

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990-PF and its instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

OMB No 1545-0052

**2015**

Open to Public Inspection

For calendar year 2015, or tax year beginning 09-01-2015 , and ending 08-31-2016

Name of foundation GENERATIONS HEALTH CARE INITIATIVES INC		<b>A Employer identification number</b>  41-2000473
Number and street (or P O box number if mail is not delivered to street address) 130 W SUPERIOR STREET NO 700	Room/suite	<b>B</b> Telephone number (see instructions)  (218) 336-5700
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		<b>C</b> If exemption application is pending, check here <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>D 1.</b> Foreign organizations, check here <input type="checkbox"/>  <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<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>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 10,700,956	<b>J</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis )	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )</i>		Revenue and expenses per books <b>(a)</b>	Net investment income <b>(b)</b>	Adjusted net income <b>(c)</b>	Disbursements for charitable purposes <b>(d)</b> (cash basis only)
Revenue	<b>1</b> Contributions, gifts, grants, etc , received (attach schedule) . . . . .	451,741			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch B . . . . .				
	<b>3</b> Interest on savings and temporary cash investments				
	<b>4</b> Dividends and interest from securities . . . . .	194,639	194,639		
	<b>5a</b> Gross rents . . . . .	9,599			
	<b>b</b> Net rental income or (loss) 9,599				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10	105,950			
	<b>b</b> Gross sales price for all assets on line 6a 2,226,882				
	<b>7</b> Capital gain net income (from Part IV, line 2) . . .		105,950		
	<b>8</b> Net short-term capital gain . . . . .				
	<b>9</b> Income modifications . . . . .				
	<b>10a</b> Gross sales less returns and allowances				
Operating and Administrative Expenses	<b>b</b> Less Cost of goods sold . . . . .				
	<b>c</b> Gross profit or (loss) (attach schedule) . . . . .				
	<b>11</b> Other income (attach schedule) . . . . .	36,116	0	0	
	<b>12 Total.</b> Add lines 1 through 11 . . . . .	798,045	300,589	0	
	<b>13</b> Compensation of officers, directors, trustees, etc	173,214	0	0	173,214
	<b>14</b> Other employee salaries and wages . . . . .				
	<b>15</b> Pension plans, employee benefits . . . . .				
	<b>16a</b> Legal fees (attach schedule). . . . .	875	46	0	828
	<b>b</b> Accounting fees (attach schedule). . . . .	13,480	716	0	12,286
	<b>c</b> Other professional fees (attach schedule) . . . . .	8,206	0	0	5,866
	<b>17</b> Interest . . . . .				
	<b>18</b> Taxes (attach schedule) (see instructions) . . .	5,315	110	0	0
	<b>19</b> Depreciation (attach schedule) and depletion . . .	7,288	7,288	0	
	<b>20</b> Occupancy . . . . .	35,100	1,865	0	33,455
	<b>21</b> Travel, conferences, and meetings. . . . .	5,945	106	0	5,838
	<b>22</b> Printing and publications . . . . .				
	<b>23</b> Other expenses (attach schedule). . . . .	986,976	46,477	0	939,319
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 . . . . .	1,236,399	56,608	0	1,170,806
	<b>25</b> Contributions, gifts, grants paid . . . . .	187,047			187,047
	<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	1,423,446	56,608	0	1,357,853
	<b>27</b> Subtract line 26 from line 12				
	<b>a Excess of revenue over expenses and disbursements</b>	-625,401			
	<b>b Net investment income</b> (if negative, enter -0-)		243,981		
	<b>c Adjusted net income</b> (if negative, enter -0-)			0	

<b>Part II</b> <b>Balance Sheets</b>		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	216,939	110,859	110,859
	<b>2</b>	Savings and temporary cash investments . . . . .	1,304	1,093	1,093
	<b>3</b>	Accounts receivable ▶ <u>56,738</u>			
		Less allowance for doubtful accounts ▶ _____	42,820	56,738	56,738
	<b>4</b>	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>5</b>	Grants receivable . . . . .			
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). . . . .			
	<b>7</b>	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	<b>8</b>	Inventories for sale or use . . . . .			
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	8,605	12,850	12,850
	<b>10a</b>	Investments—U S and state government obligations (attach schedule)	399,280	308,755	308,755
	<b>b</b>	Investments—corporate stock (attach schedule) . . . . .	9,609,544	9,669,952	9,669,952
	<b>c</b>	Investments—corporate bonds (attach schedule) . . . . .	578,164	438,571	438,571
	<b>11</b>	Investments—land, buildings, and equipment basis ▶ _____			
		Less accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b>	Investments—mortgage loans . . . . .			
	<b>13</b>	Investments—other (attach schedule) . . . . .	215,344	91,155	91,155
	<b>14</b>	Land, buildings, and equipment basis ▶ <u>173,916</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>162,933</u>	16,543	10,983	10,983
	<b>15</b>	Other assets (describe ▶ _____)			
	<b>16</b>	<b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I)	11,088,543	10,700,956	10,700,956
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	119,611	119,103	
	<b>18</b>	Grants payable . . . . .			
	<b>19</b>	Deferred revenue . . . . .			
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b>	Mortgages and other notes payable (attach schedule). . . . .			
	<b>22</b>	Other liabilities (describe ▶ _____)			
	<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22) . . . . .	119,611	119,103	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b>			
	<b>24</b>	Unrestricted . . . . .	10,968,932	10,581,853	
	<b>25</b>	Temporarily restricted . . . . .			
	<b>26</b>	Permanently restricted . . . . .			
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> <b>and complete lines 27 through 31.</b>			
	<b>27</b>	Capital stock, trust principal, or current funds . . . . .			
	<b>28</b>	Paid-in or capital surplus, or land, bldg, and equipment fund			
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds			
	<b>30</b>	<b>Total net assets or fund balances</b> (see instructions) . . . . .	10,968,932	10,581,853	
	<b>31</b>	<b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	11,088,543	10,700,956	

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

<b>1</b>	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) . . . . .	<b>1</b>	10,968,932
<b>2</b>	Enter amount from Part I, line 27a . . . . .	<b>2</b>	-625,401
<b>3</b>	Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	238,322
<b>4</b>	Add lines 1, 2, and 3 . . . . .	<b>4</b>	10,581,853
<b>5</b>	Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	0
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	<b>6</b>	10,581,853

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr )	Date sold (d) (mo , day, yr )
1 a	PUBLICLY TRADED SECURITIES - WELLS FARGO #AGG115202 - AVAILABLE UPON REQUEST	P	2015-01-01	2016-12-31
b	CAPITAL GAINS DIVIDENDS	P		
c				
d				
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 2,118,116		2,120,932	-2,816
b 108,766			108,766
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			-2,816
b			108,766
c			
d			
e			

2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	105,950
3	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 . . . . .		3	

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? ☐ Yes ☒ No  
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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))
2014	854,579	11,542,980	0 074035
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

2	Total of line 1, column (d). . . . .	2	0 490829
3	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	3	0 098166
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5. . . . .	4	10,445,900
5	Multiply line 4 by line 3. . . . .	5	1,025,432
6	Enter 1% of net investment income (1% of Part I, line 27b). . . . .	6	2,440
7	Add lines 5 and 6. . . . .	7	1,027,872
8	Enter qualifying distributions from Part XII, line 4. . . . .	8	1,357,853

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 VII

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 _____ (attach copy of letter if necessary—see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b . . . . .		1	2,440
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	2,440
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5 Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0- . . . . .		5	2,440
6 Credits/Payments			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	10,240	
b Exempt foreign organizations—tax withheld at source . . . . .	6b		
c Tax paid with application for extension of time to file (Form 8868). . . . .	6c		
d Backup withholding erroneously withheld . . . . .	6d		
7 Total credits and payments Add lines 6a through 6d. . . . .		7	10,240
8 Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	
9 Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed . . . . .		9	
10 Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. . . . .		10	7,800
11 Enter the amount of line 10 to be Credited to 2015 estimated tax <input checked="" type="checkbox"/> 7,800 Refunded <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? . . . . .	1a	Yes	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? . . . . . 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	1b		No
c Did the foundation file Form 1120-POL for this year? . . . . .	1c		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" 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 checked="" type="checkbox"/> \$ 0			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? . . . . . If "Yes," attach a detailed description of the activities	2		No
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 . . . . .	3		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .	4a		No
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? . . . . . If "Yes," attach the statement required by General Instruction T	5		No
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? . . . . .	6	Yes	
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 . . . . .	7	Yes	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" 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 .	8b	Yes	
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .	9		No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .	10		No

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

<b>11</b>	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions). . . . .	<b>11</b>		<b>No</b>
<b>12</b>	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) . . . . .	<b>12</b>		<b>No</b>
<b>13</b>	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW GHCI US	<b>13</b>	<b>Yes</b>	
<b>14</b>	The books are in care of ► TERRY LEONIDAS Telephone no ► (218) 336-5702 Located at ► 130 W SUPERIOR STREET SUITE 700 DULUTH MN ZIP+4 ► 55802			
<b>15</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . ► <b>15</b>			
<b>16</b>	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 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 ►	<b>16</b>	<b>Yes</b>	<b>No</b>

**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.			<b>Yes</b>	<b>No</b>
<b>1a</b>	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? ( <b>Exception.</b> 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			
<b>b</b>	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)? . . . . . <input type="checkbox"/> Organizations relying on a current notice regarding disaster assistance check here. . . . . ► <input type="checkbox"/>	<b>1b</b>		<b>No</b>
<b>c</b>	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 2015? . . . . .	<b>1c</b>		<b>No</b>
<b>2</b>	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))			
<b>a</b>	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
<b>b</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 ). . . . .	<b>2b</b>		
<b>c</b>	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 ► 20____, 20____, 20____, 20____			
<b>3a</b>	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>b</b>	If "Yes," did it have excess business holdings in 2015 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 2015 ). . . . .	<b>3b</b>		
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>		<b>No</b>
<b>b</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 2015?	<b>4b</b>		<b>No</b>

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

<b>5a</b> During the year did the foundation pay or incur any amount to				
<b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>(5)</b> 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>b</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)?		<b>5b</b>		
Organizations relying on a current notice regarding disaster assistance check here. <span style="float: right;">▶</span>				
<b>c</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<b>6a</b> 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		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>		<b>No</b>
<i>If "Yes" to 6b, file Form 8870</i>				
<b>7a</b> 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		
<b>b</b> If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		<b>7b</b>		

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

<b>1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).</b>				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
<b>2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."</b>				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
MARY RAPPS 130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	PROGRAM DIRECTOR 40 00	87,256	29,210	0
<b>Total</b> number of other employees paid over \$50,000. <span style="float: right;">▶</span>				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
AMHERSTH WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST PAUL,MN 55104	SURVEY ADMINISTRATION	220,513
Total number of others receiving over \$50,000 for professional services. . . . .		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 BRIDGE TO HEALTH SURVEY - A REGIONAL, POPULATION-BASED HEALTH ASSESSMENT OF RESIDENTS IN NINE COUNTIES IN NORTHEASTERN MINNESOTA AND NORTHWESTERN WI THAT HAS BEEN CONDUCTED EVERY FIVE YEARS SINCE 1995. LAST CONDUCTED IN 2015, THE SURVEY IS A COLLABORATIVE EFFORT INVOLVING STATE AND LOCAL PUBLIC HEALTH, HOSPITALS, CLINIC, HEALTH PLANS, GOVERNMENT AGENCIES, NON-PROFIT ORGANIZATIONS, FOUNDATIONS AND HIGHER EDUCATION. SURVEY RESULTS ARE USED BY THESE ORGANIZATIONS TO IDENTIFY AND ADDRESS REGIONAL HEALTH NEEDS.	372,229
2 ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH) - TOGETHER FOR HEALTH AT MYERS-WILKINS IS GRANT PROGRAM DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF DULUTH'S HILLSIDE COMMUNITY. THE PROJECT BRINGS TOGETHER MULTI-SECTOR STAKEHOLDERS WITH THE ULTIMATE GOAL OF PROVIDING BETTER CARE, LOWERING HEALTH CARE COSTS AND IMPROVING THE PATIENT EXPERIENCE BY EXPANDING PATIENT-CENTERED, TEAM-BASED CARE THROUGH SERVICE DELIVERY AND PAYMENT MODELS THAT SUPPORT INTEGRATION OF MEDICAL CARE, BEHAVIORAL HEALTH, SOCIAL SERVICES AND COMMUNITY PREVENTION SERVICES. THE WORK IS GUIDED BY A LEADERSHIP TEAM WITH STRONG COMMUNITY REPRESENTATION AND LEADERS FROM PARTNER ORGANIZATIONS. THROUGH THE PROJECT, DIRECT SERVICE IS PROVIDED BY TWO ST. LOUIS COUNTY PUBLIC HEALTH EMPLOYEES, LOCATED AT THE MYERS-WILKINS ELEMENTARY SCHOOL. A COMMUNITY-BASED CARE COORDINATION TEAM AND COMMUNITY HEALTH TEAM WORK ON STRATEGIES TO IMPROVE CARE THROUGH BETTER COORDINATION AND COMMUNITY HEALTH INITIATIVES.	370,861
3 MNSURE OUTREACH AND ENROLLMENT - GENERATIONS IS THE LEAD ORGANIZATION FOR INSURE DULUTH, A COALITION OF 17 ORGANIZATIONS THAT OFFER A COORDINATED COMMUNITY APPROACH TO 1) INFORMING RESIDENTS OF DULUTH AND THE SURROUNDING AREA ABOUT THE NEW COVERAGE OPPORTUNITIES AVAILABLE THROUGH MNSURE, 2) DOING OUTREACH TO TARGETED POPULATIONS TO ENCOURAGE ENROLLMENT, AND 3) PROVIDING INDIVIDUAL ENROLLMENT ASSISTANCE AT TRUSTED COMMUNITY ORGANIZATIONS AND SPECIAL EVENTS. GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR A GRANT PROVIDED BY MNSURE.	296,917
4 HEALTH CARE ACCESS OFFICE - INCREASES ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDER-INSURED BY ENROLLING THEM IN EXISTING HEALTH COVERAGE AND PHARMACEUTICAL ASSISTANCE PROGRAMS. THE STAFF SCREENS INDIVIDUALS FOR ELIGIBILITY, ASSISTS IN COMPLETING THE APPLICATIONS, AND PROVIDES ADVOCACY THROUGHOUT THE ENROLLMENT PROCESS. INDIVIDUALS ARE REFERRED TO COMMUNITY RESOURCES IF OTHER SERVICES ARE NEEDED.	224,961

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 . . . . .	0

**Part X Minimum Investment Return**

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	10,401,194
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	122,532
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	81,249
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	10,604,975
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	10,604,975
<b>4</b>	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	159,075
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 Enter here and on Part V, line 4	<b>5</b>	10,445,900
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	522,295

**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.)

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	522,295
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5. . . . .	<b>2a</b>	2,440
<b>b</b>	Income tax for 2015 (This does not include the tax from Part VI ). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	2,440
<b>3</b>	Distributable amount before adjustments Subtract line 2c from line 1. . . . .	<b>3</b>	519,855
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	0
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	519,855
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	0
<b>7</b>	<b>Distributable amount</b> as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1. . . . .	<b>7</b>	519,855

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
<b>a</b>	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . .	<b>1a</b>	1,357,853
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes. . . . .	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	1,357,853
<b>5</b>	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). . . . .	<b>5</b>	2,440
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	1,355,413

**Note:** 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 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				519,855
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only. . . . .			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010. . . . .	766,466			
b From 2011. . . . .	1,014,992			
c From 2012. . . . .	138,596			
d From 2013. . . . .	514,280			
e From 2014. . . . .	287,668			
f Total of lines 3a through e. . . . .	2,722,002			
4 Qualifying distributions for 2015 from Part XII, line 4 ▶ \$ 1,357,853				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions). . . . .		0		
c Treated as distributions out of corpus (Election required—see instructions). . . . .	0			
d Applied to 2015 distributable amount. . . . .				519,855
e Remaining amount distributed out of corpus	837,998			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a) )	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,560,000			
b Prior years' undistributed income Subtract line 4b from line 2b. . . . .		0		
c 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		
d Subtract line 6c from line 6b Taxable amount—see instructions . . . . .		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions . . . . .			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015 . . . . .				0
7 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			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .	766,466			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a . . . . .	2,793,534			
10 Analysis of line 9				
a Excess from 2011. . . .	1,014,992			
b Excess from 2012. . . .	138,596			
c Excess from 2013. . . .	514,280			
d Excess from 2014. . . .	287,668			
e Excess from 2015. . . .	837,998			

## Part XIV

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**b**

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	


[illegible]

## Part XV

**1**

**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**

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

**c** Any submission deadlines

Form **990-PF** (2015)

### 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</b> <i>Paid during the year</i> LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807		PC	OPERATION OF AN OFFICE TO HELP CITIZENS ENROLL IN HEALTH CARE PROGRAMS	187,047
<b>Total . . . . . ▶ 3a</b>				
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . . ▶ 3b</b>				

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

**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?

<b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of			
<b>(1)</b> Cash.		<b>1a(1)</b>	<b>No</b>
<b>(2)</b> Other assets.		<b>1a(2)</b>	<b>No</b>
<b>b</b> Other transactions			
<b>(1)</b> Sales of assets to a noncharitable exempt organization.		<b>1b(1)</b>	<b>No</b>
<b>(2)</b> Purchases of assets from a noncharitable exempt organization.		<b>1b(2)</b>	<b>No</b>
<b>(3)</b> Rental of facilities, equipment, or other assets.		<b>1b(3)</b>	<b>No</b>
<b>(4)</b> Reimbursement arrangements.		<b>1b(4)</b>	<b>No</b>
<b>(5)</b> Loans or loan guarantees.		<b>1b(5)</b>	<b>No</b>
<b>(6)</b> Performance of services or membership or fundraising solicitations.		<b>1b(6)</b>	<b>No</b>
<b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		<b>1c</b>	<b>No</b>
<b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column <b>(b)</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 <b>(d)</b> the value of the goods, other assets, or services received.			

[illegible]

**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

<b>Sign Here</b>	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.		
▶	*****	2017-03-08	*****
	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 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

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
PAMELA FRANKLIN	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
DANIEL SVENDSEN	CFO 8 00	28,050	2,005	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
WILLIAM PALMER	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
JENNIFER PETERSON	EXECUTIVE DIRECTOR 40 00	108,000	21,341	480
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
MICHAEL HIEB	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
RANDY LASKY	CHAIR 0 50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
DEBORAH MEDLIN	SECRETARY/TREASURER 0 50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
STEPHANIE BALMER	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
LYNN GOERDT	VICE CHAIR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
STEVE GREENFIELD	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
JO ANN HOAG	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
JULIE PIERCE	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
YVONNE PRETTNER SOLON	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				
TERRY LEONIDAS	ACCOUNTANT 12 00	12,915	423	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH,MN 55802				

## TY 2015 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	13,480	716	0	12,286

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

## TY 2015 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 0000000000000	0	0	0	
MOVEABLE EQUIPMENT	2001-01-01	122,133	103,862	SL	5 0000000000000	7,288	0	0	
MOVEABLE EQUIPMENT - FADP	2001-01-01	12,441	12,441	SL	5 0000000000000	0	0	0	
MOVEABLE EQUIPMENT - HCAP	2001-01-01	33,516	33,516	SL	5 0000000000000	0	0	0	



**TY 2015 Investments Corporate Bonds Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

<b>Name of Bond</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
APPLE INC	20,489	20,489
BANK OF NOVA SCOTIA	25,307	25,307
BP CAPITAL MARKETS PLC	25,109	25,109
DOW CHEMICAL CO/THE	10,942	10,942
EMC CORP	49,649	49,649
GENERAL ELEC CAP CORP	22,837	22,837
HALLIBURTON COMPANY	20,688	20,688
HOME DEPOT INC	10,672	10,672
JPMORGAN CHASE & CO	21,780	21,780
METLIFE INC	10,595	10,595
NOVARTIS CAPITAL CORP	16,024	16,024
PACCAR FINANCIAL CORP	25,163	25,163
PROCTER & GAMBLE CO/THE	20,719	20,719
STATOIL ASA	26,157	26,157
TORONTO-DOMINION BANK	25,710	25,710
TOYOTA MOTOR CREDIT CORP	26,162	26,162
UNITED TECHNOLOGIES CORP	10,748	10,748
US BANCORP	25,551	25,551
VERIZON COMMUNICATIONS	11,703	11,703
WAL-MART STORES INC	21,698	21,698

Name of Bond	End of Year Book Value	End of Year Fair Market Value
WELLPOINT INC	10,868	10,868

**TY 2015 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
O'REILLY AUTOMOTIVE INC	20,436	20,436
STARBUCKS CORP COM	37,281	37,281
THE PRICELINE GROUP INC.	48,169	48,169
TRACTOR SUPPLY CO COM	51,126	51,126
CONSTELLATION BRANDS INC	29,365	29,365
ESTEE LAUDER COMPANIES INC	31,141	31,141
MONDELEZ INTERNATIONAL INC	27,957	27,957
MONSTER BEVERAGE CORP	40,473	40,473
CONCHO RESOURCES INC	29,587	29,587
INTERCONTINENTAL EXCHANGE, INC	32,150	32,150
S&P GLOBAL INC	30,885	30,885
ALEXION PHARMACEUTICALS INC	27,563	27,563
ALIGN TECHNOLOGY INC	35,302	35,302
BOSTON SCIENTIFIC CORP COM	42,447	42,447
CELGENE CORP COM	35,224	35,224
CENTENE CORP DEL COM	26,360	26,360
CERNER CORP COM	27,107	27,107
DANAHER CORP	20,515	20,515
FORTIVE CORP	16,802	16,802
FORTUNE BRANDS HOME & SECURITY	39,534	39,534
MIDDLEBY CORP COM	27,680	27,680
TRANSDIGM GROUP INC COM	31,371	31,371
VERISK ANALYTICS INC	25,912	25,912
WABCO HOLDINGS INC	23,808	23,808
ALPHABET INC CL C	102,785	102,785
APPLE INC	70,450	70,450
FACEBOOK INC	81,347	81,347
INTUIT COM	18,612	18,612
MICROSOFT CORP	66,941	66,941
PALO ALTO NETWORKS INC	24,237	24,237

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SALESFORCE COM INC COM	38,122	38,122
VANTIV INC	24,344	24,344
VISA INC-CLASS A SHRS	63,426	63,426
ECOLAB INC	21,657	21,657
PPG INDUSTRIES INC	39,070	39,070
ACCENTURE PLC	25,300	25,300
ALLERGAN PLC	32,132	32,132
JAZZ PHARMACEUTICALS PLC	28,729	28,729
NORWEGIAN CRUISE LINE HOLDINGS LTD	25,410	25,410
NXP SEMICONDUCTORS NV	27,198	27,198
AMAZON COM INC COM	69,224	69,224
HOME DEPOT INC	58,476	58,476
NEWELL BRANDS, INC	24,258	24,258
NIKE INC CL B	44,037	44,037
JPMORGAN HIGH YIELD FUND	259,029	259,029
RIDGEWORTH SEIX HIGH YIELD BOND FUND	254,410	254,410
PIMCO FOREIGN BOND (UNHEDGED) FUND	192,685	192,685
STONE HARBOR LOCAL MARKET FUND	285,468	285,468
TEMPLETON GLOBAL BOND FUND	230,462	230,462
DODGE & COX STOCK FUND	1,138,355	1,138,355
ISHARES RUSSELL MID-CAP GROWTH	325,396	325,396
ISHARES RUSSELL MID-CAP VALUE	268,730	268,730
ISHARES RUSSELL 1000 GROWTH ETF	114,598	114,598
ISHARES RUSSELL 2000 ETF	246,460	246,460
JP MORGAN MID CAP VALUE FUND-CLASS I	252,536	252,536
TOUCHSTONE SMALLLCAP FUND INSTITUTIONAL CLASS	232,915	232,915
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	513,251	513,251
DODGE & COX INTERNATIONAL STOCK FUND	537,687	537,687
ISHARES MSCI EAFE ETF	113,783	113,783
ISHARES MSCI EMERGING MARKETS	686,764	686,764

<b>Name of Stock</b>	<b>End of Year Book Value</b>	<b>End of Year Fair Market Value</b>
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	196,045	196,045
AQR MANAGED FUTURES STRATEGY FUND CLASS I	281,277	281,277
ASG GLOBAL ALTERNATIVES FUND CLASS Y	400,460	400,460
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	102,628	102,628
DRIEHAUS ACTIVE INCOME FUND	302,452	302,452
PIMCO COMMODITY REAL RETURN STRATEGY FUND	29,074	29,074
POWERSHARES DB COMMODITY INDEX	261,898	261,898
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	315,075	315,075
SPDR DOW JONES REIT ETF	484,564	484,564

**TY 2015 Investments Government Obligations Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473**US Government Securities - End of  
Year Book Value:**

308,755

**US Government Securities - End of  
Year Fair Market Value:**

308,755

**State & Local Government  
Securities - End of Year Book  
Value:**

0

**State & Local Government  
Securities - End of Year Fair  
Market Value:**

0

**TY 2015 Investments - Other Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONEY MARKET FUNDS	FMV	83,733	83,733
ACC INT REC - SECURITIES	FMV	7,422	7,422

**TY 2015 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	122,133	111,150	10,983	
MOVEABLE EQUIPMENT - FADP	12,441	12,441	0	
MOVEABLE EQUIPMENT - HCAP	33,516	33,516	0	



**TY 2015 Legal Fees Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	875	46	0	828

## TY 2015 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	10,354	101	0	8,903
DUES AND MEMBERSHIPS	1,259	67	0	1,192
TELEPHONE	5,072	270	0	4,669
PARKING	4,085	243	0	3,841
SPACE EXPENSES	380	20	0	360
INSURANCE	3,385	180	0	1,351
AGENCY ACCOUNT MANAGEMENT FEES	43,896	43,896	0	0
POSTAGE	236	13	0	223
LEASED EMPLOYEES	16,932	0	0	9,633
COMPUTER SUPPLIES AND SOFTWARE	27,252	1,448	0	21,273
EDUCATION	1,724	0	0	1,724
TAX RETURN REGISTRATION	25	1	0	24
MN SURE GRANT	259,254	0	0	281,553
COPIER	4,484	238	0	4,244
BRIDGE TO HEALTH	320,012	0	0	316,972
ACH GRANT EXPENSE	283,626	0	0	278,357
STORYTELLING PROJECT EXPENSE	5,000	0	0	5,000

**TY 2015 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	108		108
BRIDGE TO HEALTH	33,890		33,890
OTHER REVENUE	2,118		2,118

**TY 2015 Other Increases Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	238,322

**TY 2015 Other Professional Fees Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
CONSULTING FEES	8,206	0	0	5,866

**TY 2015 Taxes Schedule****Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	5,315	110	0	0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>GENERATIONS HEALTH CARE INITIATIVES INC</div>	<div>Employer identification number</div> <div>41-2000473</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)( ) (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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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<sup>1</sup>/<sub>3</sub>% 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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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,000	Person <input checked="" type="checkbox"/>
	SIM GRANT - MN DEPARTMENT OF HEALTH 85 E 7TH PLACE SUITE 220		Payroll <input type="checkbox"/>
	ST PAUL, MN 55164		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
2		\$ 225,414	Person <input checked="" type="checkbox"/>
	MNSURE 320 W SECOND STREET ROOM 301		Payroll <input type="checkbox"/>
	DULUTH, MN 55802		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions )
3		\$ 221,327	Person <input checked="" type="checkbox"/>
	ACCOUNTABLE COMMUNITIES FOR HEALTH 85 E 7TH PLACE SUITE 220		Payroll <input type="checkbox"/>
	ST PAUL, MN 55164		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 )



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

Name of organization GENERATIONS HEALTH CARE INITIATIVES INC	Employer identification number 41-2000473
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**Part III** 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. 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 \$1,000 or less 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	
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
	(e) Transfer of gift			
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>		
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
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(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
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(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
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