

For calendar year 2019, or tax year beginning 09-01-2019, and ending 08-31-2020

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		B Telephone number (see instructions) (218) 336-5700	
G Check all that apply: <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here..... 2. Foreign organizations meeting the 85% test, check here and attach computation ...	
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		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) ▶\$ 11,747,741		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(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)	407,486			
	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 . . .	240,280	240,280		
	5a Gross rents	10,095			
	b Net rental income or (loss) 10,095				
	6a Net gain or (loss) from sale of assets not on line 10	461,646			
	b Gross sales price for all assets on line 6a 2,811,222				
	7 Capital gain net income (from Part IV, line 2) . . .		461,646		
	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)	☛ 1,667	0		
	12 Total. Add lines 1 through 11	1,121,174	701,926		
	13 Compensation of officers, directors, trustees, etc.	182,828	5,114		177,714
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)	☛ 485	0		485
	b Accounting fees (attach schedule)	☛ 15,561	778		14,701
	c Other professional fees (attach schedule)	☛ 44,378	44,378		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	☛ 13,076	194		0
	19 Depreciation (attach schedule) and depletion . . .	☛ 5,954	0		
	20 Occupancy	39,023	0		35,678
	21 Travel, conferences, and meetings	1,483	0		1,575
	22 Printing and publications				
	23 Other expenses (attach schedule)	☛ 335,133	1,059		303,841
	24 Total operating and administrative expenses. Add lines 13 through 23	637,921	51,523		533,994
	25 Contributions, gifts, grants paid	302,028			296,021
	26 Total expenses and disbursements. Add lines 24 and 25	939,949	51,523		830,015
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	181,225			
	b Net investment income (if negative, enter -0-)		650,403		
	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	96,683	105,744	105,744
	2 Savings and temporary cash investments	1,243		
	3 Accounts receivable ▶ <u>27,373</u>			
	Less: allowance for doubtful accounts ▶ _____	28,192	27,373	27,373
	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	12,541	8,627	8,627
	10a Investments—U.S. and state government obligations (attach schedule)	732,124	861,288	861,288
	b Investments—corporate stock (attach schedule)	9,035,498	8,990,686	8,990,686
	c Investments—corporate bonds (attach schedule)	749,518	1,269,665	1,269,665
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	261,452	472,609	472,609	
14 Land, buildings, and equipment: basis ▶ <u>106,251</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>94,502</u>	11,286	11,749	11,749	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,928,537	11,747,741	11,747,741	
Liabilities	17 Accounts payable and accrued expenses	65,047	108,671	
	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 ▶ _____)	34,952	22,233	
	23 Total liabilities (add lines 17 through 22)	99,999	130,904	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	10,828,538	11,616,837	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	10,828,538	11,616,837	
30 Total liabilities and net assets/fund balances (see instructions) .	10,928,537	11,747,741		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	10,828,538
2 Enter amount from Part I, line 27a	2	181,225
3 Other increases not included in line 2 (itemize) ▶ _____	3	607,074
4 Add lines 1, 2, and 3	4	11,616,837
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 29 .	6	11,616,837

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 2,687,175		2,349,576	337,599
b 124,047			124,047
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			337,599
b			124,047
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	461,646
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))
2018	821,763	10,649,253	0.077166
2017	1,029,819	11,080,533	0.092939
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

2 Total of line 1, column (d)	2	0.474671
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.094934
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	10,810,965
5 Multiply line 4 by line 3	5	1,026,328
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	6,504
7 Add lines 5 and 6	7	1,032,832
8 Enter qualifying distributions from Part XII, line 4	8	830,015

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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	13,008
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	13,008
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	13,008
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	8,640
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	10,000
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	18,640
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	5,632
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 5,632 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?		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>		No
c Did the foundation file Form 1120-POL for this year?		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>		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>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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>		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?	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>	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>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>		No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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 ► <u>WWW.GHCI.US</u>	13	Yes	
14	The books are in care of ► <u>TERRY LEONIDAS</u> Telephone no. ► <u>(218) 336-5702</u>			

Located at ► 130 W SUPERIOR STREET SUITE 700 DULUTH MNZIP+4 ► 55802

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2019, 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?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

		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	1b	No
	Organizations relying on a current notice regarding disaster assistance check here. ► <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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 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 2019.)	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 2019?	4b	No

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:		Yes	No
(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		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
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?		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?	<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	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MEGAN HALENA 130 W SUPERIOR STREET SUITE 700 DULUTH, MN 55802	PROGRAM DIRECTOR 40.00	62,321	12,867	0
SONIA KJOS 130 W SUPERIOR STREET SUITE 700 DULUTH, MN 55802	MANAGEMENT INFORMATI 24.00	53,142	3,720	0
SARAH NELSON 130 W SUPERIOR STREET SUITE 700 DULUTH, MN 55802	PROGRAM DIRECTOR 24.00	51,680	3,618	0
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
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 IMPROVING ACCESS TO CARE - GENERATIONS LEADS THE INSURE DULUTH COALITION, 17 ORGANIZATIONS PROVIDING A COORDINATED COMMUNITY APPROACH TO 1) INFORMING RESIDENTS OF DULUTH AND THE SURROUNDING AREA ABOUT COVERAGE OPPORTUNITIES AVAILABLE THROUGH MNSURE, 2) CONDUCTING OUTREACH TO TARGETED POPULATIONS TO ENCOURAGE ENROLLMENT, AND 3) PROVIDING INDIVIDUAL ENROLLMENT ASSISTANCE. GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR GRANTS PROVIDED BY MNSURE AND BLUE CROSS BLUE SHIELD. ADDITIONALLY, GENERATIONS FUNDS THE LAKE SUPERIOR COMM. HLTH. CTR. TO OPERATE ITS HEALTH CARE ACCESS OFFICE. THE OFFICE HELPS TO INCREASE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDER-INSURED BY ENROLLING THEM IN 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.	389,144
2 ADVANCING HEALTH EQUITY - GENERATIONS PROVIDES FUNDS AND SUPPORT TO THE FOLLOWING ORGANIZATIONS AND INITIATIVES AIMED AT IMPROVING HEALTH EQUITY IN THE COMMUNITY: 1) DULUTH COMMUNITY SCHOOL COLLABORATIVE TO EMPLOY A COMMUNITY HEALTH WORKER (CHW) TO SERVE STUDENTS AND FAMILIES IN MYERS-WILKENS ELEMENTARY SCHOOL, LINCOLN PARK MIDDLE SCHOOL AND DENFELD HIGH SCHOOL THAT ARE EXPERIENCING BARRIERS TO THE SOCIAL DETERMINANTS OF HEALTH (SDOH). 2) COMMUNITY ACTION DULUTH FOR COMMUNITY HEALTH WORKER (CHW) ACTIVITIES INCLUDED CHW CERTIFICATE TRAINING FOR 5 STUDENTS, CHW PROGRAMMING, AND TECH UP PROGRAM. 3) DULUTH BRANCH OF THE NAACP AND OTHER PARTNERS ON AN AFRICAN HERITAGE COVID-19 OUTREACH PROJECT. 4) FINANCIAL SUPPORT AND LEADERSHIP TO UPDATE AND DISTRIBUTE A COVID-19 FOOD RESOURCE GUIDE FOR THE DULUTH COMMUNITY.	127,181
3 LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES - GENERATIONS PROVIDES LEADERSHIP AND/OR FINANCIAL SUPPORT TO INITIATIVES IN THE REGION INCLUDING: 1) BRIDGE TO HEALTH SURVEY - A REGIONAL ADULT HEALTH STATUS SURVEY. GENERATIONS SERVES AS THE BACKBONE ORGANIZATION OF THIS EFFORT, RESPONSIBLE FOR FUNDRAISING, COORDINATING, AND COMMUNICATING THE SURVEY RESULTS. 2) BRIDGING HEALTH DULUTH (BHD) - A COLLABORATIVE THAT PRODUCES A COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPLEMENTATION PLAN. GENERATIONS PROVIDES FINANCIAL SUPPORT AND LEADERSHIP ON THE BHD STEERING COMMITTEE AND IMPLEMENTATION TEAMS. 3) QUALITY OF LIFE NEIGHBORHOOD COLLECTIVE-GENERATIONS' STAFF PROVIDE LEADERSHIP ON THE HEALTH GROUP OF THIS MULTI-SECTOR COLLABORATIVE FOCUSED ON REDUCING HEALTH DISPARITIES IN DULUTH'S HILLSIDE AND LINCOLN PARK NEIGHBORHOODS. 4) NORTHLAND HEALTHY MINDS - A COALITION FOCUSED ON REDUCING THE STIGMA ASSOCIATED WITH MENTAL ILLNESS. GENERATIONS PROVIDES FUNDS AND STAFF LEADERSHIP.	129,118
4 PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.	10,412

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	10,836,661
b	Average of monthly cash balances.	1b	138,938
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	10,975,599
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	10,975,599
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	164,634
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,810,965
6	Minimum investment return. Enter 5% of line 5.	6	540,548

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	540,548
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	13,008
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	13,008
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	527,540
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	527,540
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	527,540

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	830,015
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	830,015
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	830,015

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				527,540
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	287,668			
b From 2015.	837,998			
c From 2016.	537,219			
d From 2017.	490,429			
e From 2018.	297,901			
f Total of lines 3a through e.	2,451,215			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 830,015				
a Applied to 2018, 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 2019 distributable amount.				527,540
e Remaining amount distributed out of corpus	302,475			
5 Excess distributions carryover applied to 2019. (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	2,753,690			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				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 2014 not applied on line 5 or line 7 (see instructions). . . .	287,668			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.	2,466,022			
10 Analysis of line 9:				
a Excess from 2015.	837,998			
b Excess from 2016.	537,219			
c Excess from 2017.	490,429			
d Excess from 2018.	297,901			
e Excess from 2019.	302,475			

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 2019, 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)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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 foundation 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. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

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> See Additional Data Table				
Total			3a	296,021
b <i>Approved for future payment</i>				
Total			3b	0

Enter gross amounts unless otherwise indicated.

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

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2021-04-13	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JULIE BOYER		2021-04-13		P01278549
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 227 WEST FIRST STREET SUITE 700 DULUTH, MN 55802				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
MARY RAPPS	EXECUTIVE DIRECTOR 40.00	111,240	34,739	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
TERRY LEONIDAS	CFO 20.00	34,438	2,411	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
JULIE PIERCE	CHAIR 0.50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
STEPHANIE BALMER	VICE CHAIR 0.50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
STEVE PATRONIS	SECRETARY/TREASURER 0.50	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
LYNN GOERDT	DIRECTOR 0.30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
STEVE GREENFIELD	DIRECTOR 0.30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
MICHAEL SLAG MD	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				
CARL CRAWFORD	DIRECTOR 0.30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
THOMAS ALBRIGHT	DIRECTOR 0.30	0	0	0
130 WEST SUPERIOR STREET SUITE 700 DULUTH, MN 55802				
ELIZABETH HENDEERSON	DIRECTOR 0.50	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 <i>Paid during the year</i>				
COMMUNITY ACTION DULUTH INC 2424 W 1ST ST SUITE 102 DULUTH, MN 55805	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE - INDIVIDUALIZED COACHING/EDUCATIONAL OPPORTUNITIES	76,281
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N 8TH AVE E DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	20,654
WE HEALTH CLINIC 32 EAST 1ST ST SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	8,840
Total ▶ 3a				296,021

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 <i>Paid during the year</i>				
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	179,605
MINNESOTA CITIZENS FEDERATION NORTHEAST 424 W SUPERIOR ST DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	355
YMCA AT THE ESSENTIA WELLNESS CENTER PO BOX 3678 DULUTH, MN 55803	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	286
Total ▶ 3a				296,021

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 <i>Paid during the year</i>				
WILDERNESS HEALTH25 11TH AVE TWO HARBORS, MN 55616	N/A	PC	COVID-19 COMMUNITY ENGAGEMENT PROJECT - NAACP	10,000
Total ▶ 3a				296,021

TY 2019 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	15,561	778		14,701

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

TY 2019 Depreciation Schedule

Name: GENERATIONS HEALTH CARE INITIATIVES INC

EIN: 41-2000473

Depreciation Schedule

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	8,211	5,826	SL	15.00000000000000	596	0		
MOVEABLE EQUIPMENT	2001-01-01	98,040	82,722	SL	5.00000000000000	5,358	0		

TY 2019 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
ANTHEM INC	57,420	57,420
APPLE INC	57,007	57,007
AT&T INC	44,929	44,929
BANK OF AMERICA CORP	61,242	61,242
BANK OF MONTREAL	37,456	37,456
BANK OF NOVA SCOTIA	26,590	26,590
CAPITAL ONE FINANCIAL CO	44,411	44,411
CITIGROUP INC	46,029	46,029
CVS HEALTH CORP	11,403	11,403
GOLDMAN SACHS GROUP INC	56,014	56,014
HALLIBURTON COMPANY	3,198	3,198
HOME DEPOT INC	49,485	49,485
HSBC HOLDING PLC	26,350	26,350
JPMORGAN CHASE & CO	59,839	59,839
METLIFE INC	48,969	48,969
MITSUBISHI UFJ FIN GRP	59,930	59,930
MORGAN STANLEY	35,492	35,492
NOVARTIS CAPITAL CORP	65,542	65,542
SUMITOMO MITSUI FINL GRP	57,355	57,355
SUNTRUST BANKS INC	39,961	39,961

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
TORONTO-DOMINION BANK	25,159	25,159
TOYOTA MOTOR CREDIT CORP	25,448	25,448
WESTPAC BANKING CORP	40,525	40,525
BNP PARIBAS	50,876	50,876
CHEVRON CORP	52,063	52,063
CONAGRA BRANDS INC	41,495	41,495
DIGITAL REALTY TRUST LP	45,710	45,710
DOLLAR GENERAL CORP	42,506	42,506
WALT DISNEY COMPANY/THE	57,261	57,261

TY 2019 Investments Corporate Stock Schedule

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

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ACCENTURE PLC	45,347	45,347
ACTIVISION BLIZZARD INC	31,236	31,236
ALIGN TECHNOLOGY INC	33,262	33,262
ALPHABET INC CL C	127,466	127,466
AMAZON COM INC COM	186,352	186,352
APPLE INC	219,884	219,884
ARISTA NETWORKS INC	37,540	37,540
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	424,332	424,332
BOOKING HOLDINGS INC	38,209	38,209
BOSTON SCIENTIFIC CORP COM	45,204	45,204
BROADCOM INC	48,601	48,601
CENTENE CORP DEL COM	39,183	39,183
CONCHO RESOURCES INC	16,686	16,686
CONSTELLATION BRANDS INC	24,905	24,905
CRM SMALL CAP VALUE FUNDS	159,750	159,750
DANAHER CORP	49,553	49,553
DEXCOM INC	42,116	42,116
DODGE & COX INTERNATIONAL STOCK FUND	444,770	444,770
DODGE & COX STOCK FUND	1,016,142	1,016,142
ECOLAB INC	24,241	24,241
ESTEE LAUDER COMPANIES INC	38,136	38,136
FACEBOOK INC	116,694	116,694
FIDELITY NATL INFORMATION SVCS INC	40,729	40,729
FORTUNE BRANDS HOME & SECURITY	35,398	35,398
HOME DEPOT INC	39,906	39,906
INTERCONTINENTAL EXCHANGE, INC	40,049	40,049
INVESCO OPPENHEIMER DEVELOPING MARKETS FUND CLASS R6	617,895	617,895
ISHARES MBS ETF	152,185	152,185
ISHARES MSCI EAFE ETF	144,581	144,581
ISHARES MSCI EMERGING MARKETS	251,651	251,651

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ISHARES RUSSELL 1000 GROWTH ETF	250,712	250,712
ISHARES RUSSELL 1000 VALUE ETF	97,528	97,528
ISHARES RUSSELL 2000 ETF	101,029	101,029
ISHARES RUSSELL MID-CAP GROWTH	357,265	357,265
ISHARES RUSSELL MID-CAP VALUE	124,770	124,770
LULULEMON ATHLETICA INC	36,064	36,064
MICROSOFT CORP	181,552	181,552
MORGAN STANLEY COM	39,509	39,509
NETFLIX INC	39,717	39,717
NORWEGIAN CRUISE LINE HOLDINGS LTD	12,080	12,080
NVIDIA CORP COM	76,502	76,502
PALO ALTO NETWORKS INC	37,839	37,839
PIMCO FOREIGN BOND (UNHEDGED) FUND	160,538	160,538
POOL CORPORATION COM	35,735	35,735
PRA HEALTH SCIENCES INC	24,482	24,482
S&P GLOBAL INC	42,871	42,871
SALESFORCE COM INC COM	85,067	85,067
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	173,917	173,917
SPDR DOW JONES REIT ETF	334,221	334,221
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	270,273	270,273
TEMPLETON GLOBAL BOND FUND	200,224	200,224
TRACTOR SUPPLY CO COM	40,333	40,333
TRANSDIGM GROUP INC COM	23,984	23,984
ULTA BEAUTY, INC.	25,075	25,075
VANGUARD REAL ESTATE ETF	102,188	102,188
VERTEX PHARMACEUTICALS INC COM	36,006	36,006
VISA INC-CLASS A SHRS	74,196	74,196
XPO LOGISTICS INC	22,685	22,685
PGIM HIGH YIELD FUND	246,980	246,980
PIMCO EMERGING MARKETS LOCAL CURRENCY AND BOND FUND	288,062	288,062

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CHIPOTLE MEXICAN GRILL INC	27,516	27,516
AMEX ENERGY SELECT SPDR	240,637	240,637
FINANCIAL SELECT SECTOR SPDR FUND	181,685	181,685
FLEETCOR TECHNOLOGIES INC	20,367	20,367
ELI LILLY & CO COM	29,084	29,084
TELADOC HEALTH INC.	20,059	20,059
TRIMBLE INC	27,096	27,096
ZENDESK INC	22,842	22,842
CANADIAN PAC RY LTD COM	35,186	35,186
JP MORGAN MID CAP VALUE FUND-CLASS R6	274,727	274,727
SERVICENOW INC.	38,080	38,080

TY 2019 Investments Government Obligations Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473**US Government Securities - End
of Year Book Value:**

861,288

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

861,288

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

0

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

0

TY 2019 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
ACC INT REC - SECURITIES	FMV	17,092	17,092
MONEY MARKET FUNDS	FMV	455,517	455,517

**TY 2019 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	8,211	6,422	1,789	
MOVEABLE EQUIPMENT	98,040	88,080	9,960	

TY 2019 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	485	0		485

TY 2019 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	6,812	0		6,572
DUES AND MEMBERSHIPS	756	0		756
PARKING	3,663	0		3,581
INSURANCE	4,141	0		4,164
LEASED EMPLOYEES	49,369	0		32,641
COMPUTER SUPPLIES & SOFTWARE	24,991	0		20,985
PROGRAM DEVELOPMENT	2,384	0		4,317
LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES	107,221	0		95,925
PAYROLL FEES	21,173	1,059		20,114
ADVANCING HEALTH EQUITY	989	0		908

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
IMPROVING ACCESS TO CARE	113,313	0		113,557
SPACE EXPENSE	321	0		321

TY 2019 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	1,667		1,667

TY 2019 Other Increases Schedule

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

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	607,074

TY 2019 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	34,952	22,233

TY 2019 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	44,378	44,378		0

TY 2019 Taxes Schedule**Name:** GENERATIONS HEALTH CARE INITIATIVES INC**EIN:** 41-2000473

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAXES	12,882	0		0
FOREIGN TAXES	194	194		0

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
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	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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 990PF, 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
—	See Additional Data Table	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

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

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

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 41-2000473
Name: GENERATIONS HEALTH CARE INITIATIVES INC

Form 990 Schedule B, 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
<u>1</u>	BLUE CROSS AND BLUE SHIELD OF MN FOUNDATION	\$ 50,000	Person <input checked="" type="checkbox"/>
	401 HARDING ST NE		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55413		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>2</u>	MNSURE	\$ 212,142	Person <input checked="" type="checkbox"/>
	355 RANDOLPH AVE SUITE 100		Payroll <input type="checkbox"/>
	ST PAUL, MN 55102		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>3</u>	ESSENTIA HEALTH	\$ 50,000	Person <input checked="" type="checkbox"/>
	407 EAST THIRD STREET		Payroll <input type="checkbox"/>
	DULUTH, MN 55805		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>4</u>	M HEALTH FAIRVIEW	\$ 13,000	Person <input checked="" type="checkbox"/>
	525 23RD AVENUE		Payroll <input type="checkbox"/>
	MINNEAPOLIS, MN 55454		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>5</u>	ST LOUIS COUNTY AUDITOR	\$ 10,000	Person <input checked="" type="checkbox"/>
	100 N 5TH AVENUE WEST SUITE 214		Payroll <input type="checkbox"/>
	DULUTH, MN 55802		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
<u>6</u>	ST LUKE'S HOSPITAL	\$ 34,000	Person <input checked="" type="checkbox"/>
	915 E FIRST STREET		Payroll <input type="checkbox"/>
	DULUTH, MN 55805		Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
7	ST LUKE'S FOUNDATION	<div></div> <div>\$ 16,000</div> <div></div>	<div> Person <input checked="" type="checkbox"/> </div> <div> Payroll <input type="checkbox"/> </div> <div> Noncash <input type="checkbox"/> </div> <div> (Complete Part II for noncash contribution.) </div>
	1000 E FIRST STREET SUITE 102		
	DULUTH, MN 55805		