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Form 990-PF

Department of the Treasury  
Internal Revenue Service

## Return of Private Foundation

## or Section 4947(a)(1) Trust Treated as Private Foundation

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- Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2014

Open to Public  
Inspection

For calendar year 2014, or tax year beginning 09-01-2014 , and ending 08-31-2015

Name of foundation GENERATIONS HEALTH CARE INITIATIVES INC		A Employer identification number 41-2000473			
Number and street (or P O box number if mail is not delivered to street address) 130 W SUPERIOR STREET NO 700		B Telephone number (see instructions) (218) 336-5700			
C If exemption application is pending, check here <input checked="" type="checkbox"/> <input type="checkbox"/>					
D 1. Foreign organizations, check here <input checked="" type="checkbox"/> <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input checked="" type="checkbox"/> <input type="checkbox"/>					
E If private foundation status was terminated under section 507(b)(1)(A), check here <input checked="" type="checkbox"/> <input type="checkbox"/>					
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/> <input type="checkbox"/>					
<b>G</b> Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>H</b> Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 11,088,543</b>		<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>			
<b>Part I</b> <b>Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>					
1	Contributions, gifts, grants, etc , received (attach schedule)	294,693			
2	Check <input checked="" type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities.	207,928	207,928		
5a	Gross rents	5,316			
b	Net rental income or (loss)	5,316			
6a	Net gain or (loss) from sale of assets not on line 10	358,661			
b	Gross sales price for all assets on line 6a 1,291,974				
7	Capital gain net income (from Part IV, line 2)		358,661		
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)	243,499	0	0	
12	<b>Total.</b> Add lines 1 through 11	1,110,097	566,589	0	
<b>Operating and Administrative Expenses</b>					
13	Compensation of officers, directors, trustees, etc	170,279	0	0	170,279
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)	11,960	598	0	-1,463
c	Other professional fees (attach schedule)	21,092	0	0	21,092
17	Interest				
18	Taxes (attach schedule) (see instructions)	3,564	105	0	0
19	Depreciation (attach schedule) and depletion	8,036	4,088	0	
20	Occupancy	35,100	1,755	0	33,345
21	Travel, conferences, and meetings	8,231	58	0	8,173
22	Printing and publications				
23	Other expenses (attach schedule)	536,574	48,100	0	465,738
24	<b>Total operating and administrative expenses.</b>				
	Add lines 13 through 23	794,836	54,704	0	697,164
25	Contributions, gifts, grants paid	157,415			157,415
26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	952,251	54,704	0	854,579
27	Subtract line 26 from line 12				
a	<b>Excess of revenue over expenses and disbursements</b>	157,846			
b	<b>Net investment income</b> (if negative, enter -0-)		511,885		
c	<b>Adjusted net income</b> (if negative, enter -0-)			0	

Assets	Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions )		
		End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing . . . . .	146,344	216,939	216,939
2	Savings and temporary cash investments . . . . .		1,304	1,304
3	Accounts receivable ► 42,820	42,092	42,820	42,820
	Less allowance for doubtful accounts ►			
4	Pledges receivable ►			
	Less allowance for doubtful accounts ►			
5	Grants receivable . . . . .			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
7	Other notes and loans receivable (attach schedule) ►			
	Less allowance for doubtful accounts ►			
8	Inventories for sale or use . . . . .	10,280	8,605	8,605
9	Prepaid expenses and deferred charges . . . . .	472,106	399,280	399,280
10a	Investments—U S and state government obligations (attach schedule)	10,730,578	9,609,544	9,609,544
b	Investments—corporate stock (attach schedule) . . . . .	607,699	578,164	578,164
c	Investments—corporate bonds (attach schedule) . . . . .			
11	Investments—land, buildings, and equipment basis ►			
	Less accumulated depreciation (attach schedule) ►			
12	Investments—mortgage loans . . . . .			
13	Investments—other (attach schedule) . . . . .	92,136	215,344	215,344
14	Land, buildings, and equipment basis ► 172,188			
	Less accumulated depreciation (attach schedule) ► 155,645	21,954	16,543	16,543
15	Other assets (describe ► )			
16	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	12,123,189	11,088,543	11,088,543
Liabilities	17 Accounts payable and accrued expenses . . . . .	92,358	119,611	
	18 Grants payable . . . . .			
	19 Deferred revenue . . . . .			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule) . . . . .			
	22 Other liabilities (describe ► )			
	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	92,358	119,611	
Net Assets or Fund Balances	<b>Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	24 Unrestricted . . . . .	12,019,283	10,968,932	
	25 Temporarily restricted . . . . .	11,548	0	
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/></b> <b>and complete lines 27 through 31.</b>			
	27 Capital stock, trust principal, or current funds . . . . .			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	<b>Total net assets or fund balances</b> (see instructions) . . . . .	12,030,831	10,968,932	
	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	12,123,189	11,088,543	

**Part III. Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	12,030,831
2	Enter amount from Part I, line 27a . . . . .	2	157,846
3	Other increases not included in line 2 (itemize) ►	3	0
4	Add lines 1, 2, and 3 . . . . .	4	12,188,677
5	Decreases not included in line 2 (itemize) ►	5	1,219,745
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	10,968,932

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1 a</b>	CLASS ACTION SETTLEMENT - WELLS FARGO #11520200 AVAILABLE UPON REQUEST	P	2014-01-01	2015-12-31
<b>b</b>	PUBLICLY TRADED SECURITIES - WELLS FARGO #11520200 AVAILABLE UPON REQUEST	P	2014-01-01	2015-12-31
<b>c</b>	CAPITAL GAINS DIVIDENDS	P		
<b>d</b>				
<b>e</b>				
<b>(e) Gross sales price</b>		<b>(f) Depreciation allowed (or allowable)</b>	<b>(g) Cost or other basis plus expense of sale</b>	<b>(h) Gain or (loss) (e) plus (f) minus (g)</b>
<b>a</b>	4,178			4,178
<b>b</b>	1,140,860		933,313	207,547
<b>c</b>	146,936			146,936
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				<b>(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))</b>
<b>(i) F M V as of 12/31/69</b>	<b>(j) Adjusted basis as of 12/31/69</b>	<b>(k) Excess of col (i) over col (j), if any</b>		
<b>a</b>				4,178
<b>b</b>				207,547
<b>c</b>				146,936
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss)	<b>{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</b>	<b>2</b>	358,661
<b>3</b>	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 . . . . .		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income )

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part  Yes  No

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2013	1,091,294	11,684,999	0 093393
2012	677,546	10,970,956	0 061758
2011	1,539,425	10,623,894	0 144902
2010	1,327,033	11,367,296	0 116741
2009	536,887	10,418,598	0 051532
<b>2</b> Total of line 1, column (d). . . . .			<b>2</b> 0 468326
<b>3</b> Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years . . . . .			<b>3</b> 0 093665
<b>4</b> Enter the net value of noncharitable-use assets for 2014 from Part X, line 5. . . . .			<b>4</b> 11,542,980
<b>5</b> Multiply line 4 by line 3. . . . .			<b>5</b> 1,081,173
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b). . . . .			<b>6</b> 5,119
<b>7</b> Add lines 5 and 6. . . . .			<b>7</b> 1,086,292
<b>8</b> Enter qualifying distributions from Part XII, line 4. . . . .			<b>8</b> 854,579

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1		
	Date of ruling or determination letter _____ <b>(attach copy of letter if necessary—see instructions)</b>	1	10,238
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	2	0
3	Add lines 1 and 2. . . . .	3	10,238
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . . . .	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0- . . . . .	5	10,238
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	5,964
b	Exempt foreign organizations—tax withheld at source . . . . .	6b	
c	Tax paid with application for extension of time to file (Form 8868) . . . . .	6c	10,000
d	Backup withholding erroneously withheld . . . . .	6d	
7	Total credits and payments Add lines 6a through 6d. . . . .	7	15,964
8	Enter any <b>penalty</b> for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached . . . . .	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> . . . . .	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> . . . . .	10	5,726
11	Enter the amount of line 10 to be <b>Credited to 2015 estimated tax</b> <input type="checkbox"/> 5,726 <b>Refunded</b> <input type="checkbox"/>	11	0

**Part VII-A Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? . . . . .		<b>Yes</b>	<b>No</b>
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . .		<b>Yes</b>	<b>No</b>
	<i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>			
1c	Did the foundation file <b>Form 1120-POL</b> for this year? . . . . .		<b>Yes</b>	<b>No</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation <input type="checkbox"/> \$ _____ 0 (2) On foundation managers <input type="checkbox"/> \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . .		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach a detailed description of the activities.</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes . . . . .		<b>Yes</b>	<b>No</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>Yes</b>	<b>No</b>
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		<b>Yes</b>	<b>No</b>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . .		<b>Yes</b>	<b>No</b>
	<i>If "Yes," attach the statement required by General Instruction T.</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	● By language in the governing instrument, or			
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? . . . . .		<b>Yes</b>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. . . . .		<b>Yes</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	<input type="checkbox"/> MN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .		<b>Yes</b>	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		<b>Yes</b>	<b>No</b>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. . . . .		<b>Yes</b>	<b>No</b>

**Part VII-A Statements Regarding Activities (continued)**

11		No
12		No
13	Yes	
Website address ► <u>WWW GENERATIONS-HEALTHCARE.ORG/</u>		
14	Telephone no ► (218) 336-5702	
Located at ► <u>130 W SUPERIOR STREET SUITE 700 DULUTH MN</u> ZIP +4 ► <u>55802</u>		
15	and enter the amount of tax-exempt interest received or accrued during the year. ► <span style="border: 1px solid black; padding: 2px;">15</span>	
16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes", enter the name of the foreign country ►		

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
1a	During the year did the foundation (either directly or indirectly)	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
1b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ►	
1c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? ►	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))	
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). ►	
c	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here ► <u>20__</u> , <u>20__</u> , <u>20__</u> , <u>20__</u>	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014). ►	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? ►	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014? ►	

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

5a	During the year did the foundation pay or incur any amount to  (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . . . . . (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? . . . . . (3) Provide a grant to an individual for travel, study, or other similar purposes? . . . . . (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). . . . . (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? . . . . . Organizations relying on a current notice regarding disaster assistance check here. . . . . <input type="checkbox"/>	5b	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? . . . . . <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <i>If "Yes" to 6b, file Form 8870.</i>		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? . . . . .		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation <b>(If not paid, enter -0-)</b>	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

**2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If 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 and deferred compensation	(e) Expense account, other allowances
NONE				
<b>Total number of other employees paid over \$50,000.</b> . . . . .				<input type="checkbox"/>
				0

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)****3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".**

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

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities. . . . .	1a	11,509,592
b	Average of monthly cash balances. . . . .	1b	141,592
c	Fair market value of all other assets (see instructions). . . . .	1c	67,577
d	<b>Total</b> (add lines 1a, b, and c). . . . .	1d	11,718,761
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	1e	0
2	Acquisition indebtedness applicable to line 1 assets. . . . .	2	0
3	Subtract line 2 from line 1d. . . . .	3	11,718,761
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	4	175,781
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,542,980
6	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	6	577,149

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6. . . . .	1	577,149
2a	Tax on investment income for 2014 from Part VI, line 5. . . . .	2a	10,238
b	Income tax for 2014 (This does not include the tax from Part VI ). . . . .	2b	
c	Add lines 2a and 2b. . . . .	2c	10,238
3	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	3	566,911
4	Recoveries of amounts treated as qualifying distributions. . . . .	4	0
5	Add lines 3 and 4. . . . .	5	566,911
6	Deduction from distributable amount (see instructions). . . . .	6	0
7	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	7	566,911

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	1a	854,579
b	Program-related investments—total from Part IX-B. . . . .	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required). . . . .	3a	
b	Cash distribution test (attach the required schedule). . . . .	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	854,579
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions). . . . .	5	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	6	854,579
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years		

**Part XIII Undistributed Income (see instructions)**

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
<b>1</b> Distributable amount for 2014 from Part XI, line 7				566,911
<b>2</b> Undistributed income, if any, as of the end of 2014			0	
<b>a</b> Enter amount for 2013 only. . . . .				
<b>b</b> Total for prior years 20____, 20____, 20____		0		
<b>3</b> Excess distributions carryover, if any, to 2014				
<b>a</b> From 2009. . . . .	19,870			
<b>b</b> From 2010. . . . .	766,466			
<b>c</b> From 2011. . . . .	1,014,992			
<b>d</b> From 2012. . . . .	138,596			
<b>e</b> From 2013. . . . .	514,280			
<b>f Total of lines 3a through e. . . . .</b>	2,454,204			
<b>4</b> Qualifying distributions for 2014 from Part XII, line 4 ► \$ _____ 854,579			0	
<b>a</b> Applied to 2013, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
<b>d</b> Applied to 2014 distributable amount. . . . .				566,911
<b>e</b> Remaining amount distributed out of corpus	287,668			
<b>5</b> Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
<b>6</b> Enter the net total of each column as indicated below:	2,741,872			
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5			0	
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b . . . . .				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .		0		
<b>d</b> Subtract line 6c from line 6b Taxable amount—see instructions . . . . .			0	
<b>e</b> Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .				0
<b>f</b> Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .	0			
<b>8</b> Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) . . . . .	19,870			
<b>9</b> Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a . . . . .	2,722,002			
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2010. . . . .	766,466			
<b>b</b> Excess from 2011. . . . .	1,014,992			
<b>c</b> Excess from 2012. . . . .	138,596			
<b>d</b> Excess from 2013. . . . .	514,280			
<b>e</b> Excess from 2014. . . . .	287,668			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2014, enter the date of the ruling. <input type="text"/>			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i).			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)****1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**Part XV Supplementary Information (continued)****3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807		PC	OPERATION OF AN OFFICE TO HELP CITIZENS ENROLL IN HEALTH CARE PROGRAMS	157,415
<b>Total</b>			► 3a	157,415
<b>b Approved for future payment</b>				
<b>Total</b>			► 3b	0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions )
Line	Description	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
<b>1</b>	<b>Program service revenue</b>					
<b>a</b>	<b>HEALTHSHARE MANAGEMENT CONTRACT</b>					1,499
<b>b</b>	<b>BRIDGE TO HEALTH</b>					242,000
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>						
<b>g</b>	<b>Fees and contracts from government agencies</b>					
<b>2</b>	<b>Membership dues and assessments</b>					
<b>3</b>	<b>Interest on savings and temporary cash investments</b>					
<b>4</b>	<b>Dividends and interest from securities</b>			14	207,928	
<b>5</b>	<b>Net rental income or (loss) from real estate</b>					
<b>a</b>	<b>Debt-financed property</b>					
<b>b</b>	<b>Not debt-financed property</b>			16	5,316	
<b>6</b>	<b>Net rental income or (loss) from personal property</b>					
<b>7</b>	<b>Other investment income</b>					
<b>8</b>	<b>Gain or (loss) from sales of assets other than inventory</b>			18	358,661	
<b>9</b>	<b>Net income or (loss) from special events</b>					
<b>10</b>	<b>Gross profit or (loss) from sales of inventory</b>					
<b>11</b>	<b>Other revenue</b> <b>a</b> _____ <b>b</b> _____ <b>c</b> _____ <b>d</b> _____ <b>e</b> _____					
<b>12</b>	<b>Subtotal Add columns (b), (d), and (e)</b>		0		571,905	243,499
<b>13</b>	<b>Total Add line 12, columns (b), (d), and (e)</b>			13		815,404

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

**Part XVII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?	Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of	1a(1)	No
(1) Cash. . . . .	1a(2)	No
(2) Other assets. . . . .		
b Other transactions	1b(1)	No
(1) Sales of assets to a noncharitable exempt organization. . . . .	1b(2)	No
(2) Purchases of assets from a noncharitable exempt organization. . . . .	1b(3)	No
(3) Rental of facilities, equipment, or other assets. . . . .	1b(4)	No
(4) Reimbursement arrangements. . . . .	1b(5)	No
(5) Loans or loan guarantees. . . . .	1b(6)	No
(6) Performance of services or membership or fundraising solicitations. . . . .	1c	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. . . . .		

**d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? . . . . .  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

\* \* \* \* \*

2016-01-14

\* \* \* \* \*

**Signature of officer or trustee**

Date

### Title

May the IRS discuss this return with the preparer shown below (see instr.)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name JULIE BOYER	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P01278549
	Firm's name ► RSM US LLP			Firm's EIN ►	42-0714325
	Firm's address ► 227 W FIRST ST STE 700 DULUTH, MN 558021926			Phone no (218) 727-5025	

**Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation**

<b>(a) Name and address</b>	<b>(b) Title, and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-)</b>	<b>(d) Contributions to employee benefit plans and deferred compensation</b>	<b>(e) Expense account, other allowances</b>
PAMELA FRANKLIN  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
DANIEL SVENSEN  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	CFO 8 00	28,050	4,308	0
ANNE BUSCHE  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	CHAIR 0 50	0	0	0
CLAUDIA WELTY  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
MICHAEL LALICH  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
WILLIAM PALMER  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
JENNIFER PETERSON  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR 40 00	108,000	29,621	300
MICHAEL HIEB  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
RANDY LASKY  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	VICE CHAIR 0 30	0	0	0
DEBORAH MEDLIN  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	SECRETARY/TREASURER 0 50	0	0	0
STEPHANIE BALMER  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
LYNN GOERDT  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
STEVE GREENFIELD  130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0

## TY 2014 Accounting Fees Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC

**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	11,960	598	0	-1,463

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2014 Depreciation Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC

**EIN:** 41-2000473

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LEASEHOLD IMPROVEMENTS	2001-01-01	5,826	5,826	SL	15 000000000000	0	0	0	
MOVEABLE EQUIPMENT	2001-01-01	120,405	95,826	SL	5 000000000000	8,036	0	0	
MOVEABLE EQUIPMENT - FADP	2001-01-01	12,441	12,441	SL	5 000000000000	0	0	0	
MOVEABLE EQUIPMENT - HCAP	2001-01-01	33,516	33,516	SL	5 000000000000	0	0	0	

## TY 2014 Investments Corporate Bonds Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC

**EIN:** 41-2000473

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	578,164	578,164

## TY 2014 Investments Corporate Stock Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC

**EIN:** 41-2000473

Name of Stock	End of Year Book Value	End of Year Fair Market Value
MARKETABLE EQUITY SECURITIES	1,525,250	1,525,250
MUTUAL FUNDS	8,084,294	8,084,294

## TY 2014 Investments Government Obligations Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC

**EIN:** 41-2000473

### **US Government Securities - End of**

**Year Book Value:** 399,280

### **US Government Securities - End of**

**Year Fair Market Value:** 399,280

### **State & Local Government**

### **Securities - End of Year Book**

**Value:** 0

### **State & Local Government**

### **Securities - End of Year Fair**

**Market Value:** 0

## TY 2014 Investments - Other Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

<b>Category / Item</b>	<b>Listed at Cost or FMV</b>	<b>Book Value</b>	<b>End of Year Fair Market Value</b>
MONEY MARKET FUNDS	FMV	208,908	208,908
ACC INT REC - SECURITIES	FMV	6,436	6,436

**TY 2014 Land, Etc. Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LEASEHOLD IMPROVEMENTS	5,826	5,826	0	
MOVEABLE EQUIPMENT	120,405	103,862	16,543	
MOVEABLE EQUIPMENT - FADP	12,441	12,441	0	
MOVEABLE EQUIPMENT - HCAP	33,516	33,516	0	

## TY 2014 Other Decreases Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	1,219,745

## TY 2014 Other Expenses Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	3,312	153	0	4,089
DUES AND MEMBERSHIPS	1,018	51	0	967
TELEPHONE	4,773	239	0	4,534
PARKING	2,762	153	0	2,609
SPACE EXPENSES	1,396	70	0	1,326
INSURANCE	3,349	168	0	1,313
AGENCY ACCOUNT MANAGEMENT FEES	45,607	45,607	0	0
POSTAGE	388	19	0	101
LEASED EMPLOYEES	12,565	0	0	7,130
HEALTH CARE ACCESS PROGRAM	17,613	0	0	35,414
COMPUTER SUPPLIES AND SOFTWARE	30,197	1,510	0	29,094
BLUE CROSS GRANT EXPENSE	11,778	0	0	11,778
EDUCATION	3,877	0	0	3,877
TAX RETURN REGISTRATION	25	1	0	24
MN SURE GRANT	266,019	0	0	249,777
PERSONNEL RECRUITMENT	716	36	0	680
COPIER	1,868	93	0	1,775
BRIDGE TO HEALTH	33,991	0	0	23,639
ACH GRANT EXPENSE	95,320	0	0	87,611

## TY 2014 Other Income Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
HEALTHSHARE MANAGEMENT CONTRACT	1,499		1,499
BRIDGE TO HEALTH	242,000		242,000

## TY 2014 Other Professional Fees Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING FEES	21,092	0	0	21,092

## TY 2014 Taxes Schedule

**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	3,564	105	0	0

OMB No 1545-0047

## Schedule of Contributors

2014

- Attach to Form 990, 990-EZ, or 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**Name of the organization**

## GENERATIONS HEALTH CARE INITIATIVES INC

**Employer identification number**

41-2000473

**Organization type (check one)**

**Filers of:**

## Section:

- 501(c)( ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc , purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc , contributions totaling \$5,000 or more during the year . . . . . ► \$

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

<b>Name of organization</b> GENERATIONS HEALTH CARE INITIATIVES INC	<b>Employer identification number</b> 41-2000473
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<b>Part I</b> <b>Contributors</b> (see instructions) Use duplicate copies of Part I if additional space is needed			
<b>(a)</b> No.	<b>(b)</b> Name, address, and ZIP + 4	<b>(c)</b> Total contributions	<b>(d)</b> Type of contribution
1	MNSURE 320 W SECOND STREET ROOM 301  DULUTH, MN 55802	\$ 240,020	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
2	MINNESOTA ACCOUNTABLE HEALTH MODEL 85 E 7TH PLACE SUITE 220  ST PAUL, MN 55101	\$ 54,673	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contributions )

Name of organization GENERATIONS HEALTH CARE INITIATIVES INC			Employer identification number 41-2000473
<b>Part II</b> Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization GENERATIONS HEALTH CARE INITIATIVES INC			Employer identification number 41-2000473
<b>Part III</b> <b>Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.</b> Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
(e) Transfer of gift Transferee's name, address, and ZIP 4 _____		Relationship of transferor to transferee _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
(e) Transfer of gift Transferee's name, address, and ZIP 4 _____		Relationship of transferor to transferee _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
(e) Transfer of gift Transferee's name, address, and ZIP 4 _____		Relationship of transferor to transferee _____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
(e) Transfer of gift Transferee's name, address, and ZIP 4 _____		Relationship of transferor to transferee _____	