

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

Department of the Treasury Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: X Address change. C Name of organization: UNITUS, INC. D Employer identification number: 87-0621367. E Telephone number: (206) 926-3700. F Accounting method: X 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? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website: WWW.UNITUS.COM. J Organization type: X 501(c)(3).

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 8,146,967.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>784,315.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	784,315.	784,315.	STMT 2	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,053,350.	661,550.	261,169.	130,631.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	6,775.	3,105.	1,874.	1,796.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,417,203.	887,835.	356,033.	173,335.
27 Pension plan contributions not included on lines 25a, b, and c	98,386.	64,628.	21,364.	12,394.
28 Employee benefits not included on lines 25a - 27	176,676.	112,521.	38,962.	25,193.
29 Payroll taxes	190,941.	113,636.	46,600.	30,705.
30 Professional fundraising fees	63,000.			63,000.
31 Accounting fees	110,924.	4,337.	106,587.	NONE
32 Legal fees	8,928.	4,416.	2,148.	2,364.
33 Supplies	22,077.	14,333.	5,767.	1,977.
34 Telephone	128,841.	88,151.	32,790.	7,900.
35 Postage and shipping	17,087.	9,031.	4,403.	3,653.
36 Occupancy	75,989.	33,081.	36,833.	6,075.
37 Equipment rental and maintenance	7,789.	2,312.	3,941.	1,536.
38 Printing and publications	133,411.	54,456.	18,611.	60,344.
39 Travel	630,689.	465,578.	52,254.	112,857.
40 Conferences, conventions, and meetings	15,900.	15,900.		
41 Interest	99,441.	89,836.	9,605.	NONE
42 Depreciation, depletion, etc. (attach schedule)	42,755.	25,476.	14,329.	2,950.
43 Other expenses not covered above (itemize):				
a STMT 5	1,925,610.	1,793,647.	48,384.	83,579.
b _____				
c _____				
d _____				
e _____				
f _____				
g _____				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	7,010,087.	5,228,144.	1,061,654.	720,289.

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 III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 6 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a ASIA MFI PARTNERS: WORK WITH A PORTFOLIO OF 13 MFIS, PROVIDING CAPACITY BUILDING GRANTS AND CONSULTING TO INCREASE OUTREACH TO AN ADDITIONAL 2,914,801 CLIENTS. (Grants and allocations \$ 512,400.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	579,507.
b LATIN AMERICA MFI PARTNERS: WORK WITH A PORTFOLIO OF 4 MFIS, PROVIDING CAPACITY BUILDING GRANTS AND CONSULTING TO INCREASE OUTREACH TO AN ADDITIONAL 64,581 CLIENTS. (Grants and allocations \$ 115,900.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	130,796.
c AFRICA MFI PARTNER: WORK WITH ONE MFI, PROVIDING CAPACITY BUILDING GRANTS AND CONSULTING TO INCREASE OUTREACH TO AN ADDITIONAL 172,571 CLIENTS. (Grants and allocations \$ 156,015.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	165,593.
d GLOBAL INITIATIVES: BUILDING ADVISORY AND NETWORKING SERVICES, RESEARCHING EFFICIENCY, NETWORK EXPANSION, EXPANDING FINANCIAL CAPACITY RESOURCES, AND EDUCATION AND AWARENESS OF DONORS, FINANCIAL MARKETS, AND THE MEDIA. (Grants and allocations \$ NONE) If this amount includes foreign grants, check here <input type="checkbox"/>	4,352,248.
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,228,144.

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	253,501.	45	788,951.
	46 Savings and temporary cash investments	3,934,000.	46	1,362,510.
	47a Accounts receivable	47a 500,406.		
	b Less: allowance for doubtful accounts	47b	NONE	47c 500,406.
	48a Pledges receivable	48a 6,212,055.		
	b Less: allowance for doubtful accounts	48b 305,996.	4,438,550.	48c 5,906,059.
	49 Grants receivable		784,926.	49 322,991.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	STMT 7	455,868.	53 252,360.
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,838,301.	54b 4,035,828.
	55a Investments - land, buildings, and equipment: basis	55a	STMT 8	
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments - other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 179,293.		
	b Less: accumulated depreciation (attach schedule)	57b 118,469.	59,151.	57c 60,824.
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 9)		1,053,136.	58 1,076,654.	
59 Total assets (must equal line 74). Add lines 45 through 58		12,817,433.	59 14,306,583.	
Liabilities	60 Accounts payable and accrued expenses		60	761,726.
	61 Grants payable		61	773,399.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)	STMT 10	1,500,000.	64b 2,250,000.
	65 Other liabilities (describe <input type="checkbox"/> STMT 12)		165,587.	65 163,854.
	66 Total liabilities. Add lines 60 through 65		2,122,021.	66 3,948,979.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		4,763,688.	67 3,987,114.
	68 Temporarily restricted		5,931,724.	68 6,370,490.
	69 Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			70
	71 Paid-in or capital surplus, or land, building, and equipment fund			71
	72 Retained earnings, endowment, accumulated income, or other funds			72
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		10,695,412.	73 10,357,604.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		12,817,433.	74 14,306,583.

Part VI Other Information (continued)

82a 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? 82a 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 103,277.
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88a 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 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 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
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 89b 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
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g N/A
90a List the states with which a copy of this return is filed WASHINGTON
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 33
91a The books are in care of ROGER COULTER Telephone no. 206-926-3700
Located at 220 W. MERCER STREET, SUITE W-500 SEATTLE, WA ZIP +4 98119

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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶ _____

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 ▶ **92** | _____ 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 GUARANTEE INCOME					10,000.
b CAPITAL SERVICES					24,169.
c ORIGINATION FEES					6,000.
d CONSULTING FEES					113,750.
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,110.	
96 Dividends and interest from securities			14	205,531.	
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			18	-9,485.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISC. INCOME			01	2,328.	
c REIMB. EXPENSES			01	47,431.	
d MANAGEMENT FEES			01	9,999.	
e _____					
104 Subtotal (add columns (B), (D), and (E))				270,914.	153,919.
105 Total (add line 104, columns (B), (D), and (E)) ▶					424,833.

Note: Line 105 plus line 1e, 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).
▼	STMT 23

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
STMT 24	%		47,286.	279,458.
	%			
	%			
	%			

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).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 25			
b				
c				
Totals				1,066,240.

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		X

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 _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4			P00000565
CLARK NUBER P. S.			EIN 91-1194016
10900 NE 4TH, SUITE 1700			Phone no. 425 454-4919
BELLEVUE, WA	98004		

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

2007

Name of the organization

UNITUS, INC.

Employer identification number

87-0621367

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 26				

Total number of other employees paid over \$50,000 . . . ▶ 4

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
SEE STATEMENT 27		

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

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (NONE); 2. Substantial contributors; 2a-e. Other acts; 3a-d. Grants and other activities; 4a-c. Donor advised funds; 4d-g. Total number and aggregate value of funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that 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.)
- 11 a 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.)
- 11 b 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 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: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE; b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year; c Add: Amounts from column (e) for lines; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test; g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 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.) ----- -----		
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 11 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.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 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	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
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 other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Schedule of Contributors

2007

Supplementary Information for
 line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization UNITUS, INC.	Employer identification number 87-0621367
------------------------------------------	--------------------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **UNITUS, INC.**

Employer identification number

87-0621367

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITUS, INC.

Employer identification number

87-0621367

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 261,796.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED GAINS ON INVESTMENTS	36,258.
TOTAL	----- 36,258. =====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
GRANTS PAID =====			
SWAYAM KRISHI SANGAM KARMA ENCLAVE, ROAD NO. 10 500 304 BANJARA HILLS HYDERABAD INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	110,600.
UJJIVAN 93 JAKKASANDRA EXTENSION 560 034 SARJAPUR MAIN CROSS ROAD BANGALORE INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	105,300.
LIFEBANK PHILIPPINES 5002 STA. BARBARA ILOILO PHILIPPINES	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	105,300.
CREDIEXPRESS MEXICO AV. CRUZ DEL SUR 3195, COL. JARDINE GUADALAJARA JALISCO MEXICO	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	105,300.
IIRM B. S. ROAD, RANGAPUKHUIPAR P. O. BOX DEKARGAON, TEZPUR DIST-SONITPUR, ASSAM INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	85,000.
ADHIKAR 113/2526, KHANDAGIRI VIHAR KHANDAGIRI, BHUBANESHWAR-30 ORISSA INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	85,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS -----	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT -----	PURPOSE OF GRANT OR CONTRIBUTION -----	AMOUNT -----
PRO MUJER MEXICO CALLE VICTORIA NO 300, 29 PRESTIGE 00000 MERIDAN II, PACHUCA DE SOTO HIDALGO MEXICO	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
BHARATHA SWAMUKTI SAMSTHE NO. 112, 2ND FLOOR, WOC ROAD 560 086 MAHALAKSHMI PURAM BANGALORE INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
SWADHAAR FINACCESS 451, DINDOSHILLA (G-1); 15TH ROAD 400 052 KHAR MUMBAI INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
FONDO DE INVERSION SOCIAL FIS EMPRESA SOCIAL, SA AVENIDA 1842 ENRIQUE SANTA MARINA 118, 1ER PISO MONTEGRANDE ARGENTINA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
PT. MITRA BISNIS KELUARGA VENTURA RUKO ASIATIC B 15/27, JALAN PERMATA 15810 SARI LIPPO KARAWACI BARAT TANGERANG INDONESIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
ACTIVISTS FOR SOCIAL ALTERNATIVES - GRAMA VIDYAL 2A, SATHIA ALLAM, 10TH CROSS, ALLI 620018 ST ANNAMALAI NAGAR, TIRUCHIRAPPALLI TAMIL NADU INDIA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	5,300.
JAMII BORA TRUST PO BOX 2704 KNH NAIROBI NAIROBI KENYA	NONE FOREIGN ORGANIZATION	CAPACITY BUILDING	156,015.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

=====

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
-----	-----	-----	-----
		TOTAL CONTRIBUTIONS PAID	784,315.
			=====

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
MISCELLANEOUS	6,498.	5,496.	851.	151.
INSURANCE	6,795.	NONE	6,795.	NONE
OTHER PROFESSIONAL FEES	367,252.	365,192.	72.	1,988.
RECRUITING	261,534.	237,700.	NONE	23,834.
SMALL EQUIPMENT PURCHASES	26,960.	17,941.	7,101.	1,918.
B&O AND EXCISE TAXES	12,834.	8,409.	4,425.	NONE
PARTNER EXPENSES	1,093,263.	1,093,173.	NONE	90.
BAD DEBT EXPENSE	7,854.	NONE	7,854.	NONE
EMPLOYEE DEVELOPMENT	15,387.	10,452.	2,652.	2,283.
DUES AND SUBSCRIPTIONS	1,360.	NONE	260.	1,100.
EVENTS AND OUTREACH	25,035.	20.	8,296.	16,719.
FINANCIAL EXPENSE	18,653.	18,653.	NONE	NONE
FOREIGN CURRENCY LOSS	863.	863.	NONE	NONE
MISC. IN-KIND EXPENSES	24,112.	NONE	9,127.	14,985.
FEES AND LICENSES	5,614.	4,653.	951.	10.
BANK FEES	21,023.	522.	NONE	20,501.
LETTER AND LINE OF CREDIT FEES	30,573.	30,573.	NONE	NONE
TOTALS	1,925,610.	1,793,647.	48,384.	83,579.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

UNITUS IS A NONPROFIT ORGANIZATION HELPING MICROFINANCE INSTITUTIONS WORLDWIDE REACH MORE PEOPLE LIVING IN POVERTY. UNITUS DEVELOPED AND IMPLEMENTED A UNIQUE BUSINESS MODEL THAT GREATLY ACCELERATES THE GROWTH OF THE HIGHEST POTENTIAL MICROFINANCE INSTITUTIONS.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID EXPENSES AND DEFERRALS	455,868.	252,360.
	-----	-----
TOTALS	455,868.	252,360.
	=====	=====

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
GOVERNMENT SECURITIES	1,838,301.	2,472,796.	FMV
CERTIFICATES OF DEPOSIT	NONE	1,563,032.	FMV
	-----	-----	
TOTALS	1,838,301.	4,035,828.	
	=====	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
GUARANTEE FEE RECEIVABLE	64,213.	87,731.
THE DIGNITY FUND L.P. - PROGRAM RELATED INVESTMENT	988,923.	988,923.
	-----	-----
TOTALS	1,053,136.	1,076,654.
	=====	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: PEERY FOUNDATION
 ORIGINAL AMOUNT: 250,000.
 INTEREST RATE: NONE
 DATE OF NOTE: 01/03/2005
 MATURITY DATE: 01/30/2008
 REPAYMENT TERMS: PRINCIPAL PAYMENT DUE JANUARY 2008
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: MICROCREDIT ORGANIZATION FINANCING

BEGINNING BALANCE DUE 1,000,000.
 ENDING BALANCE DUE 1,000,000.

LENDER: CLARA FUND
 ORIGINAL AMOUNT: 500,000.
 INTEREST RATE: 4.500000
 DATE OF NOTE: 05/01/2006
 MATURITY DATE: 05/01/2009
 REPAYMENT TERMS: COMPOUND ANNUAL INTEREST DUE MAY 1ST OF EACH YEAR
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: MICROCREDIT ORGANIZATION LOAN GUARANTEES

BEGINNING BALANCE DUE 500,000.
 ENDING BALANCE DUE 500,000.

LENDER: CALVERT FOUNDATION
 ORIGINAL AMOUNT: 1,000,000.
 INTEREST RATE: 4.500000
 DATE OF NOTE: 04/01/2007
 MATURITY DATE: 04/30/2010
 REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE APRIL 2010
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: TO SUPPORT PROGRAM ACTIVITIES

BEGINNING BALANCE DUE NONE
 ENDING BALANCE DUE 500,000.

LENDER: CALVERT FOUNDATION
 ORIGINAL AMOUNT: 250,000.
 INTEREST RATE: 5.500000
 DATE OF NOTE: 12/01/2007
 MATURITY DATE: 07/31/2009
 REPAYMENT TERMS: PRINCIPAL AND INTEREST DUE JULY 2009
 SECURITY PROVIDED: NONE
 PURPOSE OF LOAN: TO SUPPORT PROGRAM ACTIVITIES

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	250,000.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,500,000.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,250,000.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
GUARANTEE LIABILITY	85,439.	163,854.
VACATION PAYABLE	80,148.	NONE
TOTALS	----- 165,587.	----- 163,854.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
UIM REVENUE REPORTED ON SEPARATE FORM 990	902,308.
UNITUS ADVISORS PRIVATE, LTD. REVENUE INCLUDED IN CONSOLIDATED FINANCIAL STMTS	934,904.
ELIMINATIONS INCLUDED IN CONSOLIDATED FINANCIAL STMTS	-871,074.

TOTAL	966,138.
	=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
UIM EXPENSES REPORTED ON SEPARATE FORM 990	570,102.
UNITUS ADVISORS PRIVATE, LTD. EXPENSES INCLUDED IN CONSOLIDATED FINANCIAL STMTS	887,618.
ELIMINATIONS INCLUDED IN CONSOLIDATED FINANCIAL STMTS	-1,132,627.

TOTAL	325,093.
	=====

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
CHRIS BROOKFIELD 220 W. MERCER STREET W-500 SEATTLE, WA 98119	INVESTMENT DIRECTOR 40.00	165,000.	9,000.	1,150.
GEOFF DAVIS 220 W. MERCER STREET W-500 SEATTLE, WA 98119	CEO 40.00	153,000.	17,500.	1,150.
KYLIE CHARLTON 220 W. MERCER STREET W-500 SEATTLE, WA 98119	VP CAPITAL MARKETS 40.00	121,000.	12,600.	1,150.
DIANA REID 220 W. MERCER STREET W-500 SEATTLE, WA 98119	VP MARKETING & COMMUNICATIONS 40.00	98,000.	15,900.	1,150.
ROGER COULTER 220 W. MERCER STREET W-500 SEATTLE, WA 98119	VP FINANCE & OPS 40.00	96,000.	15,800.	1,150.
DEREK STREAT	VP MFI SOLUTIONS 40.00	89,000.	15,600.	1,150.

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
220 W. MERCER STREET W-500 SEATTLE, WA 98119				
KATE COCHRAN 220 W. MERCER STREET W-500 SEATTLE, WA 98119	VP SPECIAL ADVISOR TO CEO 40.00	89,000.	6,900.	1,150.
KATHERINE SWITZ 220 W. MERCER STREET W-500 SEATTLE, WA 98119	VP PORTFOLIO MANAGEMENT 40.00	83,000.	3,000.	1,150.
ED BLAND 220 W. MERCER STREET W-500 SEATTLE, WA 98119	COO 40.00	47,000.	5,700.	1,150.
ELIZABETH FUNK 220 W. MERCER STREET W-500 SEATTLE, WA 98119	CHAIR 10.00	NONE	NONE	NONE
STEVEN FUNK 220 W. MERCER STREET W-500	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
SEATTLE, WA 98119				
BOB GAY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
JOSEPH GRENNY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
DAVE MCCLURE 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
LES MOORE 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
TIM STAY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
GEOFF WOOLEY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
DAVE RICHARDS 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
MIKE MURRAY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
CLAIR JENKINS 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE
LORENE AREY 220 W. MERCER STREET W-500 SEATTLE, WA 98119	DIRECTOR 5.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GRAND TOTALS		941,000.	102,000.	10,350.

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: ELIZABETH FUNK
NAME OF RELATED ENTITY: STEVEN FUNK
TITLE OR ROLE: DIRECTOR
RELATIONSHIP: MARRIED

NAME OF OFFICER, DIRECTOR, ETC: STEVEN FUNK
NAME OF RELATED ENTITY: ELIZABETH FUNK
TITLE OR ROLE: CHAIR
RELATIONSHIP: MARRIED

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DONNA CORDNER 220 W. MERCER STREET W-500 SEATTLE, WA 98119	NONE	6,000.	700.	75.
GRAND TOTALS	----- NONE	----- 6,000.	----- 700.	----- 75.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

=====

RELATED ORGANIZATION NAME: UNITUS INVESTMENT MANAGEMENT

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: THE DIGNITY FUND, LP

EXEMPT: NONEXEMPT: X

RELATED ORGANIZATION NAME: UNITUS ADVISORS PRIVATE LTD.

EXEMPT: NONEXEMPT: X

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME
NO. IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED
 IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

93A- IN ADDITION TO MAKING GRANTS TO MICROFINANCE INSTITUTIONS,
93C UNITUS GUARANTEES LOANS ENTERED INTO BY THE INSTITUTIONS
 WITH BANKS AND CREDIT AGENCIES. THESE LOANS ALLOW THE
 MICROFINANCE INSTITUTIONS TO INCREASE THE AMOUNT OF PEOPLE
 THEY LEND TO, THEREBY IMPROVING THE INDIVIDUALS'
 LIVES AND CONTRIBUTING TO THE ALLEVIATION OF GLOBAL POVERTY.
93D CONSULTING FEES EARNED FROM ASSISTING IN THE ORGANIZATION OF
 THE INDIA THOUGHT LEADERS CONFERENCE, HELD IN MARCH 2007.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER -----	PERCENTAGE OWNERSHIP INTEREST -----	NATURE OF BUSINESS ACTIVITIES -----	TOTAL INCOME -----	ENDING ASSETS -----
UNITUS ADISORS PRIVATE LTD. NO. 9/3, KAISER-E-HIND 560 02 BANGALORE INDIA 87-0621367	100.000000	MICROFINANCE	47,286.	279,458.
TOTAL INCOME			----- 47,286.	----- 279,458. =====

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

=====

CONTROLLED ENTITY'S NAME: UNITED ADVISORS PRIVATE LTD
CONTROLLED ENTITY'S ADDRESS: NO. 9/3, KAISER-E-HIND, RICHMOND RD 560
CITY, STATE & ZIP: BANGALORE
FOREIGN PROVINCE: BANGALORE
FOREIGN COUNTRY: INDIA
EIN: 87-0621367
TRANSFER AMOUNT: 1,066,240.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
TRANSFERS TO SUBSIDIARY TO ASSIST WITH OPERATING EXPENSES

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

NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
SANDRA WINTERS 220 W. MERCER STREET SUITE W-500 SEATTLE, WA 98119	DIR STRTGC ALLIANCES 40.00	96,000.	9,000.	1,150.
CATHERINE SHAW 220 W. MERCER STREET SUITE W-500 SEATTLE, WA 98119	DIR OF CONSULTING 40.00	97,000.	4,000.	1,150.
MARY BALMACEDA 220 W. MERCER STREET SUITE W-500 SEATTLE, WA 98119	MARKETING DIRECTOR 40.00	83,000.	9,000.	1,150.
JOHANNA POSADA 220 W. MERCER STREET SUITE W-500 SEATTLE, WA 98119	SNR EQUITY ASSOCIATE 40.00	85,000.	1,000.	1,150.
CLAUDIO SISSA 220 W. MERCER STREET SUITE W-500 SEATTLE, WA 98119	CONSULTANT 40.00	72,000.	500.	1,150.
	TOTAL COMPENSATION	433,000.	23,500.	5,750.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
STUDIOE2 720 NORTH HENRY STREET ALEXANDRIA, VA 22314	MARKETING	70,341.
MORGAN SAMUELS 9171 WILSHIRE BLVD., SUITE 320 BEVERLY HILLS, CA 90210	RECRUITING	69,517.
SUSAN M CHAPPELL 20630 NE 92ND PLACE REDMOND, WA 98053	ACCOUNTING	65,516.
CHRIS HEST 64 CARMEL STREET SAN FRANCISCO, CA 94117	FUNDRAISING	63,000.
CLARK NUBER PS 10900 NE 4TH STREET, SUITE 1700 BELLEVUE, WA 98004	ACCOUNTING	54,369.
	TOTAL COMPENSATION	----- 322,743. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

UNITUS RECEIVES DONATED OFFICE SPACE FROM CRYSTAL SPRINGS FOUNDATION, A SUBSTANTIAL CONTRIBUTOR. FOR THE YEAR BEGINNING 01/01/2007 AND ENDING 12/31/2007, THE VALUE OF THE DONATED OFFICE SPACE IS \$51,534.

UNITUS PURCHASES TECHNOLOGY CONSULTING SERVICES FROM BOARD MEMBER DAVE RICHARDS. FEES ARE COMPUTED BASED ON A TIME-EXPENDED BASIS. TOTAL FEES PAID TO MR. RICHARDS DURING 2007 ARE \$26,062.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

PLEASE SEE FORM 990, PART V-A FOR COMPENSATION INFORMATION.
UNITUS, INC. REIMBURSES BUSINESS EXPENSES INCURRED BY OFFICERS LISTED ON
FORM 990, PART V-A, PURSUANT TO AN EXPENSE REIMBURSEMENT POLICY. THIS
POLICY REQUIRES APPROVAL BY THE VP OF FINANCE AND OPERATIONS AS WELL AS
CONTEMPORANEOUS SUBSTANTIATION OF THE EXPENSE.

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
MISCELLANEOUS	4,785.	14,452.	2,735.	1,000.	22,972.
PARTNER INVESTMENT	84.				84.
REIMB. EXPENSES	154,761.				154,761.
UEF DEAL COSTS	30,000.				30,000.
	-----	-----	-----	-----	-----
TOTALS	189,630.	14,452.	2,735.	1,000.	207,817.
	=====	=====	=====	=====	=====

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).**

OMB No. 1545-0092

2007

Name of estate or trust

Employer identification number

UNITUS, INC.

87-0621367

Note: Form 5227 filers need to complete *only* Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back. ▶	5	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-9,485.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back. ▶	12	-9,485.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		-9,485.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15		-9,485.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation	
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000
16	(3,000.)

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20	Add lines 18 and 19	20		
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21		
22	Subtract line 21 from line 20. If zero or less, enter -0-	22		
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		
24	Enter the smaller of the amount on line 17 or \$2,150	24		
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26	Subtract line 25 from line 24	26		
27	Multiply line 26 by 5% (.05)	27		
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28		
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29		
30	Subtract line 29 from line 28	30		
31	Multiply line 30 by 15% (.15)	31		
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32		
33	Add lines 27, 31, and 32	33		
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34		
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35		

EIN: 87-0621367
FYE:

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings				
Leasehold Improvements				
Equipment	179,293.	42,755.	118,469.	60,824.
Furniture & Fixtures				
Property, Plant & Equipment	<u>179,293.</u>	<u>42,755.</u>	<u>118,469.</u>	<u>60,824.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u><u>179,293.</u></u>		<u><u>118,469.</u></u>	<u><u>60,824.</u></u>
Total Depreciation Expense, line 42		<u><u>42,755.</u></u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.