

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.

2017

**Open to Public
Inspection**

For calendar year 2017, or tax year beginning 09-01-2017 , and ending 08-31-2018

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			
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		C If exemption application is pending, check here ► <input type="checkbox"/>			
G 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		D 1. Foreign organizations, check here ► <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation ► <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here ► <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► <input type="checkbox"/>			
H 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					
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ► \$ 11,388,183		J Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____			
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)	283,570			
	2 Check ► <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	203,527	203,527		
	5a Gross rents	9,581			
	b Net rental income or (loss)	9,581			
	6a Net gain or (loss) from sale of assets not on line 10	565,126			
	b Gross sales price for all assets on line 6a	1,717,685			
	7 Capital gain net income (from Part IV, line 2)		565,126		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	5,480	0			
12 Total. Add lines 1 through 11	1,067,284	768,653			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	295,360	5,151		290,209
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	165	0		165
	b Accounting fees (attach schedule)	15,130	757		14,200
	c Other professional fees (attach schedule)	44,998	44,998		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	12,675	204		0
	19 Depreciation (attach schedule) and depletion	5,149	0		
	20 Occupancy	36,278	0		39,372
	21 Travel, conferences, and meetings	7,428	0		7,591
	22 Printing and publications				
	23 Other expenses (attach schedule)	261,062	1,257		275,677
	24 Total operating and administrative expenses. Add lines 13 through 23	678,245	52,367		627,214
25 Contributions, gifts, grants paid	416,360			409,768	
26 Total expenses and disbursements. Add lines 24 and 25	1,094,605	52,367		1,036,982	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-27,321				
b Net investment income (if negative, enter -0-)		716,286			
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
	1 Cash—non-interest-bearing		60,703	90,844	90,844
	2 Savings and temporary cash investments		1,201	1,221	1,221
	3 Accounts receivable ► 39,324		45,085	39,324	39,324
	Less allowance for doubtful accounts ►				
	4 Pledges receivable ►				
	Less allowance for doubtful accounts ►				
	5 Grants receivable				
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7 Other notes and loans receivable (attach schedule) ►				
	Less allowance for doubtful accounts ►				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges		15,687	24,802	24,802
	10a Investments—U S and state government obligations (attach schedule)		572,625	595,789	595,789
	b Investments—corporate stock (attach schedule)		9,664,995	9,832,837	9,832,837
	c Investments—corporate bonds (attach schedule)		582,477	674,295	674,295
	11 Investments—land, buildings, and equipment basis ►				
	Less accumulated depreciation (attach schedule) ►				
	12 Investments—mortgage loans				
	13 Investments—other (attach schedule)		163,897	120,028	120,028
	14 Land, buildings, and equipment basis ► 182,132				
	Less accumulated depreciation (attach schedule) ► 173,089		9,817	9,043	9,043
	15 Other assets (describe ►)				
	16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		11,116,487	11,388,183	11,388,183
	17 Accounts payable and accrued expenses		89,443	83,644	
	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 ►)		0	39,280	
	23 Total liabilities (add lines 17 through 22)		89,443	122,924	
	Foundations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24 Unrestricted		11,027,044	11,265,259	
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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)		11,027,044	11,265,259	
	31 Total liabilities and net assets/fund balances (see instructions)		11,116,487	11,388,183	

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	11,027,044
2	Enter amount from Part I, line 27a	2	-27,321
3	Other increases not included in line 2 (itemize) ►	3	265,536
4	Add lines 1, 2, and 3	4	11,265,259
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	11,265,259

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			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 1,609,701		1,152,559	457,142		
b 107,984			107,984		
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			457,142		
b			107,984		
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	565,126
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

 Yes No

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part

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))
2016	1,059,840	10,516,908	0 100775
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
2 Total of line 1, column (d)			2 0 459717
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 091943
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 11,080,533
5 Multiply line 4 by line 3			5 1,018,777
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 7,163
7 Add lines 5 and 6			7 1,025,940
8 Enter qualifying distributions from Part XIII, line 4			8 1,036,982

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 ► <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)	1	7,163
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		
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	7,163
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	7,163
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	10,188
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	0
7	Total credits and payments Add lines 6a through 6d.	7	22,188
8	Enter any penalty for underpayment of estimated tax Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0
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	15,025
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ►	15,025	Refunded ►
		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)?	1b	Yes	No
	<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>			
c	Did the foundation file Form 1120-POL for this year?	1c	Yes	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?	2	Yes	No
	<i>If "Yes," attach a detailed description of the activities</i>			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	Yes	No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Yes	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Yes	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	Yes	No
	<i>If "Yes," attach the statement required by General Instruction T</i>			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either <ul style="list-style-type: none"> 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 2017 or the taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes	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	Yes	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 ► <u>TERRY LEONIDAS</u>	Telephone no ► (218) 336-5702	
Located at ► <u>130 W SUPERIOR STREET SUITE 700 DULUTH MN</u>			ZIP+4 ► <u>55802</u>
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	<input type="checkbox"/>
16	At any time during calendar year 2017, 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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.		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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 <input type="checkbox"/>
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 2017?	1c	No <input type="checkbox"/>
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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? If "Yes," list the years ► 20____, 20____, 20____, 20____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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	<input type="checkbox"/>
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did it have excess business holdings in 2017 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 2017) .	3b	<input type="checkbox"/>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<input type="checkbox"/>
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 2017?	4b	<input type="checkbox"/>

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) 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	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) 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	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did 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)? Organizations relying on a current notice regarding disaster assistance check here. ►			5b
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	6b
	<i>If "Yes" to 6b, file Form 8870</i>			No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			7b

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

Part VIII

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

(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				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

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

Part IX-A Summary of Direct Charitable Activities

Part IX-A Summary of Direct Charitable Activities

AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. - GENERATIONS IS THE LEAD

1 MNSURE OUTREACH, ENROLLMENT AND THE HEALTH CARE ACCESS OFFICE (HCAO) - 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 GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR A GRANT PROVIDED BY MNSURE ADDITIONALLY, LAKE SUPERIOR COMM HLTH CTR OPERATES THE HCAO THE OFFICE HELPS TO INCREASE 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, ASSISTS IN COMPLETING THE APPLICATIONS, AND PROVIDES ADVOCACY THROUGHOUT THE ENROLLMENT PROCESS INDIVIDUALS ARE REFERRED TO COMMUNITY RESOURCES IF OTHER SERVICES ARE NEEDED

2 CONNECTING HEALTH WITH COMMUNITIES - IT INVOLVES THE ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH) GRANT, OUR DULUTH COMMUNITY SCHOOL COLLABORATIVE, COMMUNITY HEALTH WORKERS, AND OUR HEALTH COACHING PROGRAM. THE COLLABORATIVE IS A FOCUSED HEALTH EDUCATION PROGRAM OPERATED AT A GRADE SCHOOL IN A FINANCIALLY DISADVANTAGED NEIGHBORHOOD IN DULUTH, MN. THE STAFF INTERACTS WITH PUPILS AND THEIR PARENTS TO HELP THEM LEARN HOW TO ACCESS THE HEALTH CARE SYSTEM AND HOW TO BE RESPONSIBLE FOR THEIR OWN HEALTH MAINTENANCE AND IMPROVEMENT. CONNECTING HEALTH WITH COMMUNITIES IS A MAJOR ELEMENT OF OUR ACH GRANT. IT IS A COMPLIMENTARY STRATEGY TO EDUCATE AND SERVE THE RESIDENTS OF THIS AREA. GENERATIONS IS SUPPORTING COMMUNITY HEALTH WORKERS (CHW'S) AND THEIR ROLE OF CONNECTING COMMUNITIES WITH SYSTEMS OF CARE. COMMUNITY ACTION DULUTH'S HEALTH COACHING PROGRAM PROVIDES INDIVIDUALIZED COACHING AND ACCESSIBLE EDUCATION OPPORTUNITIES ON A VARIETY OF HEALTH TOPICS TO PEOPLE EXPERIENCING POVERTY

3 BROADER HEALTH IMPROVEMENT - THIS INCLUDES THREE 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, AND HEALTH IN ALL POLICY COMMITTEE 2) IT ALSO INCLUDES SOME NOMINAL COSTS ASSOCIATED WITH THE LAST BRIDGE TO HEALTH (BTH) SURVEY WHICH WAS CONDUCTED IN 2015 3) ADDITIONALLY, A BRIDGING HEALTH NORTH DATA BASE GRANT IS INCLUDED THAT IS A WEB-BASED SOURCE OF POPULATION DATA AND COMMUNITY HEALTH INFORMATION IT IS USED BY BRIDGING HEALTH DULUTH AS A PRIMARY SOURCE OF INFORMATION IN DEVELOPING DULUTH'S JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN IT IS PROMOTED AS A COMMUNITY RESOURCE AVAILABLE TO PLANNERS, POLICY MAKERS AND COMMUNITY MEMBERS TO USE AS A TOOL FOR COMMUNITY ASSESSMENT, STRATEGIC PLANNING, IDENTIFYING BEST PRACTICES, COLLABORATION AND ADVOCACY

4 PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT

Part IX-B Summary of Program-Related Investments (see instructions)

Part IX-B Summary of Program-Related Investments (see instructions)		Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		
1		
2		
All other program-related investments See instructions		
3		

ANSWER

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	11,156,388
b	Average of monthly cash balances.	1b	92,884
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	11,249,272
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	11,249,272
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	168,739
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,080,533
6	Minimum investment return. Enter 5% of line 5.	6	554,027

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

1	Minimum investment return from Part X, line 6.	1	554,027
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	7,163
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	311
c	Add lines 2a and 2b.	2c	7,474
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	546,553
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	546,553
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	546,553

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	1,036,982
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	1,036,982
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	7,163
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,029,819
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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				546,553
2 Undistributed income, if any, as of the end of 2017			0	
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	138,596			
b From 2013.	514,280			
c From 2014.	287,668			
d From 2015.	837,998			
e From 2016.	537,219			
f Total of lines 3a through e.	2,315,761			
4 Qualifying distributions for 2017 from Part XII, line 4 ► \$ 1,036,982			0	
a Applied to 2016, but not more than line 2a				
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 2017 distributable amount.				546,553
e Remaining amount distributed out of corpus	490,429			
5 Excess distributions carryover applied to 2017 (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	2,806,190			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions)	138,596			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	2,667,594			
10 Analysis of line 9				
a Excess from 2013.	514,280			
b Excess from 2014.	287,668			
c Excess from 2015.	837,998			
d Excess from 2016.	537,219			
e Excess from 2017.	490,429			

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

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ►			
b	Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)			
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.			
b	85% of line 2a.			
c	Qualifying distributions from Part XII, line 4 for each year listed.			
d	Amounts included in line 2c not used directly for active conduct of exempt activities.			
e	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c.			
3	Complete 3a, b, or c for the alternative test relied upon			
a	"Assets" alternative test—enter			
(1)	Value of all assets.			
(2)	Value of assets qualifying under section 4942(j)(3)(B)(i)			
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.			
c	"Support" alternative test—enter			
(1)	Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).			
(2)	Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).			
(3)	Largest amount of support from an exempt organization			
(4)	Gross investment income			

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

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

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

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

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	203,527	
5 Net rental income or (loss) from real estate					
a Debt-financed property.			16	9,581	
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			18	565,126	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a OTHER REVENUE					5,480
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e).		0		778,234	5,480
13 Total. Add line 12, columns (b), (d), and (e).					783,714

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

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	FORMER EXECUTIVE DIRECTOR 40 00	103,321	22,018	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	CFO 12 00	36,456	2,552	0
LYNN GOERDT	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	CHAIR 0 50	0	0	0
STEVE GREENFIELD	SECRETARY/TREASURER 0 50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
DEBORAH MEDLIN	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
WILLIAM PALMER	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
MICHAEL HIEB MD	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
RANDY LASKY	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
STEPHANIE BALMER	VICE CHAIR 0 50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
MARY RAPPS	EXECUTIVE DIRECTOR 40 00	99,009	32,004	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
CARL CRAWFORD	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802	DIRECTOR 0 30	0	0	0
STEVE PATRONIS	DIRECTOR 0 30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				

Form 990PF Part XV Line 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 Paid during the year				
COMMUNITY ACTION DULUTH INC 2424 W 1ST SUITE 102 DULUTH, MN 55805	N/A	PC	INDIVIDUALIZED COACHING/EDUCATION OPPORTUNITIES FOR PEOPLE IN POVERTY AND INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	119,476
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N 8TH AVE E DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	61,177
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	218,210
Total	►			416,360
3a				

Form 990PF Part XV Line 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)				
<i>a Paid during the year</i>				
MINNESOTA CITIZENS FEDERATION NORTHEAST 424 W SUPERIOR ST SUITE 200 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	1,938
WOMEN'S HEALTH CENTER OF DULUTH 32 EAST 1ST ST SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	15,559
Total			►	416,360
3a				

TY 2017 Accounting Fees Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Accounting Fees Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	15,130	757		14,200

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

TY 2017 Depreciation Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LEASEHOLD IMPROVEMENTS	2001-01-01	5,826	5,826	SL	15 000000000000	0	0		
MOVEABLE EQUIPMENT	2001-01-01	130,349	121,306	SL	5 000000000000	0	0		
MOVEABLE EQUIPMENT - FADP	2001-01-01	12,441	12,441	SL	5 000000000000	0	0		
MOVEABLE EQUIPMENT - HCAP	2001-01-01	33,516	33,516	SL	5 000000000000	0	0		

TY 2017 Investments Corporate Bonds Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473**Investments Corporate Bonds Schedule**

Name of Bond	End of Year Book Value	End of Year Fair Market Value
AMGEN INC	25,308	25,308
APPLE INC	33,874	33,874
AT&T INC	20,493	20,493
BANK OF MONTREAL	20,023	20,023
CITIGROUP INC	33,831	33,831
CVS HEALTH CORP	30,028	30,028
DOW CHEMICAL CO/THE	20,406	20,406
GOLDMAN SACHS GROUP INC	24,627	24,627
HALLIBURTON COMPANY	30,107	30,107
HOME DEPOT INC	33,784	33,784
JPMORGAN CHASE & CO	35,774	35,774
METLIFE INC	35,221	35,221
MORGAN STANLEY	29,392	29,392
NOVARTIS CAPITAL CORP	33,857	33,857
PROCTER & GAMBLE CO/THE	39,140	39,140
STATOIL ASA	24,931	24,931
SUMITOMO MITSUI FINL GRP	24,360	24,360
TIME WARNER INC	30,742	30,742
TORONTO-DOMINION BANK	24,654	24,654
TOYOTA MOTOR CREDIT CORP	24,809	24,809

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
UNITED TECHNOLOGIES CORP	29,626	29,626
US BANCORP	24,963	24,963
WELLPOINT INC	15,331	15,331
WESTPAC BANKING CORP	29,014	29,014

TY 2017 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	90,654	90,654
JPMORGAN HIGH YIELD FUND	255,857	255,857
PIMCO FOREIGN BOND (UNHEDGED) FUND	291,131	291,131
STONE HARBOR LOCAL MARKET FUND	171,436	171,436
TEMPLETON GLOBAL BOND FUND	230,870	230,870
CRM SMALL CAP VALUE FUNDS	242,718	242,718
DODGE & COX STOCK FUND	1,222,426	1,222,426
ISHARES RUSSELL MID-CAP GROWTH	278,001	278,001
ISHARES RUSSELL MID-CAP VALUE	137,295	137,295
ISHARES RUSSELL 1000 GROWTH ETF	171,061	171,061
ISHARES RUSSELL 1000 VALUE ETF	203,360	203,360
ISHARES RUSSELL 2000 ETF	112,463	112,463
JP MORGAN MID CAP VALUE FUND-CLASS I	307,421	307,421
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	416,403	416,403
DODGE & COX INTERNATIONAL STOCK FUND	509,217	509,217
ISHARES MSCI EAFE ETF	346,801	346,801
ISHARES MSCI EMERGING MARKETS	390,689	390,689
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	240,569	240,569
AQR MANAGED FUTURES STRATEGY FUND CLASS I	248,854	248,854
ARBITRAGE FUND CLASS I #1000	345,767	345,767
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	112,129	112,129
DRIEHAUS ACTIVE INCOME FUND	293,123	293,123
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	419,301	419,301
SPDR DOW JONES REIT ETF	593,547	593,547
AMAZON COM INC COM	150,953	150,953
BOOKING HOLDINGS INC	37,079	37,079
HOME DEPOT INC	57,822	57,822
NETFLIX INC	49,637	49,637
O'REILLY AUTOMOTIVE INC	21,802	21,802
POOL CORPORATION COM	29,074	29,074

Name of Stock	End of Year Book Value	End of Year Fair Market Value
TRACTOR SUPPLY CO COM	40,432	40,432
ULTA BEAUTY, INC.	34,060	34,060
WALT DISNEY CO	31,926	31,926
COCA COLA CO	32,402	32,402
CONSTELLATION BRANDS INC	40,391	40,391
ESTEE LAUDER COMPANIES INC	25,922	25,922
MONSTER BEVERAGE CORP	32,576	32,576
CONCHO RESOURCES INC	15,498	15,498
HALLIBURTON CO.	19,666	19,666
INTERCONTINENTAL EXCHANGE, INC	32,779	32,779
MORGAN STANLEY COM	28,956	28,956
S&P GLOBAL INC	34,163	34,163
ALEXION PHARMACEUTICALS INC	30,927	30,927
ALIGN TECHNOLOGY INC	32,079	32,079
BOSTON SCIENTIFIC CORP COM	53,376	53,376
CELGENE CORP COM	26,352	26,352
CENTENE CORP DEL COM	49,364	49,364
DANAHER CORP	34,479	34,479
PRA HEALTH SCIENCES INC	28,301	28,301
VERTEX PHARMACEUTICALS INC COM	24,894	24,894
FORTIVE CORP	36,783	36,783
FORTUNE BRANDS HOME & SECURITY	29,033	29,033
MIDDLEBY CORP COM	34,639	34,639
SMITH A O CORP CL B	26,775	26,775
TRANSDIGM GROUP INC COM	34,300	34,300
WABCO HOLDINGS INC	35,693	35,693
XPO LOGISTICS INC	32,589	32,589
ALPHABET INC CL C	132,783	132,783
APPLE INC	139,537	139,537
BROADCOM INC	57,386	57,386

Name of Stock	End of Year Book Value	End of Year Fair Market Value
FACEBOOK INC	98,936	98,936
MICROSOFT CORP	117,273	117,273
PALO ALTO NETWORKS INC	28,663	28,663
SALESFORCE COM INC COM	55,881	55,881
ULTIMATE SOFTWARE GROUP INC	41,496	41,496
VISA INC-CLASS A SHRS	77,999	77,999
WORLDPAY INC	34,573	34,573
ECOLAB INC	26,484	26,484
PPG INDUSTRIES INC	20,450	20,450
ACCENTURE PLC	37,195	37,195
ALLERGAN PLC	31,440	31,440
JAZZ PHARMACEUTICALS PLC	41,704	41,704
NORWEGIAN CRUISE LINE HOLDINGS LTD	35,222	35,222

TY 2017 Investments Government Obligations Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

**US Government Securities - End
of Year Book Value:** 595,789

**US Government Securities - End
of Year Fair Market Value:** 595,789

**State & Local Government
Securities - End of Year Book
Value:** 0

**State & Local Government
Securities - End of Year Fair
Market Value:** 0

TY 2017 Investments - Other Schedule

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

Investments Other Schedule 2

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MONEY MARKET FUNDS	FMV	108,176	108,176
ACC INT REC - SECURITIES	FMV	11,852	11,852

**TY 2017 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	130,349	121,306	9,043	
MOVEABLE EQUIPMENT - FADP	12,441	12,441	0	
MOVEABLE EQUIPMENT - HCAP	33,516	33,516	0	

TY 2017 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	165	0		165

TY 2017 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
OFFICE EXPENSES	9,761	0		9,498
DUES AND MEMBERSHIPS	2,107	0		2,107
PARKING	4,103	0		4,403
INSURANCE	4,119	0		850
LEASED EMPLOYEES	32,107	0		34,827
COMPUTER SUPPLIES & SOFTWARE	24,869	0		28,303
TAX RETURN REGISTRATION	25	1		24
PROGRAM DEVELOPMENT	18,546	0		18,340
BROADER HEALTH IMPROVEMENT	5,598	0		6,250
PAYROLL FEES	25,124	1,256		24,908

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONNECTING HEALTH WITH COMMUNITIES	41,998	0	41,998	52,786
ACCESS TO CARE	92,705	0	92,705	93,381

TY 2017 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	5,480		5,480

TY 2017 Other Increases Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	265,536

TY 2017 Other Liabilities Schedule

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

Description	Beginning of Year - Book Value	End of Year - Book Value
ASSETS HELD FOR OTHERS	0	39,280

TY 2017 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
INVESTMENT MANAGEMENT FEES	44,998	44,998		0

TY 2017 Taxes Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES	12,675	204		0

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No 1545-0047

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

2017
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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 990-PF, Part I, line 2, to certify that it doesn't 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	\$ 243,499	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ACCOUNTABLE COMMUNITIES FOR HEALTH GRANT - MN DEPARTMENT OF HEALTH 85 E 7TH PLACE SUITE 220 ST PAUL, MN55164	\$ 22,946	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY WELLNESS GRANT 404 WEST SUPERIOR STREET SUITE 220 DULUTH, MN55802	\$ 17,125	Person <input checked="" type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person <input type="checkbox"/>
	Payroll <input type="checkbox"/>		
	Noncash <input type="checkbox"/>		
(Complete Part II for noncash contributions)			

Name of organization

GENERATIONS HEALTH CARE INITIATIVES INC

Employer identification number

41-2000473

Part II**Noncash Property** (See instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization GENERATIONS HEALTH CARE INITIATIVES INC		Employer identification number 41-2000473	
Part III <i>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.) ► \$ _____</i> Use duplicate copies of Part III if additional space is needed			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4		Relationship of transferor to transferee