

For calendar year 2016, or tax year beginning 09-01-2016, and ending 08-31-2017

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		Room/suite	B Telephone number (see instructions) (218) 336-5700
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 11,116,487		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	379,086			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities . . .	207,365	207,365		
	5a Gross rents	9,730			
	b Net rental income or (loss) 9,730				
	6a Net gain or (loss) from sale of assets not on line 10	-153,886			
	b Gross sales price for all assets on line 6a 2,721,865				
	7 Capital gain net income (from Part IV, line 2) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	12,027	0		
	12 Total. Add lines 1 through 11	454,322	207,365		
	13 Compensation of officers, directors, trustees, etc	287,449	0		287,449
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	928	0		928
	b Accounting fees (attach schedule)	13,556	678		12,849
	c Other professional fees (attach schedule)	720	0		3,060
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	765	120		0
	19 Depreciation (attach schedule) and depletion . . .	5,007	0		
	20 Occupancy	35,099	0		32,115
	21 Travel, conferences, and meetings	6,072	0		6,317
	22 Printing and publications				
	23 Other expenses (attach schedule)	563,505	45,389		554,701
	24 Total operating and administrative expenses. Add lines 13 through 23	913,101	46,187		897,419
	25 Contributions, gifts, grants paid	162,560			164,033
	26 Total expenses and disbursements. Add lines 24 and 25	1,075,661	46,187		1,061,452
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-621,339			
	b Net investment income (if negative, enter -0-)		161,178		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets 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
Assets	1 Cash—non-interest-bearing	110,859	60,703	60,703
	2 Savings and temporary cash investments	1,093	1,201	1,201
	3 Accounts receivable ▶ <u>45,085</u>			
	Less allowance for doubtful accounts ▶ _____	56,738	45,085	45,085
	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			
	9 Prepaid expenses and deferred charges	12,850	15,687	15,687
	10a Investments—U S and state government obligations (attach schedule)	308,755	572,625	572,625
	b Investments—corporate stock (attach schedule)	9,669,952	9,664,995	9,664,995
	c Investments—corporate bonds (attach schedule)	438,571	582,477	582,477
	11 Investments—land, buildings, and equipment basis ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	91,155	163,897	163,897	
14 Land, buildings, and equipment basis ▶ <u>177,757</u>				
Less accumulated depreciation (attach schedule) ▶ <u>167,940</u>	10,983	9,817	9,817	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	10,700,956	11,116,487	11,116,487	
Liabilities	17 Accounts payable and accrued expenses	119,103	89,443	
	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 ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	119,103	89,443	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	10,581,853	11,027,044	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	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			
	30 Total net assets or fund balances (see instructions)	10,581,853	11,027,044	
31 Total liabilities and net assets/fund balances (see instructions) .	10,700,956	11,116,487		

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	10,581,853
2 Enter amount from Part I, line 27a	2	-621,339
3 Other increases not included in line 2 (itemize) ▶	3	1,066,530
4 Add lines 1, 2, and 3	4	11,027,044
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	11,027,044

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)
1 a PUBLICLY TRADED SECURITIES - WELLS FARGO #AGG115202 - AVAILABLE UPON REQUEST	P		
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 2,645,557		2,875,751	-230,194
b 76,308			76,308
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			-230,194
b			76,308
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	-153,886
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))
2015	1,355,413	10,445,900	0 129756
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
2 Total of line 1, column (d)			2 0 503844
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 100769
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5			4 10,516,908
5 Multiply line 4 by line 3			5 1,059,778
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 1,612
7 Add lines 5 and 6			7 1,061,390
8 Enter qualifying distributions from Part XII, line 4			8 1,061,452

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 instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ 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 ☒ and enter 1% of Part I, line 27b	1	1,612
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	1,612
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	1,612
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	7,800
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	7,800
8	Enter any penalty for underpayment of estimated tax. Check here ☒ 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	6,188
11	Enter the amount of line 10 to be Credited to 2017 estimated tax 6,188 Refunded	11	0

Part VII-A Statements Regarding Activities

	Yes	No
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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <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>	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 \$ 0 (2) On foundation managers \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	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? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes
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? <i>If "Yes," attach the statement required by General Instruction T</i>	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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) 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? <i>If "No," attach explanation</i> .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	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).	11		No
12	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)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW GHCI US	13	Yes	
14	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**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, 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 ▶	16	Yes	No

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)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ 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)? ☐ Yes ☒ 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). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any 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. ☐	1b		No
c	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 2016? ☐	1c		No
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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

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))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any 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)?	☐ Yes ☒ No	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	☐		
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?	☐ Yes ☐ No		
	<i>If "Yes," attach the statement required by Regulations section 53.4945-5(d)</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
	b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes ☒ No	6b	No
	<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?	☐ Yes ☒ No		
	b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	☐ Yes ☒ No	7b	

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

[illegible]

(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, other allowances (e)
NONE				

Total number of other employees paid over \$50,000.	0
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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		
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 ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH) IS A MULTI-SECTOR COLLABORATIVE APPROACH TO IMPROVING THE HEALTH AND WELL-BEING OF THE STUDENTS, FAMILIES AND NEIGHBORHOOD RESIDENTS OF DULUTH HILLSIDE, ONE OF DULUTH'S MOST UNDER RESOURCED NEIGHBORHOODS. THE PROJECT BUILDS ON THE STRENGTHS AND DIVERSITY OF THE MYERS-WILKINS SCHOOL COMMUNITY, THE NEIGHBORHOOD, HEALTH CARE AND MENTAL HEALTH PROVIDERS, PUBLIC HEALTH, AND LOCAL COMMUNITY AGENCIES. SERVICES TO CHILDREN AND FAMILY INCLUDE DIRECT CONNECTION TO HEALTH AND SOCIAL SERVICES, CARE NAVIGATION AND ADVOCACY. ADDITIONALLY COMMUNITY HEALTH ACTIVITIES SUCH AS HEALTH PROMOTION CLASSES, RESOURCE FAIRS AND HEALTHY COMMUNITY ACTIVITIES ARE HELD IN THE NEIGHBORHOOD COMMUNITY HEALTH WORKER NETWORK. INCLUDES ORGANIZATIONAL LEADERS AND COMMUNITY HEALTH WORKERS FROM THE REGION COMMITTED TO SHARED LEARNING AND COORDINATION AMONG CHWS AND ORGANIZATIONS THAT EMPLOY THEM.	345,100
2 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.	302,295
3 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.	250,059
4 OTHER - THIS CATAGORY INCLUDES TWO TYPES OF ACTIVITIES. 1) BROADER HEALTH IMPROVEMENT WHICH RELATES TO GENERATIONS INVOLVEMENT IN COMMUNITY COALITIONS THAT ADDRESS VARIOUS HEALTH ISSUES, EXAMPLES ARE THE DULUTH COMMUNITY HEALTH NEEDS ASSESSMENT, THE DULUTH & ST. LOUIS COUNTY MENTAL HEALTH INITIATIVE, THE HEALTH & WELLNESS TABLE, AND HEALTH IN ALL POLICY COMMITTEE OR 2) GENERAL PROGRAM DEVELOPMENT WHICH INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.	110,745

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.)

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	10,582,719
b	Average of monthly cash balances.	1b	94,345
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	10,677,064
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	10,677,064
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	160,156
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	10,516,908
6	Minimum investment return. Enter 5% of line 5.	6	525,845

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	525,845
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	1,612
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	1,612
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	524,233
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	524,233
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	524,233

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	1,061,452
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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,061,452
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	1,612
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,059,840

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				524,233
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	1,014,992			
b From 2012.	138,596			
c From 2013.	514,280			
d From 2014.	287,668			
e From 2015.	837,998			
f Total of lines 3a through e.	2,793,534			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>1,061,452</u>				
a Applied to 2015, 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 2016 distributable amount.				524,233
e Remaining amount distributed out of corpus	537,219			
5 Excess distributions carryover applied to 2016 (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	3,330,753			
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 2015 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 2017				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 2011 not applied on line 5 or line 7 (see instructions).	1,014,992			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	2,315,761			
10 Analysis of line 9				
a Excess from 2012.	138,596			
b Excess from 2013.	514,280			
c Excess from 2014.	287,668			
d Excess from 2015.	837,998			
e Excess from 2016.	537,219			

a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling.

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

		Prior 3 years				(e) Total
		(a) 2016	(b) 2015	(c) 2014	(d) 2013	
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)				
a <i>Paid during the year</i> LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807	NONE	PC	OPERATION OF AN OFFICE TO HELP CITIZENS ENROLL IN HEALTH CARE PROGRAMS	162,560
Total			▶ 3a	162,560
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
----------	--

Form **990-PF** (2016)

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

[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

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

Print/Type preparer's name JULIE BOYER	Preparer's Signature	Date 2018-03-08	Check if self-employed ▶ ☐	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-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JENNIFER PETERSON	EXECUTIVE DIRECTOR 30 00	109,110	22,768	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
TERRY LEONIDAS	CFO 20 00	34,357	2,405	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
LYNN GOERDT	CHAIR 0 50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
STEVE GREENFIELD	VICE 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				
PAMELA FRANKLIN	DIRECTOR 0 30	0	0	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				
MICHAEL HIEB MD	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
RANDY LASKY	DIRECTOR 0 30	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				
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				
MARY RAPPS	PROGRAM DIRECTOR 40 00	89,032	29,777	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				

TY 2016 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	13,556	678		12,849

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

TY 2016 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		
MOVEABLE EQUIPMENT	2001-01-01	125,974	116,157	SL	5 0000000000000	0	0		
MOVEABLE EQUIPMENT - FADP	2001-01-01	12,441	12,441	SL	5 0000000000000	0	0		
MOVEABLE EQUIPMENT - HCAP	2001-01-01	33,516	33,516	SL	5 0000000000000	0	0		

TY 2016 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
AMGEN INC	26,375	26,375
APPLE INC	30,100	30,100
BANK OF NOVA SCOTIA	25,117	25,117
BP CAPITAL MARKETS PLC	0	0
DOW CHEMICAL CO/THE	21,367	21,367
EMC CORP	0	0
GENERAL ELEC CAP CORP	38,616	38,616
HALLIBURTON COMPANY	31,225	31,225
HOME DEPOT INC	30,480	30,480
JPMORGAN CHASE & CO	31,956	31,956
METLIFE INC	31,623	31,623
NOVARTIS CAPITAL CORP	30,674	30,674
PACCAR FINANCIAL CORP	24,992	24,992
PEPSICO INC	32,021	32,021
PROCTER & GAMBLE CO/THE	35,507	35,507
STATOIL ASA	25,761	25,761
TIME WARNER INC	10,693	10,693
TORONTO-DOMINION BANK	25,420	25,420
TOYOTA MOTOR CREDIT CORP	25,610	25,610
UNITED TECHNOLOGIES CORP	20,655	20,655

Name of Bond	End of Year Book Value	End of Year Fair Market Value
US BANCORP	25,211	25,211
VERIZON COMMUNICATIONS	16,765	16,765
WAL-MART STORES INC	31,672	31,672
WELLPOINT INC	10,637	10,637

TY 2016 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
ISHARES MBS ETF	69,973	69,973
JPMORGAN HIGH YIELD FUND	263,258	263,258
RIDGEWORTH SEIX HIGH YIELD BOND FUND	0	0
PIMCO FOREIGN BOND (UNHEDGED) FUND	304,037	304,037
STONE HARBOR LOCAL MARKET FUND	200,850	200,850
TEMPLETON GLOBAL BOND FUND	246,194	246,194
CRM SMALL CAP VALUE FUNDS	237,583	237,583
DODGE & COX STOCK FUND	1,184,308	1,184,308
ISHARES RUSSELL MID-CAP GROWTH	312,814	312,814
ISHARES RUSSELL MID-CAP VALUE	207,875	207,875
ISHARES RUSSELL 1000 GROWTH ETF	136,301	136,301
ISHARES RUSSELL 2000 ETF	279,460	279,460
JP MORGAN MID CAP VALUE FUND-CLASS I	276,727	276,727
TOUCHSTONE SMALLLCAP FUND INSTITUTIONAL CLASS	0	0
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	492,302	492,302
DODGE & COX INTERNATIONAL STOCK FUND	531,603	531,603
ISHARES MSCI EAFE ETF	344,535	344,535
ISHARES MSCI EMERGING MARKETS	405,712	405,712
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	242,677	242,677
AQR MANAGED FUTURES STRATEGY FUND CLASS I	245,806	245,806
ASG GLOBAL ALTERNATIVES FUND CLASS Y	0	0
ARBITRAGE FUND CLASS I #1000	358,466	358,466
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	109,636	109,636
DRIEHAUS ACTIVE INCOME FUND	295,230	295,230
PIMCO COMMODITY REAL RETURN STRATEGY FUND	0	0
POWERSHARES DB COMMODITY INDEX	0	0
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	419,301	419,301
SPDR DOW JONES REIT ETF	568,908	568,908
AMAZON COM INC COM	81,390	81,390
HOME DEPOT INC	65,343	65,343

Name of Stock	End of Year Book Value	End of Year Fair Market Value
NETFLIX INC	38,611	38,611
NEWELL BRANDS, INC	40,266	40,266
NIKE INC CL B	0	0
O'REILLY AUTOMOTIVE INC	20,201	20,201
STARBUCKS CORP COM	26,223	26,223
THE PRICELINE GROUP INC.	55,562	55,562
TRACTOR SUPPLY CO COM	29,041	29,041
ULTA BEAUTY, INC.	14,808	14,808
BLUE BUFFALO PET PRODUCTS INC	27,769	27,769
CONSTELLATION BRANDS INC	45,823	45,823
ESTEE LAUDER COMPANIES INC	47,504	47,504
MONDELEZ INTERNATIONAL INC	0	0
MONSTER BEVERAGE CORP	44,042	44,042
CONCHO RESOURCES INC	18,421	18,421
HALLIBURTION CO.	19,212	19,212
INTERCONTINENTAL EXCHANGE, INC	27,808	27,808
S&P GLOBAL INC	38,583	38,583
ALEXION PHARMACEUTICALS INC	40,444	40,444
ALIGN TECHNOLOGY INC	26,688	26,688
BOSTON SCIENTIFIC CORP COM	49,094	49,094
CELGENE CORP COM	45,847	45,847
CENTENE CORP DEL COM	36,429	36,429
CERNER CORP COM	0	0
DANAHER CORP	31,533	31,533
FORTIVE CORP	20,725	20,725
FORTUNE BRANDS HOME & SECURITY	38,894	38,894
MIDDLEBY CORP COM	18,742	18,742
SMITH A O CORP CL B	29,404	29,404
TRANSDIGM GROUP INC COM	28,673	28,673
VERISK ANALYTICS INC	0	0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
WABCO HOLDINGS INC	43,660	43,660
XPO LOGISTICS INC	32,436	32,436
ALPHABET INC CL C	114,598	114,598
APPLE INC	108,896	108,896
FACEBOOK INC	110,921	110,921
INTUIT COM	23,622	23,622
MICROSOFT CORP	87,107	87,107
PALO ALTO NETWORKS INC	24,150	24,150
SALESFORCE COM INC COM	45,740	45,740
VANTIV INC	32,023	32,023
VISA INC-CLASS A SHRS	70,704	70,704
ECOLAB INC	23,461	23,461
PPG INDUSTRIES INC	28,271	28,271
ACCENTURE PLC	28,767	28,767
ALLERGAN PLC	31,898	31,898
JAZZ PHARMACEUTICALS PLC	44,211	44,211
NORWEGIAN CRUISE LINE HOLDINGS LTD	44,298	44,298
NXP SEMICONDUCTORS NV	29,596	29,596

TY 2016 Investments Government Obligations Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473**US Government Securities - End
of Year Book Value:**

572,625

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

572,625

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

0

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

0

TY 2016 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	150,382	150,382
ACC INT REC - SECURITIES	FMV	13,515	13,515

**TY 2016 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	125,974	116,157	9,817	
MOVEABLE EQUIPMENT - FADP	12,441	12,441	0	
MOVEABLE EQUIPMENT - HCAP	33,516	33,516	0	

TY 2016 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	928	0		928

TY 2016 Other Expenses Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SUPPLIES	8,823	0		10,136
DUES AND MEMBERSHIPS	2,574	0		2,574
TELEPHONE	4,711	0		4,825
PARKING	5,079	0		4,779
SPACE EXPENSES	320	0		320
INSURANCE	3,920	0		8,083
AGENCY ACCOUNT MANAGEMENT FEES	44,197	44,197		0
POSTAGE	128	0		128
LEASED EMPLOYEES	56,155	0		70,072
COMPUTER SUPPLIES AND SOFTWARE	26,603	0		31,095

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EDUCATION	7,749	0		7,099
TAX RETURN REGISTRATION	38	2		36
MN SURE GRANT	243,526	0		254,867
COPIER	4,493	0		4,493
BRIDGE TO HEALTH	12,585	0		12,585
ACH GRANT EXPENSE	108,103	0		110,298
COMMUNITY WELLNESS	10,697	0		10,697
PAYROLL FEES	23,804	1,190		22,614

TY 2016 Other Income Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER REVENUE	12,027		12,027

TY 2016 Other Increases Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	1,066,530

TY 2016 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	720	0		3,060

TY 2016 Taxes Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	765	120		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ 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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization GENERATIONS HEALTH CARE INITIATIVES INC	Employer identification number 41-2000473

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☒ For 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 33¹/₃% 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).

Name of organization GENERATIONS HEALTH CARE INITIATIVES INC	Employer identification number 41-2000473
--	---

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	MNSURE 320 W SECOND STREET ROOM 301 DULUTH, MN55802	\$ 223,170	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
2	ACCOUNTABLE COMMUNITIES FOR HEALTH GRANT - MN DEPARTMENT OF 85 E 7TH PLACE SUITE 220 ST PAUL, MN55164	\$ 145,219	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
3	COMMUNITY WELLNESS GRANT 404 WEST SUPERIOR STREET SUITE 220 DULUTH, MN55802	\$ 10,697	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
.		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

41-2000473

Part II	Noncash Property
----------------	-------------------------

(a) No.from Part I	(b) Description of noncash property given (see instructions) Use duplicate copies of Part II if additional space is needed	(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
		\$	
(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
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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
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	