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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| A                           | For the           | 2015 calendar year, or tax year beginning   | , 2015            | , and e   | nding         |   | , 2                   |              |              |
|-----------------------------|-------------------|---|-------------------|-----------|---------------|---|-----------------------|--------------|--------------|
|                             |                   | C Name of organization  |                   |           |               | D Employer ide                          | ntification num       | ber          |              |
| В (                         | Check if ap       | GENERATIONS UNITED, INC.  |                   |           |               | 31-154                                  | 2973                  |              |              |
|                             | Addres            |   |                   |           |               | 1                                       |                       |              |              |
|                             | Name              | Number and attact (or B.O. hours mailto not delivered to street address)  |                   | Room/st   | uite          | E Telephone nu                          | mber                  |              |              |
|                             | Initial r         | etun 25 E STREET, NW, 3RD FLOOR   |                   |           |               | (202) 28                                | 9-3979                |              |              |
|                             | Final re          | City or town, state or province, country, and ZIP or foreign postal code  |                   | L         |               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                       |              |              |
| $\vdash$                    | termina           | ited  |                   |           |               | G Gross receipts                        | s 1                   | , 283,       | . 675.       |
| -                           | return<br>Applica |   |                   |           |               | H(a) Is this a grou                     |                       | Yes          | X No         |
| ــــا                       | pendin            | SAME AS ABOVE WASHINGTON, DC 20001  |                   |           |               | subordinates                            | ? —                   | Yes          | No           |
|                             | Tov               |   |                   |           | 1             | H(b) Are all subord                     | ch a list (see instru | _            |              |
| <u> </u>                    |                   | mpt status  | 947(a)(1)         | or        | 527           | -                                       | •                     | •            |              |
| <u>-</u>                    |                   |   |                   | 1         |               | H(c) Group exemution 1987 M             |                       |              | DC           |
|                             |                   |   |                   | L Y       | ear of forma  | 1110n ± 90 / M                          | State or legal d      | omicile      |              |
|                             | art I             | Summary   | TO TM             | DDOVE     | ייטד ד        | TUES OF C                               | JTI DDEN              |              |              |
|                             | 1                 | Briefly describe the organization's mission or most significant activities YOUTH AND OLDER PEOPLE THROUGH INTERGENERA | TO IM             | T COT     | ת מממגד       | TARD OF CI                              |                       |              |              |
| 26                          |                   |   |                   |           |               | TION, PUB.                              |                       | <del>-</del> |              |
| L                           | 1 -               | POLICIES AND PROGRAMS FOR THE ENDURING BEN  |                   |           |               |   |                       |              |              |
| Governance                  |                   | Check this box 🕨 🔃 if the organization discontinued its operations of   |                   |           |               |   | 1 1                   |              | 1.4          |
| Ğ                           |                   | Number of voting members of the governing body (Part VI, line 1a) $\dots$   |                   |           |               |   | 3                     |              | 14.          |
| ŝ                           |                   | Number of independent voting members of the governing body (Part VI, I  |                   |           |               |   | 4                     |              | 14.          |
| Activities &                |                   | Total number of individuals employed in calendar year 2015 (Part V, line  |                   |           |               |   | 5                     |              | 10.          |
| Ę                           | 6                 | Total number of volunteers (estimate if necessary)  |                   |           |               |   | 6                     |              | 100.         |
| ⋖                           | 7a                | Total unrelated business revenue from Part VIII, column (C), line 12  |                   |           |               |   | 7a                    |              | 0.           |
|                             | b                 | Net unrelated business taxable income from Form 990-T, line 34  | · · · ·           |           | <u></u>       |   | 7b                    |              | 0.           |
|                             | 1                 |   |                   |           |               | Prior Year                              |                       | rrent Ye     |              |
| ø                           | 8                 | Contributions and grants (Part VIII, line 1h)   |                   |           |               | 1,086,28                                | 33. 1                 | ,170,        |              |
| Revenue                     | 9                 | Program service revenue (Part VIII, line 2g)  |                   |           | L             |   | 0.                    |              | 125.         |
| Š                           | 10                | nvestment income (Part VIII, column (A), lines 3, 4, and 7d)  |                   |           |               |   | 51.                   |              | 546.         |
| UE.                         | 11                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                   |           | [             | 14,37                                   |                       | 8,           | 086.         |
|                             | 12                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),   | lıne 12) <u>.</u> |           | [             | 1,100,92                                | 23. 1                 | ,283,        | 675.         |
|                             | 13                | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                   |           | L             | 10,00                                   | 00.                   |              | 0.           |
|                             | 14                | Benefits paid to or for members (Part IX, column (A), line 4)   |                   |           |               |   | 0.                    |              | 0.           |
| ç                           | 15                | Salaries, other compensation, employee benefits (Part IX, column (A), line  | es 5-10)          |           |               | 554,02                                  | 21.                   | 590,         | ,472.        |
| Expenses                    | 16 a              | Professional fundraising fees (Part IX, column (A), line 11e)   |                   |           |               |   | 0.                    |              | 0.           |
| ğ                           | Ь р               | Total fundraising expenses (Part IX, column (D), line 25),  | 8,802             | 2         |               |   |                       |              |              |
| ú                           | 17                | Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)  |                   | Ō         | Ţ- <b>-</b>   | 678,14                                  | 19.                   | 620,         | ,136.        |
|                             | 18                | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  |                   |           |               | 1,242,17                                | 70. 1                 | ,210,        | ,608.        |
|                             | 19                | Revenue less expenses Subtract line 18 from line 12.  |                   |           |               | -141,24                                 | 17.                   | 73,          | ,067.        |
| 5 0                         |                   |   | 3 /101            | 0 9       | Begi          | nning of Current                        | Year En               | d of Yea     | r            |
| ets<br>F                    | 20                | Total assets (Part X, line 16)  |                   |           |               | 700,35                                  | 59.                   | 774,         | ,363.        |
| Ass                         | 21                | Total liabilities (Part X, line 26)   | XL L              | iŤ        | l'            | 221,80                                  | )7.                   | 228,         | ,517.        |
| Net Assets or Fund Ralances | 22                | Net assets or fund balances Subtract line 21 from line 20,  | -11 35            |           | J             | 478,55                                  | 52.                   | 545,         | ,846.        |
|                             | art li            | Signature Block   |                   |           | <u></u>       | · · · ·                                 | <u> </u>              |              |              |
| Ur                          | der pen           | alties of periury. I declare that I have examined this return, including accompany                                    | ing sched         | ules and  | statements,   | and to the best o                       | f my knowledge        | and be       | elief, it is |
| tru                         | e, corre          | ct, and complete Declaration of preparer (other than officer) is based on all informa                                 | tion of wh        | ich prepa | rer has any l | knowledge                               |                       |              |              |
|                             |                   | ~ NOWAC III ISOTA   |                   |           |               | 1/1                                     | /1/16                 |              |              |
| Sig                         |                   | Signature of officer  |                   |           |               | Date                                    | / / / -               |              |              |
| He                          | re                | Dance W. Butte  |                   |           |               |   |                       |              |              |
|                             |                   | Type or print name and title  |                   |           |               |   |                       |              |              |
|                             |                   | Print/Type preparer's name Preparer's signature   |                   | Date      |               | Check                                   | If PTIN               |              |              |
| Pai                         | d                 | MICHAEL J DEVLIN, CPA   | <u></u>           | 10        | 20/16         | self-employ                             | J ** 1                | 24553        | 32           |
|                             | parer             | Firm's name SARFINO AND RHOADES, LLP  |                   |           | - /10         | Firm's EIN                              |                       |              |              |
| Us                          | e Only            | Firm's address >11921 ROCKVILLE PIKE, SUITE 501 NORTH BETHESDA,   | MD 2085           | 2-2794    | -             |   | 301-770-5             |              |              |
| Ma                          | y the IF          | RS discuss this return with the preparer shown above? (see instructions)  |                   |           |               |   | Х .                   |              | No           |
| _                           |                   | work Reduction Act Notice, see the separate instructions.   | · · · · ·         | ••••      | <u></u>       |   |                       |              | (2015)       |

|     | m 990 (2015)   | Page 2          |
|-----|--|-----------------|
| P   | art III Statement of Program Service Accomplishments   | [ <del></del> ] |
| 4   | Check if Schedule O contains a response or note to any line in this Part III   | .   <u>*  </u>  |
| •   | 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                     | <del></del>     |
|     |  | X No            |
| _   | 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?                     | X No            |
|     | If "Yes," describe these changes on Schedule O   |                 |
| 4   | Describe the organization's program service accomplishments for each of its three largest program services, as measing           |                 |
|     | 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 \$ 366,316. Including grants of \$ )(Revenue \$ ) SPECIAL PROJECTS: THE ORGANIZATION IS COMMITTED TO INCREASING |                 |
|     | INTERGENERATIONAL PROGRAMS AND STRATEGIES TO CONNECT, SUPPORT AND  |                 |
|     | PROMOTE UNDERSTANDING ACROSS GENERATIONS.  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     | <u> </u>   |                 |
|     |  |                 |
|     |  |                 |
|     |  | <del></del>     |
|     |  |                 |
| 4b  | (Code) (Expenses \$484,759. including grants of \$) (Revenue \$)   |                 |
|     | ATTACHMENT 1   |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
| 4c  | (Code ) (Expenses \$ 97,961. Including grants of \$ ) (Revenue \$ 99,125. )  |                 |
|     | CONFERENCE: THE GENERATIONS UNITED CONFERENCE IS A BIENNIAL  |                 |
|     | INTERNATIONAL EDUCATIONAL EVENT FOCUSED EXCLUSIVELY ON   |                 |
|     | INTERGENERATIONAL PRACTICES AND SOLUTIONS.   |                 |
|     |  | <del></del>     |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
|     |  |                 |
| _   | A MORA OVERVIEW O  |                 |
| 4d  | Other program services (Describe in Schedule O)  ATTACHMENT 2  |                 |
| 40  | (Expenses \$ 193,054. including grants of \$ ) (Revenue \$ )  • Total program service expenses ▶ 1,142,090.                      |                 |
|     | Form 99  | 0 (2015)        |
| 5E1 | 1020 1 000<br>8 9 0 5 5 J C 0 2 1 V 15 – 7 F 2 5 0 6 0   | PAGE 3          |

5E1020 1 000 89055J C021

| 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           | x     |             |
| 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?                       | 2           | Х     |             |
| 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to        |             |       |             |
| •    | candidates for public office? If "Yes," complete Schedule C, Part I   | 3           |       | X           |
| 4    | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)           |             |       |             |
| •    | election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4           | х     |             |
| 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,            |             |       |             |
| 3    | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,                   |             |       |             |
|      |   | 5           |       | Х           |
|      | Part III  |             |       |             |
| 6    | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If             |             |       |             |
|      |   | ا ہا        | ŀ     | х           |
| _    | "Yes," complete Schedule D, Part I  | 6           |       |             |
| 7    | Did the organization receive or hold a conservation easement, including easements to preserve open space,               | _           |       | х           |
| _    | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                    | 7           |       |             |
| 8    | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"     |             |       | х           |
| _    | complete Schedule D, Part III   | 8           |       |             |
| 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            |             |       | v           |
|      | debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9           |       | <u> </u>    |
| 10   | Did the organization, directly or through a related organization, hold assets in temporarily restricted                 |             |       | v           |
|      | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V                            | 10          | مستخف | 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         |       | <u> </u>    |
| 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           |
| đ    | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets        |             |       |             |
|      | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d         |       | X           |
| е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e         | Х     |             |
| f    | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses |             |       |             |
|      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f         |       | Х           |
| 12a  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete     | 1           |       |             |
|      | Schedule D, Parts XI and XII  | 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 and XII is optional.     | 12b         |       | Х           |
| 13   | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                       | 13          |       | Х           |
| 14a  | Did the organization maintain an office, employees, or agents outside of the United States?                             | 14a         |       | Х           |
|      | 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         |       | Х           |
| 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or       |             |       |             |
| . •  | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15          |       | х           |
| 16   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other              |             |       |             |
| . •  | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                               | 16          |       | х           |
| 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on          |             |       | l           |
| .,   | 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             | <del></del> |       |             |
| .0   | 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?            | <b>.</b>    |       |             |
| 19   | If "Yes," complete Schedule G, Part III   | 19          |       | x           |
|      | II Tes, Complete Schedule G, Falciii  |             |       | <del></del> |

| Part | Checklist of Required Schedules (continued)  |     |              |           |
|------|--|-----|--------------|-----------|
|      |  |     | Yes          | No        |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a |              | X         |
| b    | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b |              |           |
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |     |              |           |
|      | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 21  |              | X         |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on  |     |              |           |
|      | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |              | X         |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the  |     |              |           |
|      | organization's current and former officers, directors, trustees, key employees, and highest compensated  |     |              |           |
|      | 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 |              |           |
| C    | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  |     |              |           |
|      | to defease any tax-exempt bonds?   | 24c |              |           |
| d    | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |              |           |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   |     |              | 3,7       |
|      | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |              | <u>X</u>  |
| 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?   |     |              | x         |
|      | If "Yes," complete Schedule L, Part I  | 25b |              |           |
| 26   | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   |     |              |           |
|      | current or former officers, directors, trustees, key employees, highest compensated employees, or  | 26  |              | х         |
|      | disqualified persons? If "Yes," complete Schedule L, Part II   | 26  |              |           |
| 27   | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |     |              |           |
|      | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27  |              | Х         |
| 20   | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |     |              |           |
| 28   | Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |              |           |
| а    | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a |              | х         |
|      | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   |     |              |           |
|      | Schedule L. Part IV  | 28b |              | х         |
| С    | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |     |              |           |
| •    | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c |              | Х         |
| 29   | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29  |              | X         |
| 30   | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |     |              |           |
|      | conservation contributions? If "Yes," complete Schedule M  | 30  |              | X         |
| 31   | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  |     |              |           |
|      | Part I   | 31  |              | X         |
| 32   | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |     |              |           |
|      | complete Schedule N, Part II   | 32  |              | X         |
| 33   | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   | i   |              |           |
|      | 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         |
| 35 a | 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  |     | ļ            |           |
|      | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b | <del> </del> | -         |
| 36   | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable   |     |              | x         |
|      | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36  | -            | <u> </u>  |
| 37   | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |     |              |           |
|      | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,   | 37  |              | x         |
| 20   | Part VI  |     |              | † <u></u> |
| 38   | The second to th | 38  | x            |           |
|      | 19? Note. All Form 990 filers are required to complete Schedule O  |     | l            | (2015)    |

| Par        | Statements Regarding Other IRS Filings and Tax Compliance  |            |  |  |
|------------|--|------------|--|--|
|            | Check if Schedule O contains a response or note to any line in this Part V   |            |  | -11  |
|            | 1. 1. 1.4  | -          | Yes  | No   |
| 1 a        | 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,   |            |  |  |
| C          | Did the organization comply with backup withholding rules for reportable payments to vendors and                                   |            | 17   |  |
|            | reportable gaming (gambling) winnings to prize winners?  | 1c         | X  |  |
| 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 10                              |            |  |  |
| 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  |
|            | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O                        | 3b         |  |  |
|            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority                  |            |  |  |
|            | over, a financial account in a foreign country (such as a bank account, securities account, or other financial                     |            |  |  |
|            | account)?  | 4a         |  | Х  |
| b          | If "Yes," enter the name of the foreign country ▶  |            |  |  |
| ~          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts                        |            |  |  |
|            | (FBAR)   |            |  |  |
| <b>5</b> ~ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                              | 5a         |  | X  |
|            | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                   | 5b         |  | Х  |
|            | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c         |  |  |
|            | · · · · · · · · · · · · · · · · · · ·  |            |  |  |
| ьа         | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the                             | 6a         |  | Х  |
|            | organization solicit any contributions that were not tax deductible as charitable contributions?                                   |            |  |  |
| þ          | If "Yes," did the organization include with every solicitation an express statement that such contributions or                     | e h        |  |  |
|            | gifts were not tax deductible?   | 6b         |  |  |
| 7          | , ,  |            |  |  |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods                        |            |  | X  |
|            | and services provided to the payor?  | 7a         |  |  |
|            | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                    | 7b         |  |  |
| С          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                           | i _        |  | <b>37</b>  |
|            | required to file Form 8282?  | 7c         |  | Х  |
| 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         |  | Х  |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       | 7f         |  | Х  |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g_        |  |  |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h         |  |  |
| 8          | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the                               |            |  |  |
|            | sponsoring organization have excess business holdings at any time during the year?   | 8          |  |  |
| 9          | Sponsoring organizations maintaining donor advised funds.  |            |  | ļ  |
| а          | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a         |  |  |
|            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                  | 9b         |  |  |
| 10         | Section 501(c)(7) organizations. Enter   |            |  |  |
|            | Initiation fees and capital contributions included on Part VIII, line 12   |            |  |  |
| ъ<br>Ь     | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |            |  |  |
| 11         | Section 501(c)(12) organizations. Enter  |            |  |  |
|            | Gross income from members or shareholders  |            |  |  |
|            | Gross income from other sources (Do not net amounts due or paid to other sources   |            |  |  |
| b          | against amounts due or received from them )  |            |  |  |
| 420        | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                         | 12a        | i  |  |
| 123        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |            | T -  | <del>                                     </del> |
|            | Trinyes," enter the amount of tax-exempt interest received or accrued during the year  |            |  |  |
| 13         | Section 501(c)(29) qualified nonprofit health insurance issuers.   | 13a        | <u> </u>   | <del>                                     </del> |
| а          | Is the organization licensed to issue qualified health plans in more than one state?   | a          | <del>                                     </del> | <del>                                     </del> |
|            | Note. See the instructions for additional information the organization must report on Schedule O                                   |            | l  |  |
| b          | Enter the amount of reserves the organization is required to maintain by the states in which                                       |            | 1  |  |
|            | the organization is noclised to issue qualified neutri plane   |            |  |  |
|            | Enter the amount of reserves on hand   | 14-        |  | X  |
|            | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>14b |  | <del>  ^</del>                                   |
| h          | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O                          |            | 990  | <u> </u>   |

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 in Schedule O. See instructions Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b 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 2 Did the organization delegate control over management duties customarily performed by or under the direct Х 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 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?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? . . . . . . . . . . . . . . . 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? . . . Х 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 Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . . . b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c X 13 13 Did the organization have a written whistleblower policy?.......  $\overline{\mathbf{x}}$ 14 14 Did the organization have a written document retention and destruction policy?...... 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? Х 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 1 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ BOOKKEEPER 25 E STREET, NW, 3RD FLOOR WASHINGTON, DC 20001 202-289-3979 JSA

Form 990 (2015) Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and . 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

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

| (A)<br>Name and Title                    | (B) Average hours per week (list any                           | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | an          | (D)<br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation from<br>related | (F) Estimated amount of other  |
|--|--|--|-----------------------|---------|--------------|------------------------------|-------------|---|---|--|
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former      | the<br>organization<br>(W-2/1099-MISC)    | organizations<br>(W-2/1099-MISC)                  | compensation<br>from the<br>organization<br>and related<br>organizations |
| _(1)MATTHEW E. MELMED<br>CHAIR           | 1.00   | х  |                       | x       |              | ļ                            |             | 0.  | 0.  | 0  |
| (2)WALTER L. JONES, JR. VICE CHAIR       | 1.00   | х  |                       | х       |              |                              |             | 0.  | 0.  | 0  |
| (3)MARLA VIORST<br>SECRETARY             | 1.00   | х  |                       | х       |              |                              |             | 0.  | 0.  | 0  |
| (4)MICHAEL S. MARCUS TREASURER           | 1.00   | х  |                       | х       |              |                              |             | 0.  | 0.  | 0  |
| (5)BARB QUAINTANCE<br>BOARD MEMBER       | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (6)PAMELA B. SMITH<br>BOARD MEMBER       | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (7)MARYLEE ALLEN BOARD MEMBER            | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (8) FRANCINE R. SALAMONE<br>BOARD MEMBER | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (9)SUSAN DREYFUS<br>BOARD MEMBER         | 1.00   | х  |                       |         |              |                              | <del></del> | 0.  | 0.  | 0  |
| (10)MARVIN WALDMAN<br>BOARD MEMBER       | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (11)JATRICE MARTEL GAITER BOARD MEMBER   | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (12)AMANDA CAVALERI<br>BOARD MEMBER      | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (13)HON. GERALD HYLAND<br>BOARD MEMBER   | 1.00   | х  |                       |         |              |                              |             | 0.  | 0.  | 0  |
| (14) JOSEPH P. CUTICELLI<br>BOARD MEMBER | 1.00   | x  |                       |         |              |                              |             | 0.  | 0.  | 0  |

Form 990 (2015)

| Part \         |  | ustees, Ke   | y En                           | plo                   |                      |              | and l                        | HIG         |                                      |  | S (C                | ontinue           |                                    |               |
|----------------|--|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-------------|--------------------------------------|--|---------------------|-------------------|------------------------------------|---------------|
|                | (A)<br>Name and title  | (B) Average hours per week (list any hours for related | box<br>office                  | unles                 | Pos<br>heck<br>ss pe | rson         | than on the than or trus     | an<br>tee)  | (D) Reportable compensation from the | (E) Reportable compensation f related organization | s                   | other<br>compensa |                                    |               |
|                |  | organizations<br>below dotted<br>line)                 | Individual trustee or director | Institutional trustee | Officer              | Key employee | Highest compensated employee | Former      | organization<br>(W-2/1099-MISC)      | (W-2/1099-MI                                       | SC)                 | org:<br>and       | anizatio<br>d related<br>inization | Ė             |
|                | ONNA BUTTS   | 40.00  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
| E              | XECUTIVE DIRECTOR  |  |                                |                       | Х                    |              |                              |             | 138,266.                             |  | 0.                  |                   | 19,                                | 29.           |
|                |  |  |                                |                       |                      |              |                              | ĺ           |                                      |  |                     |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              | _           |                                      |  |                     | _                 |                                    |               |
|                |  |  |                                |                       |                      | _            | -                            |             |                                      |  |                     |                   |                                    |               |
| 1b Su          | b-total  | <u> </u>   |                                | l                     | <u> </u>             |              |                              |             | 0.                                   |  | 0.                  |                   |                                    | 0.            |
| c To           | tal from continuation sheets to Part VII, S  | Section A .  |                                |                       |                      |              |                              | <b>&gt;</b> | 138,266.<br>138,266.                 |  | 0.                  |                   | 19,7                               |               |
| 2 To           | tal (add lines 1b and 1c) tal number of individuals (including but not portable compensation from the organization   | limited to t   | hose                           |                       |                      |              |                              | o re        |                                      | \$100,000 of                                       |                     |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              |             | I                                    |  |                     |                   | Yes                                | No            |
|                | d the organization list any <b>former</b> offic<br>aployee on line 1a? <i>If "Yes," complete Sche</i> c  |  |                                |                       |                      |              |                              |             |                                      |  |                     | 3                 |                                    | X             |
| org            | r any individual listed on line 1a, is the ganization and related organizations gi   | eater than   | \$15                           | 0,0                   | 007                  | ) If         | "Ye                          | S, "        | complete Schedu                      | le J for suc                                       | e<br>h              | 4                 | X                                  |               |
| for            | d any person listed on line 1a receive or services rendered to the organization? If "You B. Independent Contractors  |  |                                |                       |                      |              |                              |             |                                      |  |                     | 5                 | **-                                | X             |
| 1 Co           | omplete this table for your five highest compensation from the organization Report   |  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
|                | (A)<br>Name and business ad  | dress  | -                              |                       | <u></u> ,            |              |                              |             | (B) Description of se                | ervices  | (C)<br>Compensation |                   |                                    |               |
|                |  |  |                                |                       |                      |              |                              | +           |                                      |  |                     | •                 |                                    |               |
|                |  |  |                                |                       |                      |              |                              |             |                                      |  |                     |                   |                                    |               |
|                | tal number of independent contractors (increase than \$100,000 in compensation from the state of |  |                                |                       | nite                 |              | tho:                         | se i        | isted above) who                     | received   | ,                   | 1. 7              | 1 1                                | in .          |
| JSA<br>5E10551 | 89055J C021  |  | v                              | 15                    | -71                  | •            |                              |             | 25060                                |  |                     | Form              | 990<br>PA                          | (2015<br>GE 9 |

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|  |          | Check if Schedule O contains a respons           | se or note to any                            | y line in this Part VI | <u>III </u>                            |   | <u>                            </u>                  |
|--|----------|--|--|------------------------|--|---|--|
|  |          |  |  | (A)<br>Total revenue   | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ম ম  | 1a       | Federated campaigns 1a                           |  |                        |  |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b        | Membership dues 1b                               | 77,900.                                      |                        |  |   |  |
| S, G   | c        | Fundraising events 1c                            |  |                        |  |   | Ì  |
| la E   | ď        | Related organizations 1d                         |  |                        |  |   |  |
| imi<br>imi   | e        | Government grants (contributions) . 1e           |  |                        |  |   |  |
| ë  | f        | All other contributions, gifts, grants,          |  |                        |  |   |  |
| 들  |          | and similar amounts not included above . 1f      | 1,093,018.                                   |                        |  |   |  |
| a at   | g        | Noncash contributions included in lines 1a-1f \$ |  |                        |  |   |  |
|  |          | Total. Add lines 1a-1f                           | <u> ▶</u>                                    | 1,170,918.             |  |   |  |
| Program Service Revenue                                |          |  | Business Code                                |                        |  |   |  |
| Ş.   | 2a       | CONFERENCE REVENUE                               |  | 99,125.                | 99,125.                                |   |  |
| 2  | ь        |  |  |                        |  |   |  |
| vice .   | c        |  |  |                        |  |   |  |
| Ser  | d        |  |  |                        |  |   |  |
| E  | e        |  |  |                        |  |   |  |
| gr   | f        | All other program service revenue                |  |                        |  |   |  |
| Pro  | g        | Total. Add lines 2a-2f                           | <u> ▶</u>                                    | 99,125.                |  |   |  |
|  | 3        | Investment income (including dividence           |  |                        |  |   |  |
|  |          | and other similar amounts)                       | ▶ [  | 5,546.                 |  |   | 5,546  |
|  | 4        | Income from investment of tax-exempt bond        |  | 0.                     |  |   |  |
|  | 5        | Royalties  |  | 0.                     |  |   |  |
|  |          | (ı) Real   | (II) Personal                                |                        |  |   |  |
|  | 6a       | Gross rents                                      |  |                        |  |   |  |
|  | b        | Less rental expenses                             |  |                        |  |   |  |
|  | C C      | Rental income or (loss)                          |  |                        |  |   |  |
|  | d        | Net rental income or (loss)                      |  | 0.                     |  |   |  |
|  | 7a       | Gross amount from sales of (i) Securities        | (II) Other                                   |                        |  |   |  |
|  |          | assets other than inventory                      |  |                        | Ì                                      |   |  |
|  | b        | Less cost or other basis                         |  |                        | 1                                      |   |  |
|  |          | and sales expenses                               |  |                        |  |   |  |
|  | С        | Gain or (loss)                                   |  |                        |  |   |  |
|  | d        | Net gain or (loss)                               | <b>.</b>                                     | 0.                     |  |   |  |
| ō  | 8a       | Gross income from fundraising                    |  |                        |  |   |  |
| e  | Ì        | events (not including \$                         |  |                        |  |   |  |
| Other Revenue  |          | of contributions reported on line 1c)            |  |                        |  |   |  |
| er   |          | See Part IV, line 18 a                           |  |                        |  |   |  |
| 두  | ь        | Less direct expenses b                           |  |                        |  |   |  |
|  | С        | Net income or (loss) from fundraising events.    | · · · · · · • · •                            | 0.                     |  |   |  |
|  | 9a       | Gross income from gaming activities              |  |                        |  |   |  |
|  | i        | See Part IV, line 19 a                           |  |                        |  |   |  |
|  | b        | Less direct expenses b                           | L  |                        |  |   |  |
|  | C        | Net income or (loss) from gaming activities.     | · · · · · •                                  | 0.                     |  |   |  |
|  | 10a      | Gross sales of inventory, less                   |  |                        |  |   |  |
|  |          | returns and allowances a                         |  |                        |  |   |  |
|  | b        | Less cost of goods sold b                        |  |                        |  |   |  |
|  |          | Net income or (loss) from sales of inventory.    | Business Code                                | 0.                     |  | <u> </u>                                |  |
|  | <u> </u> | Miscellaneous Revenue                            |  |                        |  |   |  |
|  | 11a      | SUBLEASE INCOME                                  | 900099                                       | 6,000.                 | 6,000.                                 |   |  |
|  | ь        | MISCELLANEOUS INCOME                             | 900099                                       | 2,086.                 | 2,086.                                 |   |  |
|  | c        |  |  |                        |  |   |  |
|  | d        | All other revenue                                | L  | 2.000                  |  |   |  |
|  | е        | Total. Add lines 11a-11d                         |  | 8,086.                 | 107 211                                |   | 5,546  |
|  | 12       | Total revenue. See instructions                  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | 1,283,675.             | 107,211.                               |   | 5,546  |

## 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 respo   | ·                     | · · · · · · · · · · · · · · · · · · · | (C)                                | (D)                    |
|--|-----------------------|---------------------------------------|------------------------------------|------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                         | (A)<br>Total expenses | (B) Program service expenses          | Management and<br>general expenses | Fundraising expenses   |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 0.                    |                                       |                                    |                        |
| 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  |                       |                                       |                                    |                        |
| individuals See Part IV, lines 15 and 16   | 0.                    |                                       |                                    |                        |
| 4 Benefits paid to or for members  | 0.                    |                                       |                                    | <del> </del>           |
| 5 Compensation of current officers, directors, trustees, and key employees                             | 138,266.              | 123,193.                              | 8,098.                             | 6,975.                 |
| 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   | 348,402.              | 327,994.                              | 20,408.                            |                        |
| Pension plan accruals and contributions (include   | 10                    | 17 745                                | 274                                | 205                    |
| section 401(k) and 403(b) employer contributions)  | 18,444.               | 17,745.                               | 374.                               | 325.                   |
| 9 Other employee benefits  | 50,064.               | 48,167.                               | 1,016.                             | 881.                   |
| 10 Payroll taxes   | 35,296.               | 33,958.                               | 717.                               | 621.                   |
| 11 Fees for services (non-employees)   | 0                     |                                       |                                    |                        |
| a Management   | 0.                    |                                       |                                    | <del></del>            |
| b Legal  | 37,541.               | 35,871.                               | 1,670.                             | <del></del>            |
| c Accounting   | 37,341.               | 33,671.                               | 1,070.                             |                        |
| d Lobbying   | 0.                    |                                       |                                    | <del></del>            |
| e Professional fundraising services See Part IV, line 17.  | 0.                    |                                       |                                    |                        |
| f Investment management fees   |                       |                                       |                                    | <del> </del>           |
| g Other (If line 11g amount exceeds 10% of line 25, column ATCH 3                                      | 280,863.              | 274,399.                              | 6,464.                             |                        |
| (A) amount, list line 11g expenses on Schedule (O). ATCH . 3.  | 0.                    | 277,0001                              |                                    |                        |
| 12 Advertising and promotion   | 12,453.               | 12,105.                               | 348.                               |                        |
| 13 Office expenses   | 54,102.               | 54,102.                               |                                    | ···                    |
| 15 Royalties   | 0.                    |                                       |                                    |                        |
| 16 Occupancy   | 98,876.               | 31,216.                               | 67,660.                            |                        |
| 17 Travel  | 61,158.               | 59,941.                               | 1,217.                             |                        |
| 18 Payments of travel or entertainment expenses  |                       |                                       |                                    |                        |
| for any federal, state, or local public officials  | 0.                    |                                       |                                    |                        |
| 19 Conferences, conventions, and meetings  | 50,667.               | 50,590.                               | 77.                                |                        |
| 20 Interest  | 0.                    |                                       |                                    |                        |
| 21 Payments to affiliates  | 0.                    |                                       |                                    |                        |
| 22 Depreciation, depletion, and amortization   | 437.                  |                                       | 437.                               |                        |
| 23 Insurance   | 3,272.                |                                       | 3,272.                             |                        |
| 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 (A)   |                       | 52 202                                | -52,303.                           | <del></del>            |
| a GRANT OVERHEAD   | 7,562.                | 52,303.<br>7,561.                     | -52,303.                           | -                      |
| PRINTING & PRODUCTION  | 2,117.                | 2,117.                                |                                    |                        |
| cPOSTAGE & SHIPPING  | 2,613.                | 1,174.                                | 1,439.                             |                        |
| dBANK FEES   | 8,475.                | 9,654.                                | -1,179.                            |                        |
| e All other expenses   | 1,210,608.            | 1,142,090.                            | 59,716.                            | 8,802.                 |
| 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the   | 2,220,000.            |                                       |                                    |                        |
| organization reported in column (B) joint costs from a combined educational campaign and               |                       |                                       |                                    |                        |
| fundraising solicitation Check here  following SOP 98-2 (ASC 958-720)                                  | 0.                    |                                       |                                    |                        |
| JSA  | <u></u>               |                                       |                                    | Form <b>990</b> (2015) |

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|      | Check if Schedule O contains a response or note to any line in this Pa   | art X  |  | X                           |
|------|--|--|--|-----------------------------|
|      |  | (A)<br>Beginning of year   |  | (B)<br>End of year          |
| 1    | Cash - non-interest-bearing  |  |  | 4,895.                      |
| 2    | Savings and temporary cash investments   |  |  | 64,569.                     |
| 3    | Pledges and grants receivable, net[  | · · · · · · · · · · · · · · · · · · ·  |  | 335,067.                    |
| 4    | Accounts receivable, net   | 5,283.   | 4  | 8,100.                      |
| 5    | Loans and other receivables from current and former officers, directors,   |  |  |                             |
|      | trustees, key employees, and highest compensated employees   |  |  |                             |
|      | Complete Part II of Schedule L   | 0.   | 5  | 0.                          |
| 6    | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | 0.   | 6  | 0.                          |
| 7    |  | 0.   | 7  | 0.                          |
| 8    | Inventories for sale or use  | 0.   | 8  | 0.                          |
| 9    | Prepaid expenses and deferred charges  | 15,233.  | 9  | 2,670.                      |
| 10 a | · · · · · · · · · · · · · · · · · · ·  |  |  |                             |
|      | other basis Complete Part VI of Schedule D 10a 8,518.  |  |  |                             |
| b    | Less accumulated depreciation 10b 7,409.   | 367.   | 10c  | 1,109.                      |
| 11   |  |  |  | 349,253.                    |
| 12   |  |  |  | 0.                          |
| 13   |  | 0.   |  | 0.                          |
| 14   |  | 0.   |  | 0.                          |
| 15   | Other assets See Part IV, line 11  | 8,700.   |  | 8,700.                      |
| 16   | Total assets. Add lines 1 through 15 (must equal line 34)  |  |  | 774,363.                    |
| 17   | Accounts payable and accrued expenses  |  | -  | 79,919.                     |
| 18   | Grants payable   |  |  | 0.                          |
| 19   |  |  |  | 139,908.                    |
| 20   | Tax-exempt bond liabilities  |  |  | 0.                          |
| 21   | · · ·  | 0.   | 21   | 0.                          |
| 22   | , ·  |  |  |                             |
|      |  | 0  |  | 0                           |
|      |  |  |  | 0.                          |
| 23   |  |  |  | 0.                          |
|      |  | ······································   | 24   | 0.                          |
| 25   |  |  |  |                             |
|      | · ·  | 6 394  | 25   | 8,690.                      |
|      | of Schedule D  |  |  | 228,517.                    |
| 26   |  | 221,007.   | 20   | 220,0111                    |
|      | complete lines 27 through 29, and lines 33 and 34.   |  | [  |                             |
| 27   | Unrestricted net assets  |  | 1 - 1  | 180,199.                    |
| 28   | Temporarily restricted net assets  | ·· · · · · · · · · · · · · · · · · · ·   | <del></del>  | 365,647.                    |
| 29   |  | 0.   | 29   | 0.                          |
|      | Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.  |  |  |                             |
| 30   | Capital stock or trust principal, or current funds   |  | 30   |                             |
| 31   | Paid-in or capital surplus, or land, building, or equipment fund   |  | 31   |                             |
| 32   | Retained earnings, endowment, accumulated income, or other funds   |  | 32   |                             |
| 33   | Total net assets or fund balances  |  |  | 545,846.                    |
| 34   | Total liabilities and net assets/fund balances   | 700,359.   | 34   | 774,363.                    |
|      | 2 3 4 5 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 9 20 22 23 4 25 26 27 28 29 30 31 23 33   | 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(5), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 8,518. 1 Less accumulated depreciation. 10b 7,409. 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets. 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue ATCH 4 10 Tax-exempt bond liabilities 11 Escrow or custodial account liability Complete Part IV-of Schedule D 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 10 Secured mortgages and notes payable to unrelated third parties 10 Unsecured notes and loans payable to unrelated third parties. 11 Uncestricted net assets Officer I iabilities. Add lines 17 through 25. 12 Organizations that follow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34. 13 Crapital stock or trust principal, or current funds 14 Pard-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 15 Total liabilities see fund beliabilities. | Cash - non-interest-bearing   43,104     Savings and temporary cash investments   614,535     Pledges and grants receivable, net   13,137     Accounts receivable, net   5,263     Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   0.     Loans and other receivables from other disqualified persons (as defined under section 4536(f)(1)), persons described in section 4536(f)(3)(8), and contributing employers and sponsoring organizations of section 90°(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L   0.     Notes and loans receivable, net   0.     Notes and loans receivable, net   0.     Inventories for sale or use   0.     Prepaid expenses and deferred charges   15,233     10a Land, buildings, and equipment cost or other basis Complete Part II of Schedule D   10s   8,518     Less accumulated depreciation   10b   7,409   367     Investments - publicly traded securities   0.     Investments - publicly traded securities   0.     Investments - program-related See Part IV, line 11   0.     Investments - program-related See Part IV, line 11   0.     Intrangible assets   0.     Other assets See Part IV, line 11   0.     Total assets. Add lines 1 through 15 (must equal line 34)   700,359     Grants payable   0.     Deferred revenue   ATCH 4   128,080   0.     Escrow or custodial account liability Complete Part IV-of Schedule D   0.     Escrow or custodial account liability Complete Part IV-of Schedule D   0.     Cans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   0.     Cantal stabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   0. | Cash - non-interest-bearing |

| Page 1 | 12 |
|--------|----|
|--------|----|

| Part        | XI Reconciliation of Net Assets  |        |         |                 |               |  |
|-------------|--|--------|---------|-----------------|---------------|--|
|             | Check if Schedule O contains a response or note to any line in this Part XI  |        |         | <del></del>     |               |  |
| 1           | Total revenue (must equal Part VIII, column (A), line 12)  | 1      |         | ,283,           |               |  |
| 2           | Total expenses (must equal Part IX, column (A), line 25)   | 2      | 1,      | ,210,           |               |  |
| 3           | Revenue less expenses Subtract line 2 from line 1  | 3      |         | 73,067          |               |  |
| 4           |  |        |         |                 | 552.          |  |
| 5           | Net unrealized gains (losses) on investments   | 5      |         | <b>-5</b> ,     | 773.          |  |
| 6           | Donated services and use of facilities   | 6      |         |                 | 0.            |  |
| 7           | Investment expenses  | 7      |         |                 | 0.            |  |
| 8           | Prior period adjustments   | 8      |         |                 | 0.            |  |
| 9           | Other changes in net assets or fund balances (explain in Schedule O)   | 9      |         |                 | 0.            |  |
| 10          | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line  |        |         |                 |               |  |
|             | 33, column (B))  | 10     |         | 545,            | 846.          |  |
| <u>Part</u> | ·  |        |         |                 |               |  |
|             | Check if Schedule O contains a response or note to any line in this Part XII   |        |         |                 | $\perp \perp$ |  |
|             | المنتا المثنا المنتا   |        |         | 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 | ın      |                 |               |  |
|             | Schedule O   |        | 2       |                 | ١             |  |
| 2a          | 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |        |         |                 | X             |  |
|             | If "Yes," check a box below to indicate whether the financial statements for the year were con   | piled  | or      | 1               |               |  |
|             | reviewed on a separate basis, consolidated basis, or both  |        |         |                 |               |  |
|             | Separate basis Consolidated basis Both consolidated and separate basis   |        |         | , x             |               |  |
| b           | Were the organization's financial statements audited by an independent accountant?   |        |         | <u> </u>        | <del> </del>  |  |
|             | If "Yes," check a box below to indicate whether the financial statements for the year were audi  | ted or | ıa      |                 |               |  |
|             | 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 or   |        | _       | . X             |               |  |
|             | of the audit, review, or compilation of its financial statements and selection of an independent acc   |        | ·····   | <del>' ''</del> | +             |  |
|             | If the organization changed either its oversight process or selection process during the tax year, e   | xpıaın | In      |                 |               |  |
| _           | Schedule O   |        |         |                 |               |  |
| 3a          | As a result of a federal award, was the organization required to undergo an audit or audits as se  |        | in   3a |                 | x             |  |
|             | the Single Audit Act and OMB Circular A-133?   |        | · · · — | -               | <del></del>   |  |
| b           | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au |        | tne 31  | ,               |               |  |
|             | required about or additio, explain why in deficience of and describe any steps taken to different such   | J.1.J  |         | _               | (2015)        |  |

#### 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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No 1545-0047

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization<br>(described on lines 1-9<br>above (see instructions)) | (iv) is the organization<br>listed in your governing<br>document? |    | on lines 1-9 listed in your governing support ( | in your governing support (see |  | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|--------------------------------|--|---|
|                                    |          |  | Yes   | No |   |                                |  |   |
| (A)                                |          |  |   |    |   |                                |  |   |
| (B)                                |          |  |   |    |   |                                |  |   |
| (C)                                | -        |  | i   |    |   |                                |  |   |
| (D)                                |          |  |   |    |   |                                |  |   |
| (E)                                |          |  |   |    |   |                                |  |   |
| Total                              |          |  |   |    |   |                                |  |   |

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2015

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part 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) 2011                               | (b) 2012                             | (c) 2013                             | (d) 2014                            | (e) 2015                                   | (f) Total             |
| 1      | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   | 1,174,169.                             | 1,045,127.                           | 1,421,892.                           | 1,086,283.                          | 1,170,918.                                 | 5,898,389.            |
| 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   | 1,174,169.                             | 1,045,127.                           | 1,421,892.                           | 1,086,283.                          | 1,170,918.                                 | 5,898,389.            |
| 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)   |  |                                      |                                      |                                     |  | 3,309,292.            |
| 6      | Public support. Subtract line 5 from line 4  |  |                                      |                                      |                                     |  | 2,589,097.            |
|        | tion B. Total Support  | (=) 2044                               | (b) 2012                             | (5) 2042                             | (4) 2014                            | (a) 2015                                   | (f) Total             |
|        | ndar year (or fiscal year beginning in)  | (a) 2011                               | (b) 2012                             | (c) 2013                             | (d) 2014                            | (e) 2015                                   | (f) Total             |
| 7<br>8 | Amounts from line 4  | 1,174,169.<br>9,266.                   | 1,045,127.<br>1,970.                 | 1,421,892.                           | 1,086,283.                          | 1,170,918.<br>5,546.                       | 5,898,389.<br>17,130. |
| 9      | Net income from unrelated business activities, whether or not the business is regularly carried on   |  |                                      |                                      |                                     |  | 0.                    |
| 10     | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)  |  |                                      | 10,193.                              | 6,119.                              | 2,086.                                     | 18,398.               |
| 11     | Total support. Add lines 7 through 10  |  |                                      |                                      |                                     |  | 5,933,917.            |
| 12     | Gross receipts from related activities, etc. (s  | see instructions) .                    |                                      |                                      |                                     | 12   | 317,273.              |
| 13     | First five years. If the Form 990 is f organization, check this box and stop here  |  |                                      |                                      |                                     |  |                       |
| Sec    | tion C. Computation of Public Sup  |  |                                      |                                      |                                     |  | 43.63%                |
| 14     | Public support percentage for 2015 (li   | ne 6, column (f                        | ) divided by line                    | 11, column (f))                      |                                     | 14   | 46.35%                |
| 15     | Public support percentage from 2014  |  |                                      |                                      |                                     |  |                       |
| 16a    | 331/3% support test - 2015. If the o   | -                                      |                                      |                                      |                                     |  |                       |
| b      | this box and stop here. The organization 33 1/3 % support test - 2014. If the continuous   | organization did                       | not check a b                        | ox on line 13 o                      | or 16a, and line                    | e 15 is 331/3% (                           | or more,              |
|        | check this box and stop here. The org  | •                                      |                                      |                                      |                                     |  |                       |
| 17a    | 10%-facts-and-circumstances test - 10% or more, and if the organization Part VI how the organization meets to  | n meets the "fa<br>the "facts-and-o    | cts-and-circums<br>circumstances" to | tances" test, che<br>est The organia | eck this box ai<br>zation qualifies | nd <b>stop here.</b> E<br>as a publicly st | xplain in             |
| b      | organization   | <b>2014.</b> If the organization meets | ganization did n<br>s the "facts-and | ot check a box<br>d-circumstances'   | on line 13, 16<br>" test, check t   | a, 16b, or 17a,<br>his box and <b>st</b> o | p here.               |
| 18     | supported organization   |  |                                      |                                      |                                     |  | ▶ □                   |
|        | instructions   | <u> </u>                               | <u></u>                              |                                      | •                                   |  |                       |
|        |  |  |                                      |                                      | S                                   | chedule A (Form 9                          | 0 or 990-EZ) 2015     |

| Part III | Support Schedule for | Organizations Desc          | ribed in Section 509(a)(2) |
|----------|----------------------|-----------------------------|----------------------------|
|          |                      | - · g - · · · - · · · · · · |                            |

(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.)

|             |  |               |                    | <del></del>       | <del> </del>                          | <del></del>      | <del></del>                                       |
|-------------|--|---------------|--------------------|-------------------|---------------------------------------|------------------|---|
| Sec         | tion A. Public Support   |               |                    |                   |                                       | 1                |   |
| Caler       | idar year (or fiscal year beginning in) 🕨  | (a) 2011      | (b) 2012           | (c) 2013          | (d) 2014                              | (e) 2015         | (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   |               |                    |                   |                                       |                  |   |
|             | • 1  |               |                    |                   |                                       |                  |   |
| _           | to or expended on its behalf   |               |                    |                   |                                       |                  |   |
| 5           | The value of services or facilities  |               |                    |                   |                                       | 1                |   |
|             | furnished by a governmental unit to the  |               |                    |                   |                                       |                  |   |
|             | organization without charge  |               |                    |                   |                                       |                  |   |
| 6           | Total. Add lines 1 through 5   |               |                    |                   |                                       |                  |   |
| 7 a         | Amounts included on lines 1, 2, and 3  |               |                    |                   |                                       |                  |   |
|             | received from disqualified persons   |               | <del></del>        |                   |                                       |                  |   |
| 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                                      |               |                    |                   |                                       |                  |   |
| c           | Add lines 7a and 7b  |               |                    |                   |                                       |                  |   |
| 8           | Public support. (Subtract line 7c from   |               |                    |                   |                                       |                  |   |
| -           | line 6)  |               |                    |                   |                                       |                  |   |
| Sec         | tion B. Total Support  |               |                    |                   | <u> </u>                              |                  |   |
|             | ndar year (or fiscal year beginning in)  | (a) 2011      | (b) 2012           | (c) 2013          | (d) 2014                              | (e) 2015         | (f) Total   |
| 00101       |  |               |                    |                   | · · · · · · · · · · · · · · · · · · · |                  |   |
| 7<br>10 a   | Amounts from line 6  |               |                    |                   |                                       |                  |   |
| 10 0        | payments received on securities loans,   |               |                    |                   |                                       |                  |   |
|             | rents, royalties and income from similar   |               |                    |                   |                                       |                  |   |
|             | sources  |               |                    |                   |                                       |                  |   |
| þ           | Unrelated business taxable income (less  |               |                    |                   | ļ                                     |                  |   |
|             | section 511 taxes) from businesses   |               |                    |                   |                                       |                  |   |
|             | acquired after June 30, 1975   |               |                    |                   | <u> </u>                              |                  |   |
| С           | Add lines 10a and 10b  |               |                    |                   |                                       |                  |   |
| 11          | Net income from unrelated business   |               |                    |                   |                                       |                  |   |
|             | activities not included in line 10b, whether or not the business is regularly    |               |                    |                   |                                       |                  |   |
|             | carried on   |               |                    | <u>_</u> _        |                                       |                  |   |
| 12          | Other income Do not include gain or  |               |                    |                   |                                       |                  |   |
|             | loss from the sale of capital assets   |               |                    |                   |                                       |                  |   |
|             | (Explain in Part VI)   |               |                    |                   |                                       |                  |   |
| 13          | Total support. (Add lines 9, 10c, 11,  |               |                    |                   |                                       |                  |   |
|             | and 12)  |               |                    |                   |                                       |                  |   |
| 14          | First five years. If the Form 990 is 1   |               | tion's first, seco | nd. third. fourth | , or fifth tax y                      | ear as a section | 501(c)(3)   |
| •           | organization, check this box and stop here                                       |               |                    |                   |                                       |                  |   |
| Sec         | tion C. Computation of Public Sur  |               |                    |                   |                                       |                  | <del>, , , , , , , , , , , , , , , , , , , </del> |
| 15          | Public support percentage for 2015 (line 8                                       |               |                    | mn (fl)           | ·                                     | 15               | %   |
| 16          | Public support percentage from 2014 Sche   |               |                    |                   |                                       | <u> </u>         | %   |
|             |  |               |                    |                   |                                       | 1.0              |   |
|             | tion D. Computation of Investment  |               |                    | (3 column (ft)    | · <del>-</del>                        | 17               | %   |
| 17          | Investment income percentage for 2015 (In  |               |                    |                   |                                       | H                | %<br>%  |
| 18          | Investment income percentage from 2014   |               |                    |                   |                                       |                  |   |
| 19 a        | 33 1/3 % support tests - 2015. If the or   |               |                    |                   |                                       |                  |   |
|             | 17 is not more than 331/3 %, check the   |               |                    |                   |                                       |                  |   |
| b           | 33 1/3 % support tests - 2014. If the orga                                       |               |                    |                   |                                       |                  |   |
|             | line 18 is not more than 331/3 %, check  |               |                    |                   |                                       |                  |   |
| 20          | Private foundation. If the organization  | did not check | a box on line      | 14, 19a, or 19t   | o, check this b                       | ox and see insti | ructions ►  |
| JSA<br>5512 | 24 1 000   |               |                    |                   | ;                                     | Schedule A (Form | 990 or 990-EZ) 2015                               |

### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

|       | Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part  | t V.) |            |          |
|-------|---|-------|------------|----------|
| Secti | ion A. All Supporting Organizations   |       | \ <u>-</u> |          |
|       |   |       | Yes        | No       |
| 1     | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain   | 1     |            | -        |
| 2     | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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    | ļ          |          |
| 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     | ļ          |          |
| 7     | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 7     |            |          |
| 8     | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 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 <b>Part VI.</b>   | 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 <b>Part VI</b> .   | 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  | 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below   | 10a   |            | <u> </u> |
| b     | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to  | 406   |            |          |

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|------|---|
|      |   |

| Part I      | 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)  | ·     |       |         |
|             | below, the governing body of a supported organization?  | 11a   |       |         |
| b           | A family member of a person described in (a) above?   | 11b   |       |         |
|             | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.   | 11c   |       |         |
| Section     | on B. Type I Supporting Organizations   |       |       |         |
|             |   |       | Yes   | No      |
| 1           | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization   | 2     |       |         |
| Section     | on C. Type II Supporting Organizations  |       |       |         |
|             |   |       | Yes   | No      |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> 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   |       |       |         |
| 1           | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1     | Yes   | No      |
| 2           | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard  | 3     |       |         |
| Section     | on E. Type III Functionally-Integrated Supporting Organizations   |       | L     |         |
| 1<br>a<br>b | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance)  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  |       |       |         |
| С           | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see   | suu   |       | No      |
| 2           | Activities Test Answer (a) and (b) below.   |       | 1.03  | 1       |
| 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>   | 3a_   |       |         |
| b           | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard   | 3b    |       |         |
|             | Schedule A (Form  | 990 o | 990-E | Z) 2015 |

| 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 other Type III non-functionally integrated supporting organizations must con |            |                          | structions. All             |
| 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   | 1 1        |                          |                             |
| 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)   | 1a         |                          |                             |
| a Average monthly value of securities  | 1b         |                          |                             |
| b Average monthly cash balances  | 1c         | <del>-</del> ···         |                             |
| c Fair market value of other non-exempt-use assets   | 1d         |                          |                             |
| d Total (add lines 1a, 1b, and 1c)   | 10         |                          |                             |
| e Discount claimed for blockage or other   |            |                          |                             |
| factors (explain in detail in Part VI)   | 2          | <del></del>              | <del></del>                 |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 3          |                          |                             |
| 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,  | 4          |                          |                             |
| see instructions)  | 5          |                          | <del>-  </del> -            |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)   | 6          |                          |                             |
| 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions  | 7          |                          |                             |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8          |                          |                             |
| Section C - Distributable Amount   |            | <del></del>              | 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-functional instructions)   | ly-integra | ated Type III supporting | g organization (see         |

V 15-7F

Schedule A (Form 990 or 990-EZ) 2015

| Part | V Type III Non-Functionally Integrated 509(a)(3)             | Supporting Organizat        | ions (continued)               |                                  |
|------|--|-----------------------------|--------------------------------|----------------------------------|
|      | ion D - Distributions  |                             |                                | Current Year                     |
| 1    | Amounts paid to supported organizations to accomplish ex     | xempt purposes              |                                |                                  |
| 2    | Amounts paid to perform activity that directly furthers exer |                             | ed                             |                                  |
|      | organizations, in excess of income from activity             |                             |                                |                                  |
| 3    | Administrative expenses paid to accomplish exempt purpo      | ses of supported organi     | zations                        |                                  |
| 4    | Amounts paid to acquire exempt-use assets                    |                             | <u> </u>                       |                                  |
| 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 2015 from Section C, line 6         | <del></del>                 |                                |                                  |
| 10   | Line 8 amount divided by Line 9 amount                       |                             |                                |                                  |
|      |  |                             | (ii)                           | (iii)                            |
| ;    | Section E - Distribution Allocations (see instructions)      | (i)<br>Excess Distributions | Underdistributions<br>Pre-2015 | Distributable<br>Amount for 2015 |
| 1    | Distributable amount for 2015 from Section C, line 6         |                             | =                              |                                  |
| 2    | Underdistributions, if any, for years prior to 2015          |                             |                                |                                  |
|      | (reasonable cause required-see instructions)                 |                             |                                |                                  |
| 3    | Excess distributions carryover, if any, to 2015              |                             |                                |                                  |
| а    |  |                             |                                |                                  |
| b    |  |                             |                                |                                  |
| С    |  |                             |                                |                                  |
| d    | From 2013  |                             |                                |                                  |
| е    | From 2014  |                             |                                |                                  |
| f    | Total of lines 3a through e                                  |                             |                                |                                  |
| g    | Applied to underdistributions of prior years                 |                             |                                |                                  |
| h    | Applied to 2015 distributable amount                         |                             |                                |                                  |
| i    | Carryover from 2010 not applied (see instructions)           |                             |                                |                                  |
| j    | Remainder Subtract lines 3g, 3h, and 3i from 3f              |                             |                                |                                  |
| 4    | Distributions for 2015 from Section                          |                             |                                |                                  |
|      | D, line 7 \$   | _                           |                                |                                  |
| а    | Applied to underdistributions of prior years                 |                             |                                |                                  |
| b    | Applied to 2015 distributable amount                         |                             |                                |                                  |
| c    | Remainder Subtract lines 4a and 4b from 4                    |                             |                                |                                  |
| 5    | Remaining underdistributions for years prior to 2015, if     |                             |                                |                                  |
|      | any Subtract lines 3g and 4a from line 2 (if amount          |                             |                                |                                  |
|      | greater than zero, see instructions)                         |                             |                                |                                  |
| 6    | Remaining underdistributions for 2015 Subtract lines 3h      |                             |                                |                                  |
|      | and 4b from line 1 (if amount greater than zero, see         |                             |                                |                                  |
|      | instructions)  |                             |                                |                                  |
| 7    | Excess distributions carryover to 2016 Add lines 3j          |                             |                                |                                  |
| -    | and 4c   |                             |                                |                                  |
| 8    | Breakdown of line 7  |                             | , <u> </u>                     |                                  |
| a    | 5.00.0000000000000000000000000000000000                      |                             |                                |                                  |
| b    |  |                             |                                |                                  |
|      |  |                             |                                | -                                |
|      | Excess from 2014   |                             |                                |                                  |
|      | Excess from 2015   |                             |                                | <del>  </del>                    |
|      |  |                             |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. 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).

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

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

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

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

| fthe | organization answered "Yes,"                             | that have NOT filed Form 5768 (election on Form 990, Part IV, line 5 (Proxy | on under section 501(h)<br>Tax) (see separate in | ) Complete Part II-B Do not<br>structions) or Form 990-E | t complete Part II-A<br>Z, Part V, line 35c (Proxy    |
|------|--|---|--|--|---|
|      | (see separate instructions), then                        |   |  |  |   |
|      | Section 501(c)(4), (5), or (6) orga<br>e of organization | anizations Complete Fait III  |  | Employer ider  | ntification number                                    |
|      | ERATIONS UNITED, IN                                      | <b>r</b> .  |  | 31-154   |   |
|      |  | rganization is exempt under   | section 501(c) or i                              | s a section 527 organ                                    | nization.   |
| 1    |  | organization's direct and indirect p  |  |  |   |
| 2    |  |   |  |  |   |
| 3    |  |   |  |  |   |
| J    | volunteer nours,   |   |  |  |   |
| Par  | t I-B Complete if the o                                  | rganization is exempt under s   | ection 501(c)(3).                                |  |   |
| 1    |  | ise tax incurred by the organization  |  |  |   |
| 2    |  | ise tax incurred by organization m  |  |  |   |
| 3    | If the organization incurred a                           | a section 4955 tax, did it file Form  | 4720 for this year?,                             |  | Yes No  |
| 4a   | Was a correction made?                                   |   |  |  | Yes No  |
| b    | If "Yes," describe in Part IV                            |   |  |  |   |
| Par  |  | rganization is exempt under   |  |  | ).  |
| 1    |  | xpended by the filing organization  |  |  |   |
|      |  |   |  |  |   |
| 2    |  | ng organization's funds contributed   |  |  |   |
|      |  | es  |  |  |   |
| 3    | Total exempt function expe                               | enditures Add lines 1 and 2 En  | ter here and on Fo                               | orm 1120-POL,  |   |
|      | line 17b   |   |  | ▶\$  | <del></del>   |
| 4    | Did the filing organization file                         | e Form 1120-POL for this year?  |  |  | Yes No  |
| 5    | erganization made payment                                | and employer identification numb<br>s. For each organization listed, en     | er (EIIV) or all section ter the amount naid     | if from the filing organize                              | ations to which the hing<br>ation's funds. Also enter |
|      | the amount of political cont                             | ributions received that were prom   | ptly and directly de                             | livered to a separate po                                 | litical organization, such                            |
|      | as a separate segregated fur                             | nd or a political action committee (l                                       | PAC) If additional sp                            | ace is needed, provide i                                 | nformation in Part IV                                 |
|      | (a) Name   | (b) Address   | (c) EIN  | (d) Amount paid from                                     | (e) Amount of political                               |
|      | (5) 1155   | (2)   | `,   | 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)  |  |   | 1  |  |   |
| (4)  |  |   |  |  |   |
| (4)  |  |   | 1  |  |   |
| (5)  |  |   |  |  |   |
| (0)  |  |   | 1  |  |   |
| (6)  |  |   | -  |  |   |
| ,    |  |   | 1  |  |   |
|      |  |   |  |  |   |

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

Schedule C (Form 990 or 990-EZ) 2015

| Schedule C (Form 990 or 990-EZ) 2015 GENERA             | ATIONS UNITED, INC.  | 31-15                            | 42973 Page <b>2</b>         |
|---|--|----------------------------------|-----------------------------|
| Part II-A Complete if the organization section 501(h)). | on is exempt under section 501(c)(3) and   | filed Form 5768 (elec            | tion under                  |
|   | n belongs to an affiliated group (and list in Pa<br>enses, and share of excess lobbying expend |                                  | oup member's                |
| B Check ▶ if the filing organization                    | n checked box A and "limited control" provisi  | ons apply.                       | <del> </del>                |
|   | oying Expenditures<br>eans amounts paid or incurred.)  | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influence             | public opinion (grass roots lobbying)  |                                  |                             |
| b Total lobbying expenditures to influence              | a legislative body (direct lobbying)   | 4,225.                           |                             |
| c Total lobbying expenditures (add lines 1              | a and 1b)  | 4,225.                           |                             |
| d Other exempt purpose expenditures                     |  | 1,139,692.                       |                             |
|   | d lines 1c and 1d) [   | 1,143,917.                       |                             |
|   | e amount from the following table in both  | 189,392.                         |                             |
| 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 2                 | 5% of line 1f)   | 47,348.                          |                             |
| h Subtract line 1g from line 1a If zero or I            | ess, enter -0  | 0.                               | 0.                          |
| i Subtract line 1f from line 1c If zero or le           | ess, enter -0  | 0.                               | 0.                          |
| j If there is an amount other than zero                 | on either line 1h or line 1i, did the organiza   | tion file Form 4720              |                             |
| reporting section 4911 tax for this year                | · <u></u>  | <u> </u>                         | Yes No                      |
|   | 4 Vaca Assessing Desiral Hadan acation FO4/b)  |                                  |                             |

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

|  | Lobbying Expendi | Lobbying Expenditures During 4-Year Averaging Period |          |          |            |  |  |  |  |  |
|--|------------------|--|----------|----------|------------|--|--|--|--|--|
| Calendar year (or fiscal year beginning in)                    | (a) 2012         | (b) 2013   | (c) 2014 | (d) 2015 | (e) Total  |  |  |  |  |  |
| 2a Lobbying nontaxable amount                                  | 192,406.         | 196,188.   | 199,217. | 189,392. | 777,203.   |  |  |  |  |  |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column (e)) |                  |  |          |          | 1,165,805. |  |  |  |  |  |
| c Total lobbying expenditures                                  | 678.             | 1,040.   | 1,178.   | 4,225.   | 7,121.     |  |  |  |  |  |
| d Grassroots nontaxable amount                                 | 48,102.          | 49,047.  | 49,804.  | 47,348.  | 194,301.   |  |  |  |  |  |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e))   |                  |  |          |          | 291,452.   |  |  |  |  |  |
| f Grassroots lobbying expenditures                             |                  |  |          |          |            |  |  |  |  |  |

Schedule C (Form 990 or 990-EZ) 2015

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed   | (a)          |        | (b)    | (b)       |       |    |
|--|--------------|--------|--------|-----------|-------|----|
| description of the lobbying activity   | Yes          | No     |        | Amou      | ınt   |    |
| 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   |              |        |        |           | _     |    |
| <ul><li>a Volunteers?</li><li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li></ul>   |              |        |        |           |       |    |
|  | <u> </u>     |        |        |           |       |    |
| c Media advertisements? d Mailings to members, legislators, or the public?   | <del> </del> |        |        |           |       |    |
| e Publications, or published or broadcast statements?  |              |        |        |           |       | _  |
| e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?   |              |        |        |           |       |    |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |              |        |        |           |       |    |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |              |        | _      |           |       |    |
| i Other activities?  |              |        |        |           |       |    |
| j Total Add lines 1c through 1i  | ,            |        |        |           |       |    |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   | <u> </u>     |        |        |           |       |    |
| b If "Yes," enter the amount of any tax incurred under section 4912  |              |        |        |           |       |    |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |              |        |        |           |       |    |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501   | (a)(E)       |        |        |           |       | —  |
| 501(c)(6).   | (0)(0)       | , or s | ection | ı         |       |    |
|  |              |        |        |           | Yes   | N  |
| 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?  |              |        | <br>   |           |       |    |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?  | <u> </u>     |        |        | 3         |       |    |
| Part 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."  |              | -      |        |           | 3, is |    |
| 1 Dues, assessments and similar amounts from members   |              |        | 1      | _         |       |    |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amou  | unts         | of     |        |           |       |    |
| political expenses for which the section 527(f) tax was paid).   |              |        |        |           |       |    |
| a Current year   |              |        | 2a     |           |       |    |
| b Carryover from last year   |              | '      | 2b     |           |       | _  |
| c Total  |              |        | 2c     | _         | -     |    |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du  |              |        | 3      |           |       |    |
|  |              |        |        |           |       |    |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion  | obbyir       | חת     | 4      |           |       |    |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I  |              |        |        |           |       | _  |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?   |              |        | 5      |           |       |    |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)   | · · ·        |        | 5      |           |       |    |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul> | · · ·        |        | 5      | II-A, lır | nes 1 | a  |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul> | · · ·        |        | 5      | II-A, lır | nes 1 | ar |
| <ul> <li>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>   | · · ·        |        | 5      | II-A, lır | nes 1 |    |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul>   | · · ·        |        | 5      | II-A, iır | nes 1 | ar |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul>   | · · ·        |        | 5      | II-A, lır | nes 1 | ar |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul>   | · · ·        |        | 5      | II-A, lır | nes 1 | ar |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul>   | · · ·        |        | 5      | II-A, lir | nes 1 |    |
| <ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible I and political expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> <li>Part IV Supplemental Information</li> <li>Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliate</li> </ul> | · · ·        |        | 5      | II-A, lir | nes 1 |    |

Schedule Ç (Form 990 or 990-EZ) 2015

Supplemental Information (continued) Part IV

Page 4

#### 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.

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990.

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

0MB No 1545-0047

Open to Public Inspection

Employer identification number

31-1542973 GENERATIONS UNITED, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . Aggregate value at end of year. . . . . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . . . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year 2a Total number of conservation easements . . . . . а 2b b Number of conservation easements on a certified historic structure included in (a) . . . . . C Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items 1a If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition d Loan or exchange programs 2 Other h Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not If "Yes," explain the arrangement in Part XIII and complete the following table Amount c Beginning balance 1d 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (c) Two years back (b) Prior year (d) Three years back (e) Four years back (a) Current year 1a Beginning of year balance . . . . Net investment earnings, gains, and losses . . . . . . . . . . . . . d Grants or scholarships . . . . . . Other expenditures for facilities and programs . . . . . . . . . . . . f Administrative expenses . . . . g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as a Board designated or quasi-endowment **b** Permanent endowment > Temporarily restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100% 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by 3a(i) 3a(ii) 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?...... Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10 (c) Accumulated (d) Book value Description of property (a) Cost or other basis (b) Cost or other basis (investment) depreciation 1a Land Buildings ...... Leasehold improvements 8,518. 7,409 1,109. Equipment Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c). 1,109.

| Part VII     | Investments - Other Securities.                                      |                |                                       |              |   | Page 3  |
|--------------|--|----------------|---------------------------------------|--------------|---|---------|
| T GIT VIII   |  | d "Yes         | " on Form 990                         | , Part I     | V, line 11b. See Form 990, Part X, line 1                   | 2.      |
|              | (a) Description of security or category (including name of security) | (1             | b) Book value                         |              | (c) Method of valuation Cost or end-of-year market value    |         |
| (1) Financia | al derivatives   |                |                                       |              |   |         |
| (2) Closely- | held equity interests  |                |                                       |              |   |         |
| (3) Other_   |  | <b>_</b>       |                                       |              |   |         |
| (A)          |  | +              |                                       |              |   |         |
| (B)          |  | +              |                                       |              |   |         |
|              |  | +              |                                       | -            |   |         |
| (D)          | ·  | +              |                                       |              |   |         |
|              |  | +              |                                       | <del> </del> |   |         |
| <u>(</u> G)  | <del>-</del>   | +              |                                       |              |   |         |
| (H)          |  | +              |                                       | 1            |   |         |
|              | n (b) must equal Form 990, Part X, col (B) line 12)                  | 1              |                                       |              |   |         |
|              | Investments - Program Related.                                       |                |                                       |              |   |         |
|              | Complete if the organization answere                                 | d "Yes         | " on Form 990                         | ), Part I    | IV, line 11c See Form 990, Part X, line 1                   | 3.      |
|              | (a) Description of investment  | (t             | ) Book value                          |              | (c) Method of valuation<br>Cost or end-of-year market value |         |
| (1)          |  |                |                                       |              |   |         |
| (2)          |  |                |                                       | ļ            |   |         |
| _(3)         |  |                | <del> </del>                          |              |   |         |
| (4)          |  | -              |                                       |              |   |         |
| (5)          |  |                |                                       | <u> </u>     |   |         |
| (6)          |  |                |                                       | <del> </del> |   |         |
|              |  |                |                                       | <u> </u>     |   |         |
| (8)          |  |                |                                       |              |   |         |
| (9)          | n (b) must equal Form 990, Part X, col (B) line 13 )                 | Ì              |                                       | <del> </del> |   |         |
| Part IX      | Other Assets.  |                |                                       | J            |   |         |
|              | Complete if the organization answere                                 | ed "Yes        | " on Form 990                         | ), Part l    | IV, line 11d See Form 990, Part X, line 1                   | 5       |
|              | (a) D  | escription     | on                                    |              | (b) Book val  | ue      |
| (1)          |  |                |                                       |              |   |         |
| (2)          |  |                |                                       |              |   |         |
| (3)          |  |                |                                       | •            |   |         |
| (4)          |  |                | <u> </u>                              |              |   |         |
| (5)          |  |                |                                       |              |   |         |
| (6)          |  |                |                                       |              |   |         |
| (7)          |  |                |                                       |              |   |         |
| (8)          |  |                | <del></del>                           |              |   |         |
|              | umn (b) must equal Form 990, Part X, col (B)                         | ) line 15      | 5)                                    |              |   | -       |
| Part X       | Other Liabilities. Complete if the organization answere              | *              |                                       |              | IV, line 11e or 11f See Form 990, Part X                    | ,<br>'1 |
| <del></del>  | line 25  | 1              | as not to                             |              |   |         |
| 1.           | (a) Description of liability   |                | (b) Book val                          | ue           |   |         |
|              | ral income taxes RRED LEASE LIABILITY                                |                | Ω                                     | 690.         |   |         |
| <del></del>  | RRED LEASE DIRBIBITI   |                | · · · · · · · · · · · · · · · · · · · | 0,00.        |   |         |
| (3)          |  |                |                                       |              |   |         |
| (5)          |  |                |                                       |              |   |         |
| (6)          |  |                |                                       | -            |   |         |
| (7)          |  |                |                                       |              |   |         |
| (8)          |  |                |                                       |              |   |         |
| (9)          |  |                |                                       |              |   |         |
|              | nn (b) must equal Form 990, Part X, col (B) line 25                  | i) <b>&gt;</b> | 8,                                    | 690.         |   |         |

GENERATIONS UNITED, INC.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

JSA 5E1270 1 000 8 9 0 5 5 J C 0 2 1

Schedule D (Form 990) 2015

JSA

Part XIII Supplemental Information (continued)

#### **SCHEDULE J** (Form 990)

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

Compensated Employees

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

Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Employer Identification number

Name of the organization GENERATIONS UNITED, INC.

31-1542973

| Part | 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  |  |          | 1           |
|      | 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  |  |          | - 1         |
|      | Travel for companions Payments for business use of personal residence  |  |          | ĺ           |
|      | Tax indemnification and gross-up payments Health or social club dues or initiation fees  |  |          |             |
|      | Discretionary spending account Personal services (e.g., maid, chauffeur, chef)   |  |          | ]           |
|      | If you will have a section of a second and the appropriate fallows a section and a second and a second and the  |  |          |             |
| b    | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to   | <u> </u>                               |          |             |
|      | explain  | 1b                                     |          |             |
| 2    | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all  |  |          |             |
|      | directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line   |  |          |             |
|      | 1a?  | 2                                      |          |             |
| 3    | Indicate which, if any, of the following the filing organization used to establish the compensation of the   |  |          |             |
|      | organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a  |  |          | ļ           |
|      | related organization to establish compensation of the CEO/Executive Director, but explain in Part III  |  |          | Ì           |
|      | Compensation committee Written employment contract   |  |          |             |
|      | Independent compensation consultant Compensation survey or study   |  |          | 1           |
|      | 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  |  |          | 1           |
| 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           |
| c    | 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   |  |          |             |
|      | The to any of miso it of not the persona and provide the approach amount in the mison in the mis |  |          |             |
|      | 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" to 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    |  |  |          |             |
| 7    | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.  | 7                                      |          | х           |
| 8    | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject   | <del></del>                            |          | <del></del> |
| J    | to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe   |  |          |             |
|      | In Part III  | 8                                      |          | х           |
| 9    | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   | -                                      | <u> </u> | <del></del> |
| 3    | · · · · · · · · · · · · · · · · · · ·  | 9                                      | -        |             |
|      | Regulations section 53 4958-6(c)?  |  |          |             |

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

Schedule J (Form 990) 2015

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Schedule J (Form 990) 2015

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not 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

(F) Compensation in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2015 157,995. (E) Total of columns (B)(I)-(D) (D) Nontaxable benefits 8,580 (C) Retirement and other deferred compensation <u>.</u> 0 compensation (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable ö 8,000 (ii) Bonus & incentive compensation 130,266. ö compensation (II) € €  $\equiv$ €  $\equiv$ € € Ξ  $\equiv$ **(III)** ≘≘ EE €€  $\equiv$  $\equiv$ €€  $\in$  $\boldsymbol{\epsilon}$ Ξ  $\equiv$  $\equiv$ 1EXECUTIVE DIRECTOR (A) Name and Title DONNA BUTTS თ 15 9 ^ œ 13 4 16 9 Ę 12

Schedule J (Form 990) 2015

Part III Supplemental Information

Complete this part to 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) 2015

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#### 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 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GENERATIONS UNITED, INC.

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.

FORM 990, PART VI, SECTION B, LINE 12 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

Name of the organization
GENERATIONS UNITED, INC.

Employer identification number 31-1542973

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. 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.

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

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

Employer identification number 31-1542973

ATTACHMENT 1 (CONT'D)

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. FOUR 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 SERVIC | 다 C    | ATTACHMENT 2 |         |
|--|--------|--------------|---------|
| DESCRIPTION  | GRANTS | EXPENSES     | REVENUE |
| DESCRIPTION  | GRANIB | EXTENSES     | REVENUE |
| PUBLIC EDUCATION                                   |        | 84,722.      |         |
| MEMBERSHIP   |        | 67,045.      |         |
| SENIORS4KIDS                                       |        | 25,825.      |         |
| DEVELOPING PROMISING PRACTICES                     |        | 15,462.      |         |
| TOTALS   |        | 193,054.     |         |

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| , ♦ Schedule O (Form 990 or 990-EZ) 2015          |                      |                          |   | Page 2                   |  |  |  |
|---|----------------------|--------------------------|---|--------------------------|--|--|--|
| Name of the organization GENERATIONS UNITED, INC. |                      |                          | Employer Identification number 31-1542973 |                          |  |  |  |
|   |                      | <u> </u>                 | ATTACHMENT 3                              |                          |  |  |  |
| FORM 990, PART IX - OTHER FEES                    |                      |                          |   |                          |  |  |  |
| DESCRIPTION                                       | (A)<br>TOTAL<br>FEES | (B) PROGRAM SERVICE EXP. | (C)<br>MANAGEMENT<br>AND GENERAL          | (D) FUNDRAISING EXPENSES |  |  |  |
| CONSULTANTS                                       | 144,169.             | 137,755.                 | 6,414.                                    |                          |  |  |  |
| SUBCONTRACTORS                                    | 136,694.             | 136,644.                 | 50.                                       |                          |  |  |  |
| TOTALS  | 280,863.             | 274,399.                 | 6,464.                                    |                          |  |  |  |
| FORM 990, PART X - DEFERRED REVENUE               |                      |                          | ATTACHMENT                                | 4                        |  |  |  |
|   | BEGINN:              | ING                      | ENDING                                    |                          |  |  |  |

BOOK VALUE

TOTALS

128,080.

128,080.

BOOK VALUE

139,908.

139,908.

DESCRIPTION

DEFERRED REVENUE