

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning, 2005, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GENERATIONS UNITED. D Employer identification number: 31-1542973. E Telephone number: (202) 289-3979. F Accounting method: Accrual.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.GU.ORG

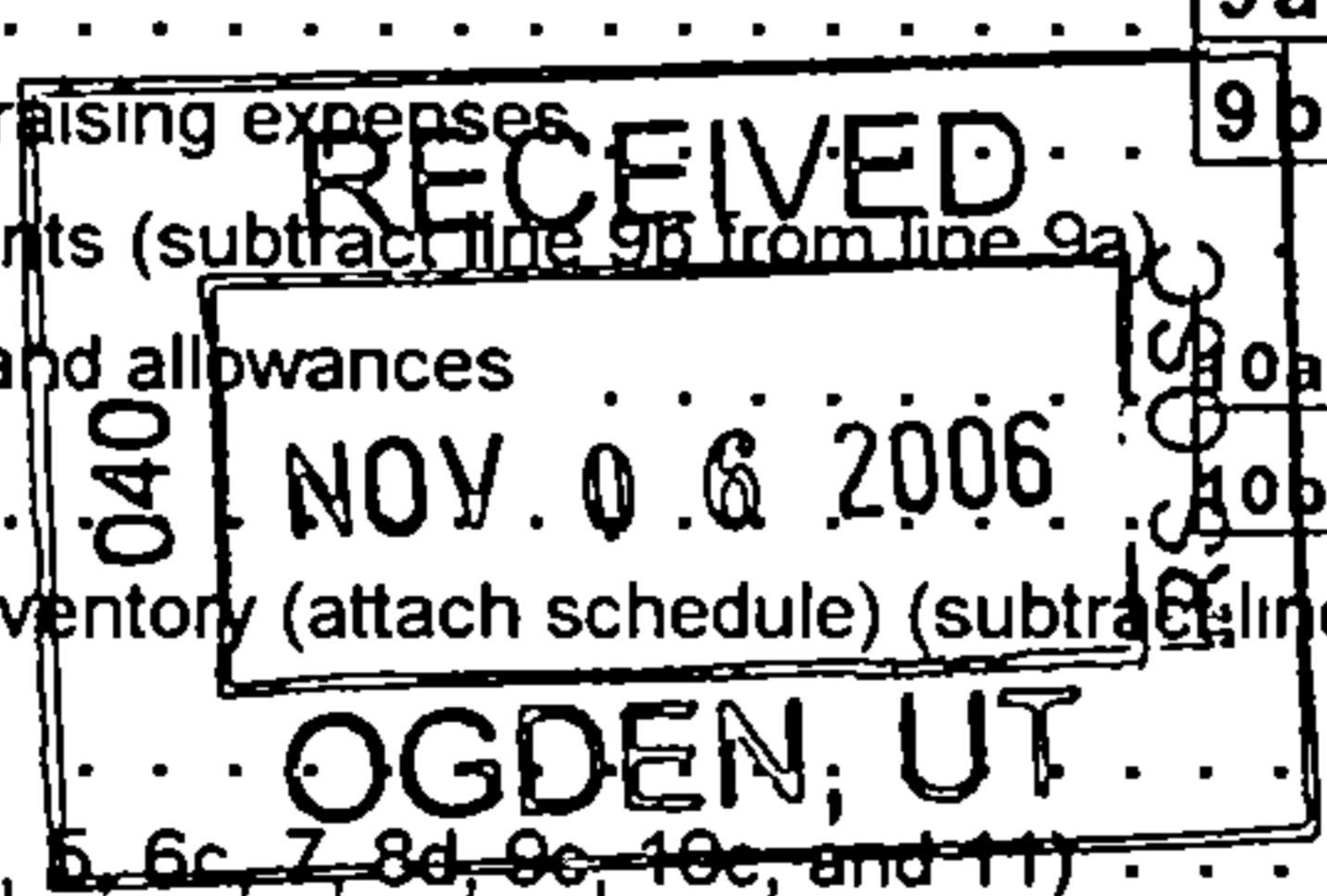
J Organization type (check only one): 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 1,221,822.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances at end of year.



SCANNED NOV 20 2005

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Handwritten number 615

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	104,209.	98,045.	6,164.	
26 Other salaries and wages	26	309,186.	290,898.	18,288.	
27 Pension plan contributions	27	16,316.	15,038.	1,278.	
28 Other employee benefits	28	45,664.	42,087.	3,577.	
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	14,053.	14,053.		
34 Telephone	34	14,381.	13,972.	409.	
35 Postage and shipping	35	46,219.	46,295.	-76.	
36 Occupancy	36	78,985.	73,845.	5,140.	
37 Equipment rental and maintenance	37	13,547.	13,317.	230.	
38 Printing and publications	38	71,409.	71,409.		
39 Travel	39	93,208.	93,208.		
40 Conferences, conventions, and meetings	40	80,561.	80,561.		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	7,621.	7,330.	291.	
43 Other expenses not covered above (itemize)					
a PROFESSIONAL FEES	43a	339,285.	337,617.	1,668.	
b BAD DEBT	43b	92,425.	92,055.	370.	
c DONATIONS	43c	7,000.	7,000.		
d INSURANCE	43d	2,144.	1,999.	145.	
e DUES AND SUBSCRIPTIONS	43e	865.	865.		
f BANK FEES	43f	846.	825.	21.	
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	1,337,924.	1,300,419.	37,505.	

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	16,733.	<b>45</b>	19,531.
	<b>46</b> Savings and temporary cash investments . . . . .	144,144.	<b>46</b>	178,172.
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 11,196.		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> NONE	96,949.	<b>47c</b> 11,196.
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> NONE		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b> NONE	NONE	<b>48c</b> NONE
	<b>49</b> Grants receivable . . . . .	65,000.	<b>49</b>	35,000.
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54</b> Investments - securities (attach schedule) STMT 2. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	345,408.	<b>54</b>	338,566.
	<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 80,454.			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 50,379.	12,133.	<b>57c</b> 30,075.	
<b>58</b> Other assets (describe <input type="checkbox"/> STMT 3 )	13,498.	<b>58</b>	13,498.	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	693,865.	<b>59</b>	626,038.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	16,534.	<b>60</b>	43,866.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . . STMT. 4 . . . . .	NONE	<b>62</b>	27,786.
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	16,534.	<b>66</b>	71,652.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	508,298.	<b>67</b>	439,796.
	<b>68</b> Temporarily restricted . . . . .	169,033.	<b>68</b>	114,590.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .	677,331.	<b>73</b>	554,386.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	693,865.	<b>74</b>	626,038.	





Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b	60,000.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE		
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a	List the states with which a copy of this return is filed DC		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	9	
91 a	The books are in care of BOOKKEEPER Telephone no 202-289-3979 Located at 1333 H STREET, NW, SUITE 500 WASHINGTON, DC ZIP + 4 20005		
91 b	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)? If "Yes," enter the name of the foreign country		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		N/A

**Part VII Analysis of Income-Producing Activities (See the instructions)**

Note. Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PUBLICATIONS					7,429.
b CONFERENCE					75,540.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					92,765.
95 Interest on savings and temporary cash investments			14	11,714.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					7,392.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				11,714.	183,126.
105 Total (add line 104, columns (B), (D), and (E))					194,840.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	SALE OF PUBLICATIONS RELATED TO THE ORG.'S EXEMPT PURPOSE
93B	CONFERENCE FEES TO PROMOTE INTERGENERATIONAL ISSUES
94	MEMBERSHIP DUES TO HELP THE ORG. CARRYOUT ITS EXEMPT PURPOSE
103B	OTHER ACTIVITIES RELATED TO THE EXEMPT PURPOSE OF THE ORG.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Jonna M. Buttz Date: 10/31/06

Type or print name and title: JONNA M. BUTTZ, EXECUTIVE DIRECTOR

**Paid Preparer's Use Only**

Preparer's signature: Michael J. Darling, CPA Date: 10/30/06 Check if self-employed:  Preparer's SSN or PTIN (See Gen Inst W): P00245532

Firm's name (or yours if self-employed), address, and ZIP + 4: SARFINO AND RHOADES, LLP EIN: 52-0961657

11921 ROCKVILLE PIKE, SUITE 501 Phone no: 301-770-5500

NORTH BETHESDA, MD 20852-2794

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Name of the organization

GENERATIONS UNITED

Employer identification number

31-1542973

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 10				

Total number of other employees paid over \$50,000 . . . ▶ NONE

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶ NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ NONE

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc? 3b. Do you have a section 403(b) annuity plan for your employees? 3c. During the year, did the organization receive a contribution of qualified real property interest... 4a. Did you maintain any separate account for participating donors... 4b. Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only ONE applicable box)
5. A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6. A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7. A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8. A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9. A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10. An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
11a. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
11b. A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
12. An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% 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) (Also complete the Support Schedule in Part IV-A)
13. An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization Type 1 Type 2 Type 3

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Header: Provide the following information about the supported organizations (See page 6 of the instructions)

- 14. An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 7 of the instructions)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	31	
-----		
-----		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
-----		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
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-----		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include lines 45-50 for nontaxable amounts and ceilings.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

Table for reporting lobbying activity with columns Yes, No, Amount. Rows include categories a-i for various lobbying methods like volunteers, staff, media, mailings, etc.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Generations United, Inc  
 Fixed Assets  
 December 31, 2005

Description	Identification	Date Acquired	Cost	Class	Method	Accumulated Depreciation 12/31/2004	I - 05 Depreciation	II-05 Depreciation	III-05 Depreciation	IV-05 Depreciation	Accumulated Depreciation 12/31/2005	Book Value 12/31/2005
NECX Laser Printer		3/25/1998	1,383 57		S/L 5yrs	1,383 57	-	-	-	-	1,383 57	-
Fax Machine		3/25/1998	401 83		S/L 5yrs	401 83	-	-	-	-	401 83	-
Docking Station (desk)		4/30/1998	739 19		S/L 5yrs	739 19	-	-	-	-	739 19	-
Computers (2)		7/9/1998	2,933 97		S/L 5yrs	2,933 97	-	-	-	-	2,933 97	-
Desk		7/31/1998	690 16		S/L 5yrs	690 16	-	-	-	-	690 16	-
Shelving (closet)		7/31/1998	353 70		S/L 5yrs	353 70	-	-	-	-	353 70	-
File cabinets		10/21/1998	419 99		S/L 5yrs	419 99	-	-	-	-	419 99	-
Computer		4/1/1999	1,477 00		S/L 5yrs	1,477 00	-	-	-	-	1,477 00	-
Computer		12/31/1999	1,575 00		S/L 5yrs	1,575 00	-	-	-	-	1,575 00	-
Telephone		12/31/1999	2,000 00		S/L 5yrs	2,000 00	-	-	-	-	2,000 00	-
Computer		12/31/1999	2,438 00		S/L 5yrs	2,438 00	-	-	-	-	2,438 00	-
Computer		2/11/2000	1,506 68	Retirement	S/L 5yrs	1,506 60	0 08	-	-	-	1,506 68	-
Computer		7/25/2000	1,410 00	Retirement	S/L 5yrs	1,410 00	-	-	-	-	1,410 00	-
Equipment		8/10/2000	2,645 99	Retirement	S/L 5yrs	2,645 99	-	-	-	-	2,645 99	-
Equipment		12/31/2000	1,997 44	KimNet	S/L 5yrs	1,997 40	0 04	-	-	-	1,997 44	-
Equipment		12/31/2000	7,163 00	KimNet	S/L 5yrs	5,730 40	358 15	358 15	358 15	358 15	7,163 00	-
Equipment		3/20/2001	1,588 18	KimNet	S/L 5yrs	1,270 56	79 41	79 41	79 41	79 39	1,588.18	-
Computer		3/20/2001	2,261 00	KimNet	S/L 5yrs	1,808 80	113 05	113 05	113 05	113 05	2,261 00	-
Computer		3/20/2001	2,688 00	SPARC	S/L 5yrs	2,150 40	134 40	134 40	134 40	134 40	2,688 00	-
Computer		3/28/2001	2,510 88	KimNet	S/L 5yrs	2,008 64	125 54	125 54	125 54	125 54	2,510 80	0 08
Computer		3/28/2001	2,510 87	SPARC	S/L 5yrs	2,008 64	125 54	125 54	125 54	125 54	2,510 80	0 07
Tape drive		4/25/2001	1,148 50	KimNet	S/L 5yrs	861 45	57 43	57 43	57 43	57 43	1,091 17	57 33
Printer and Scanner		9/30/2001	2,348 93	KimNet	S/L 5yrs	1,644 30	117 45	117 45	117 45	117 45	2,114 10	234 83
Computer		12/20/2001	1,342 00	NFCSP	S/L 5yrs	872 30	67 10	67 10	67 10	67 10	1,140 70	201 30
Computer		4/23/2002	872 50	SPARC	S/L 5yrs	479 93	43 63	43 63	43 63	43 63	654 45	218 05
Computer		4/23/2002	872 50	KimNet	S/L 5yrs	479 93	43 63	43 63	43 63	43 63	654 45	218 05
Computer		9/17/2002	2,158 00	NFCSP	S/L 5yrs	971 10	107 90	107 90	107 90	107 90	1,402 70	755 30
Computer	Dell Inspiron 2650	2/25/2003	727 05		S/L 5yrs	181 75	36 35	36 35	36 35	36 35	327 15	399 90
Computer	Dell Dimension 2400/DL	8/31/2004	926 48	Venzon	S/L 5yrs	46 32	46 32	46 32	46 32	46 32	231 60	694 88
Server Computer	Dell Poweredge 2600/Server	12/22/2004	3,800 67	Venzon	S/L 5yrs	190 03	190 03	190 03	190 03	190 03	950 15	2,850 52
Computer	Optiplex 170L/DB	6/23/2005	988 00	Pew	S/L 5yrs	-	49 40	49 40	49 40	49 40	148.20	839 80
Shelving	AMCO Essentials	8/19/2005	1,149 00		S/L 5yrs	-	-	57 45	57 45	57 45	114.90	1,034 10
Projector	InFocus LP120 Gen10	10/7/2005	1,599 00	Pew	S/L 5yrs	-	-	-	79 95	79 95	79 95	1,519 05
Computer	Dell Precision Workstation 670/BE	10/28/2005	1,840 00	Venzon	S/L 5yrs	-	-	-	-	92 00	92 00	1,748 00
Website	Infotect	11/1/2005	18,968 75	Venzon	S/L 5yrs	-	-	-	-	632 28	632 28	18,336 47
Computer	Dell Optiplex 170L/JPL	12/14/2005	1,018 00	Pew	S/L 5yrs	-	-	-	-	50 90	50 90	967 10
			80,453 83			42,676 95				50,379 00		30,074 83
						40,634 88						30,074 83

Items belong to class indicated - book depreciation straight to them

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

-----

UNREALIZED LOSS ON INVESTMENTS

6,843.

TOTAL

-----  
6,843.  
=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
MUTUAL FUNDS	345,408.	338,566.	FMV
TOTALS	----- 345,408. =====	----- 338,566. =====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
DEPOSITS	13,498.	13,498.
TOTALS	----- 13,498. =====	----- 13,498. =====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	NONE	27,786.
TOTALS	NONE	27,786.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DONNA BUTTS 1333 H STREET, NW 500 WASHINGTON, DC 20005	EXECUTIVE DIRECTOR FULL-TIME	104,209.	13,988.	NONE
JOHN ROTHER 1333 H STREET, NW 500 WASHINGTON, DC 20005	CHAIR PART-TIME	NONE	NONE	NONE
LAWRENCE MCANDREWS 1333 H STREET, NW 500 WASHINGTON, DC 20005	VICE-CHAIR PART-TIME	NONE	NONE	NONE
JAMES FIRMAN 1333 H STREET, NW 500 WASHINGTON, DC 20005	TREASURER PART-TIME	NONE	NONE	NONE
MARY LEE ALLEN 1333 H STREET, NW 500 WASHINGTON, DC 20005	SECRETARY PART-TIME	NONE	NONE	NONE
SHAY BILCHIK 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
MARC FREEDMAN	BOARD MEMBER PART-TIME	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1333 H STREET, NW 500 WASHINGTON, DC 20005				
ROBERT DUGGER 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
SUSAN SULLIVAN 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
ROBERT GOODWIN 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
IRV KATZ 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
PAUL THORNELL 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
MARY ANN VAN CLIEF 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20005				
JIMMIE PASCHALL 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				
MICHAEL MARCUS 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				
VIRGINIA MASON 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				
WILLIAM MINNIX 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				
JUDY VREDENBURGH 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				
MATTHEW MELMED 1333 H STREET, NW 500	BOARD MEMBER PART-TIME	NONE	NONE	NONE
WASHINGTON, DC 20005				

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
LARRY NAAKE 1333 H STREET, NW 500 WASHINGTON, DC 20005	BOARD MEMBER PART-TIME	NONE	NONE	NONE
ROBERT BLANCATO 1333 H STREET, NW 500 WASHINGTON, DC 20005	SPECIAL ADVISOR PART-TIME	NONE	NONE	NONE
CATHERINE MILTON 1333 H STREET, NW 500 WASHINGTON, DC 20005	SPECIAL ADVISOR PART-TIME	NONE	NONE	NONE

GRAND TOTALS  
 104,209.  
 13,988.  
 NONE

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MISC. INCOME					32.
HONORARIUM					7,325.
SUBSCRIPTIONS					35.
TOTALS					7,392.

=====
SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
=====

Table with 5 columns: NAME AND ADDRESS, TITLE AND TIME DEVOTED TO POSITION, COMPENSATION, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS, EXPENSE ACCOUNT. Row 1: JAJA PETERSON LENT, PUBLIC POLICY DIR. FULL-TIME, 59,816., 2,328., NONE. Row 2: TOTAL COMPENSATION, 59,816., 2,328., NONE.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

SEE PART V, FORM 990

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
HONORARIUM	7,400.	7,665.	9,900.	3,613.	28,578.
MISCELLANEOUS INCOME	5,576.	1,381.	928.	18,281.	26,166.
PIN SALES	68.	4,075.	2,288.	NONE	6,431.
TOTALS	13,044.	13,121.	13,116.	21,894.	61,175.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box.  **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>GENERATIONS UNITED</b>	Employer Identification number <b>31-1542973</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1333 H STREET, NW</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

Check type of return to be filed (File a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                              |                                    |

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **BOOKKEEPER**  
Telephone No **202 289-3979** FAX No \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box.
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box  If it is for **part of the group**, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 11/15/2006
- 5 For calendar year 2005, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ NONE
- c **Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ NONE

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Janelle L. Lundenlaugh, CPA Title Agent Date 8/4/06

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file RECEIVED
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested

Other AUG 10 2006  
By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name <b>SARFINO AND RHOADES, LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>11921 ROCKVILLE PIKE, SUITE 501</b>
	City or town, province or state, and country (including postal or ZIP code) <b>NORTH BETHESDA, MD 20852-2794</b>

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

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>GENERATIONS UNITED</b>	Employer identification number <b>31-1542973</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1333 H STREET, NW 500</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

### Check type of return to be filed (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ BOOKKEEPER

Telephone No ▶ 202 289-3979 FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 08/15, 2006, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year 2005 or

▶  tax year beginning \_\_\_\_\_, \_\_\_\_\_, and ending \_\_\_\_\_, \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.