	ie 10	(C).)	<u> ▶</u>	Caka-	ule D (Form 9	909.
										JUNEO	uie w truttii t	, JUJ 4UII

L GENERATIONS UNITED 31-1542973 Schedule D (Form 990) 2011 Page 3 Investments - Other Securities. See Form 990, Part X, line 12. Part VII (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation. Cost or end-of-year market value (1)(2)(3)(4)(5)(6)(7)(8) (9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line 15 (a) Description (b) Book value (1)(2)(3)(4) (5)(6)(7)(8)(9)(10)Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) SUBLEASE DEPOSIT 2,500 (3) (4) (5)

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2) SUBLEASE DEPOSIT 2,500.

(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,500.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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Schedu	le D (Form 990) 2011			Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stater	nent	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		1,281,005
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,315,439
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1	-34,434
4	Net unrealized gains (losses) on investments	4	1	1,074
5	Donated services and use of facilities	5	1	
6	Investment expenses	6	 	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)		 	
9	Total adjustments (net). Add lines 4 through 8	8	├	1,074
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	├	-33,360
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	10	<u></u>	-33,300
1	Total revenue, gains, and other support per audited financial statements	urn	<u>.</u> r	1,282,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	· • -	1	1,262,079
	Not assume the state of the sta	,,		
a	Net unrealized gains on investments 2a 1,0°	4		
p	Donated services and use of facilities 2b			
C	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d		2e	1,074
3	Subtract line 2e from line 1	<u> </u>	3	1,281,005
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
þ	Other (Describe in Part XIV.)			
С	Add lines 4a and 4b	L	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	[5	1,281,005
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	etur	n	
1	Total expenses and losses per audited financial statements	[1	1,315,439
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ÏΓ		·
а	Donated services and use of facilities 2a	-	- 1	
b	Prior year adjustments 2b	\neg		
С	Other losses 2c	\neg	ĺ	
d	Other (Describe in Part XIV.) Add Ines 2a through 2d	\neg	1	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	· ·	3	1,315,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)	\dashv		
c	Add lines 4a and 4h		4.	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	· • -	4 c	1,315,439.
	XIV Supplemental Information		<u> </u>	1,010,400
Comp Part V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines 2d and 4b, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also completional information.	rt IV, lete 1	lines his pa	1b and 2b; art to provide
		- .		

Part XIV Supplemental Information (continued)

Schedule D (Form 990) 2011

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047	2011
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Open to Public

Employer Identification number ► Attach to Form 990.

GENERATIONS UNITED						31-1542973	
Part I General Information on Grants and Assistance	Assistance	;					
1 Does the organization maintain records to substantiate the a	stantiate the	amount of the	grants or assistan	ce, the grantees'	mount of the grants or assistance, the grantees' eligibility for the grants or assistance, and		
the selection criteria used to award the grants or assistance?	r assistance?						X Yes No
۶, I	es tor monit	oring the use o	grant funds in the	United States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	vernments recipient to pace is nee	and Organiza hat received ded	tions in the Unit more than \$5,00	ed States. Comp 30. Check this bo	olete if the organiza ox if no one recipier	ation answered "Ye	s" an \$5,000.
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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
-(2)							
(3)							
(4)							
(5)							
[6]							
(7)							
(8)							
(6)							
(10)				-			
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table	vernment org	anizations liste	d in the line 1 table	6			
For Paperwork Reduction Act Notice, see the Instructions for Form 990	ructions for	Form 990.				Schedu	Schedule I (Form 990) (2011)
ASL							

1E1288 189055J C021

V 11-5

Schedule 1 (Form 990) (2011)

Part III

Page 2

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

	(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						
က						
4						
2						
ဖ						
7						
Part IV	Part IV Supplemental Information. Complete this part		vide the informat	tion required in	Part I, line 2, and any	to provide the information required in Part I, line 2, and any other additional information.

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

THE ORGANIZATION SCREENS GRANT APPLICATIONS TO ENSURE THAT ONLY ELIGIBLE

ORGANIZATIONS RECEIVE THE GRANTS.

V 11-5

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GENERATIONS UNITED

Employer identification number 31-1542973

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

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

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

MORE OFFICERS, AND THEN TO THE BOARD OF DIRECTORS.

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

THE EXECUTIVE COMMITTEE AND CHAIRPERSON OF THE BOARD OF DIRECTORS REVIEW

THE EXECUTIVE DIRECTOR'S PERFORMANCE ANNUALLY AND DETERMINE COMPENSATION

BASED ON FINANCIAL AND PROGRAMMATIC PERFORMANCE OF THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION CONSIDERS ALL REQUESTS FROM THE PUBLIC FOR DOCUMENTS,

INCLUDING THOSE DOCUMENTS NOT REQUIRED TO BE MADE PUBLIC.

CONFLICT OF INTEREST POLICY

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

OUTSIDE ACTIVITIES/OUTSIDE EMPLOYMENT. EMPLOYEES MUST RECEIVE WRITTEN

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

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

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

Name of the organization
GENERATIONS UNITED

Employer identification number 31-1542973

ON A VOLUNTEER BASIS.

OUTSIDE INVOLVEMENT. EMPLOYEES WHO HAVE ANY FINANCIAL OR PERSONAL

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

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

INTEREST TO THEIR SUPERVISOR OR THE EXECUTIVE DIRECTOR.

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

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

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

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

FORM 990, PART XI, LINE 5

NET UNREALIZED GAIN ON INVESTMENTS.

ATTACHMENT 1

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

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

Employer identification number 31-1542973

ATTACHMENT 1 (CONT'D)

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

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

Schedule O (Form 990 or 990-EZ) 2011 Name of the organization GENERATIONS UNITED		Employer Identification number 31-1542973			
FORM 990, PART III, LINE 4D - OTHER	PROGRAM SERVICES	ATTACHMENT	2 (CONT'D)		
DESCRIPTION	GRANTS	EXPENSES	REVENUE		
TOTALS		318,102.			
		ATTACHMENT 3			
FORM 990, PART X - INVESTMENTS - PUE	BLICLY TRADED SECURITIES				
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV		
JS TREASURY NOTES					
DUE 10/31/2011	103,551.	NONE	FMV		
DUE 8/15/2016	113,977.	118,602.	FMV		
TOTALS	217,528.	118,602.			
CON OOO DADE V DEEEDDED DEVENUE		ATTACHMENT 4			
FORM 990, PART X - DEFERRED REVENUE	<u> </u>				
DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE			
DEFERRED REVENUE	170,925.	139,78	-		
TOTALS	170,925.	139,78	5.		

idention for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of th Internal Revenue		► File a s	separate ap	plication for each return.			
• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).							
Do not complete Part II unlessou have already been granted an automatic 3-month extension on a previously filed Form 8868.							
a corporation 8868 to req	required to uest an ext	You can electronically file Form 8 of file Form 990-T), or an addition ension of time to file any of the sociated With Certain Personal	al (not aut forms liste	omatic) 3-month extend d in Part I or Part II w	sion of time. You can ith the exception of Fe	electron orm 887	nically file Form 70, Information
		letails on the electronic filing of th					
Part I Au	tomatic 3-	Month Extension of Time. On	ly submit	original (no copies ne	eeded).		
A corporation	required to	file Form 990-T and requesting an	automatic	6-month extension - che	eck this box and comple	te	
Part I only .							▶∐
•	•	cluding 1120-C filers), partnerships	, REMICs,	and trusts must use For	rm 7004 to request an e	xtension	ı of time
to file income					Enter filer's identify		
Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or					ber (EIN) or		
rint							
GENERATIONS UNITED X 31-1542973 ite by the Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN)					AI\		
tue date for ling your 1331 H STREET, NW				100) 1301	••		
eturn. See City, town or post office, state, and ZIP code. For a foreign address, see instructions							
MASHINGTON, DC 20005							
Enter the Return code for the return that this application is for (file a separate application for each return)							
				r 			
Application			Return	Application			Return
ls For			Code	Is For			Code
Form 990	orm 990 01 Form 990-T (corporation) 07 orm 990-BL 02 Form 1041-A 08					07	
	orm 990-EZ 01 Form 4720 09						
om 990-PF 04 Form 5227 10							
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11							
Form 990-T (trust other than above) 06 Form 8870 12							
1 01111 000-1 (a dot ou lor t			1 01111 007 0			
		eare of ► BOOKKEEPER 202 289-3979		FAX No. ▶		_	
		s not have an office or place of bu	_		this box		▶□
		eturn, enter the organization's four					If this is
for the whole	group, che	ck this box ▶ 🔲 . If	it is for par	t of the group, check thi	s box	and	d attach
a list with the	names and	EINs of all members the extension	is for.				
until		atic 3-month (6 months for a corpor $08/15$, 20 12 , to file the e	-	•		ve. The e	extension is
	-	's return for: ar 20 11 _ or					
			, 20	, and ending		, 20	
tax year beginning, 20, and ending, 20 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a If this	application	is for Form 990-BL, 990-PF, 99	0-T, 4720,	, or 6069, enter the	tentative tax, less any	л —	
nonrefu	ndable cre	dits. See instructions.				3a \$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$							
		ract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS		NONE
(2.000000000000000000000000000000000000							
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for							
or Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev 1-2012)							
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