

Generations Health Care Initiatives, Inc  
130 W. Superior Street No. 700  
Duluth, MN 55802

Enclosed is the 2015 Exempt Organization return, as follows...

2015 Form 990-PF

Copy of 990-PF provided to MN Attorney General

Instructions for filing the above forms are furnished for easy reference. Your copy should be retained for your files.

Yours truly,

Julie Boyer



# TAX RETURN FILING INSTRUCTIONS

FORM 990-PF

FOR THE YEAR ENDING

August 31, 2016

<b>Prepared for</b>	Generations Health Care Initiatives, Inc 130 W. Superior Street No. 700 Duluth, MN 55802
<b>Prepared by</b>	RSM US LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
<b>Amount due or refund</b>	An overpayment of \$7,800. The entire overpayment has been applied to the estimated tax payments.
<b>Make check payable to</b>	No amount is due.
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	<p>This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by April 18, 2017.</p> <p>Please note that the Form 990-PF return contains excess distribution carryover of \$2,793,534. This may be applied to tax year 2016 and subsequent years.</p>

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning SEP 1, 2015, and ending AUG 31, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**GENERATIONS HEALTH CARE INITIATIVES, INC**

**41-2000473**

Name and title of officer

**JENNIFER PETERSON  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>2,440.</u>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize RSM US LLP to enter my PIN 04730  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**41667480210**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990-W**

**Estimated Tax on Unrelated Business Taxable  
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(Worksheet)

(and on Investment Income for Private Foundations) **FORM 990-PF**

**2016**

Department of the Treasury  
Internal Revenue Service

(Keep for your records. Do not send to the Internal Revenue Service.)

1	Unrelated business taxable income expected in the tax year .....	1	
2	Tax on the amount on line 1. See instructions for tax computation .....	2	
3	Alternative minimum tax (see instructions) .....	3	
4	Total. Add lines 2 and 3 .....	4	
5	Estimated tax credits (see instructions) .....	5	
6	Subtract line 5 from line 4 .....	6	
7	Other taxes (see instructions) .....	7	
8	Total. Add lines 6 and 7 .....	8	
9	Credit for federal tax paid on fuels (see instructions) .....	9	
10a	Subtract line 9 from line 8. <b>Note:</b> If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions .....	10a	
b	Enter the tax shown on the 2015 return (see instructions). <b>Caution:</b> If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c .....	10b	2,440.
c	<b>2016 Estimated Tax.</b> Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c .....	10c	2,440.

		(a)	(b)	(c)	(d)	
11	Installment due dates (see instructions) .....	11	01/17/17	02/15/17	05/15/17	08/15/17
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization" (see instructions) .....	12	610.	610.	610.	610.
13	2015 Overpayment (see instructions) .....	13				
14	Payment due (Subtract line 13 from line 12) .....	14				

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2016)

ESTIMATED TAX	2,440.
OVERPAYMENT APPLIED	7,800.
AMOUNT DUE	0.

**Return of Private Foundation**

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

**2015**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

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

For calendar year 2015 or tax year beginning **SEP 1, 2015**, and ending **AUG 31, 2016**

Name of foundation <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>		A Employer identification number <b>41-2000473</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>130 W. SUPERIOR STREET</b>	Room/suite <b>700</b>	B Telephone number <b>218-336-5700</b>
City or town, state or province, country, and ZIP or foreign postal code <b>DULUTH, MN 55802</b>		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"/>
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 <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>10,700,956.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

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

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

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	10,968,932.
2 Enter amount from Part I, line 27a .....	2	-625,401.
3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAIN ON INVESTMENTS</b> .....	3	238,322.
4 Add lines 1, 2, and 3 .....	4	10,581,853.
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	10,581,853.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number (EIN) or <b>41-2000473</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>130 W. SUPERIOR STREET, NO. 700</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DULUTH, MN 55802</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TERRY LEONIDAS**

- The books are in the care of ▶ **130 W. SUPERIOR STREET, SUITE 700 - DULUTH, MN 55802**  
Telephone No. ▶ **(218) 336-5702** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **SEP 1, 2015**, and ending **AUG 31, 2016**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>2,440.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>10,240.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



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

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES - WELLS FARGO</b>			
<b>b #AGG115202 - AVAILABLE UPON REQUEST</b>	P	01/01/15	12/31/16
<b>c CAPITAL GAINS DIVIDENDS</b>			
<b>d</b>			
<b>e</b>			

(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)
<b>a</b>			
<b>b 2,118,116.</b>		<b>2,120,932.</b>	<b>-2,816.</b>
<b>c 108,766.</b>			<b>108,766.</b>
<b>d</b>			
<b>e</b>			

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	
<b>a</b>			
<b>b</b>			<b>-2,816.</b>
<b>c</b>			<b>108,766.</b>
<b>d</b>			
<b>e</b>			

<b>2</b> 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 .....	<b>2</b>	<b>105,950.</b>
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	<b>3</b>	<b>N/A</b>

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  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 the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	854,579.	11,542,980.	.074035
2013	1,091,294.	11,684,999.	.093393
2012	677,546.	10,970,956.	.061758
2011	1,539,425.	10,623,894.	.144902
2010	1,327,033.	11,367,296.	.116741

<b>2</b> Total of line 1, column (d) .....	<b>2</b>	<b>.490829</b>
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....	<b>3</b>	<b>.098166</b>
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 .....	<b>4</b>	<b>10,445,900.</b>
<b>5</b> Multiply line 4 by line 3 .....	<b>5</b>	<b>1,025,432.</b>
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....	<b>6</b>	<b>2,440.</b>
<b>7</b> Add lines 5 and 6 .....	<b>7</b>	<b>1,027,872.</b>
<b>8</b> Enter qualifying distributions from Part XII, line 4 .....	<b>8</b>	<b>1,357,853.</b>

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.

<b>Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)</b>			
1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	2,440.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	2,440.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	2,440.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	10,240.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	10,240.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	7,800.
11 Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> 7,800.   <b>Refunded</b>		11	0.

<b>Part VII-A Statements Regarding Activities</b>			Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		1b		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		2		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A		4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		5		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ <u>MN</u>				
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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>		8b	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		9		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		10		X

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

	Yes	No
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) .....		X
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) .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ► WWW.GHCI.US		
14 The books are in care of ► TERRY LEONIDAS Telephone no. ► (218) 336-5702		
Located at ► 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN ZIP+4 ► 55802		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here .....	N/A	
and enter the amount of tax-exempt interest received or accrued during the year .....	15	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
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)? .....		X
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 2015? .....		X
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____, _____		
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.) .....	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
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 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) .....	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? .....		X

**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))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  Yes  No **N/A**  
 Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?  Yes  No **N/A**  
 If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
 If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?  Yes  No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Yes  No **N/A**

5b		
6b		X
7b		

**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.

(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 STATEMENT 14		148,965.	23,769.	480.

2 Compensation of five highest-paid employees (other than those included on line 1). 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
MARY RAPPS - 130 WEST SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	PROGRAM DIRECTOR 40.00	87,256.	29,210.	0.

Total number of other employees paid over \$50,000  Yes  No **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. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1: AMHERSTH WILDER FOUNDATION - 451 LEXINGTON PARKWAY NORTH, ST. PAUL, MN 55104; SURVEY ADMINISTRATION; 220,513.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows 1-4: SEE STATEMENT 15 (372,229), SEE STATEMENT 16 (370,861), SEE STATEMENT 17 (296,917), SEE STATEMENT 18 (224,961).

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1: N/A. Row 2: (blank). Row 3: All other program-related investments. See instructions. Total: 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	10,401,194.
b	Average of monthly cash balances .....	1b	122,532.
c	Fair market value of all other assets .....	1c	81,249.
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	10,604,975.
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	10,604,975.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	159,075.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	10,445,900.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	522,295.

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

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

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

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				519,855.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	766,466.			
b From 2011	1,014,992.			
c From 2012	138,596.			
d From 2013	514,280.			
e From 2014	287,668.			
f Total of lines 3a through e	2,722,002.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	1,357,853.			
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				519,855.
e Remaining amount distributed out of corpus	837,998.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,560,000.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	766,466.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	2,793,534.			
10 Analysis of line 9:				
a Excess from 2011	1,014,992.			
b Excess from 2012	138,596.			
c Excess from 2013	514,280.			
d Excess from 2014	287,668.			
e Excess from 2015	837,998.			

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling

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

Table with 5 columns: (a) 2015, (b) 2014, (c) 2013, (d) 2012, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

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).)

NONE

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.

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here [X] 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 e-mail address of the person to whom applications should be addressed:

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

c Any submission deadlines:

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



**Part XV** Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807		PC	OPERATION OF AN OFFICE TO HELP CITIZENS ENROLL IN HEALTH CARE PROGRAMS	187,047.
<b>Total</b> .....				<b>▶ 3a</b> 187,047.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....				<b>▶ 3b</b> 0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue (HEALTHSHARE MANAGEMENT, CONTRACT, BRIDGE TO HEALTH), Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Other investment income, Gain or loss from sales of assets, and Subtotal. Total amount is 346,304.

(See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes. Rows 1A and 1B refer to Form 990-PF Part IX-A.

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

Table with 3 columns: Question, Yes, No. Rows include questions about engagement with other organizations and specific transactions like cash transfers, asset sales, and sharing of facilities.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Content is mostly N/A.

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Content is mostly N/A.

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. Signature of officer or trustee Date Title EXECUTIVE DIRECTOR

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

Table for Paid Preparer Use Only. Fields include: Print/Type preparer's name (JULIE BOYER), Preparer's signature, Date, Check self-employed, PTIN (P01278549), Firm's name (RSM US LLP), Firm's EIN (42-0714325), Firm's address (227 W FIRST ST, STE 700 DULUTH, MN 55802-1926), Phone no. ((218) 727-5025).

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2015**

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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number <b>41-2000473</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIM GRANT - MN DEPARTMENT OF HEALTH 85 E 7TH PLACE, SUITE 220 ST PAUL, MN 55164	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MNSURE 320 W SECOND STREET, ROOM 301 DULUTH, MN 55802	\$ 225,414.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ACCOUNTABLE COMMUNITIES FOR HEALTH GRANT - MN DEPARTMENT OF HEALTH 85 E 7TH PLACE, SUITE 220 ST PAUL, MN 55164	\$ 221,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number  <b>41-2000473</b>
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**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
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number <b>41-2000473</b>
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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 info. once.) ▶ \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

# Underpayment of Estimated Tax by Corporations

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-PF**

**2015**

▶ Information about Form 2220 and its separate instructions is at [www.irs.gov/form2220](http://www.irs.gov/form2220).

Name **GENERATIONS HEALTH CARE INITIATIVES, INC** Employer identification number **41-2000473**

**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1	Total tax (see instructions) .....	1	2,440.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	2b	
2c	Credit for federal tax paid on fuels (see instructions) .....	2c	
2d	<b>Total.</b> Add lines 2a through 2c .....	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	3	2,440.
4	Enter the tax shown on the corporation's 2014 income tax return (see instructions). <b>Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5</b> .....	4	10,238.
5	<b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	5	2,440.

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

6  The corporation is using the adjusted seasonal installment method.

7  The corporation is using the annualized income installment method.

8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

	(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	01/15/16	02/15/16	05/15/16	08/15/16
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column. ....	610.	610.	610.	610.
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15 .....	10,240.			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>				
12 Enter amount, if any, from line 18 of the preceding column .....		9,630.	9,020.	8,410.
13 Add lines 11 and 12 .....		9,630.	9,020.	8,410.
14 Add amounts on lines 16 and 17 of the preceding column .....				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	10,240.	9,630.	9,020.	8,410.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....		0.	0.	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....				
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	9,630.	9,020.	8,410.	

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

LHA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2015)



**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i> .....	<b>19</b>			
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2015 and before 7/1/2015 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\%}{365}$ .....	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2015 and before 10/1/2015 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\%}{365}$ .....	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2015 and before 1/1/2016 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\%}{365}$ .....	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2015 and before 4/1/2016 .....	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\%}{366}$ .....	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2016 and before 7/1/2016 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2016 and before 10/01/2016 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2016 and before 1/1/2017 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2016 and before 2/16/2017 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$ .....	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120; line 33; or the comparable line for other income tax returns .....	<b>38</b>			\$ 0.

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INVESTMENT INCOME - AGENCY	194,639.	0.	194,639.	194,639.	194,639.
INVESTMENT INCOME - AGENCY	108,766.	108,766.	0.	0.	0.
TOTAL TO PART I, LINE 4	303,405.	108,766.	194,639.	194,639.	194,639.

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING - OFFICE SPACE	1	9,599.
TOTAL TO FORM 990-PF, PART I, LINE 5A		9,599.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
HEALTHSHARE MANAGEMENT CONTRACT	108.	0.	
BRIDGE TO HEALTH	33,890.	0.	
OTHER REVENUE	2,118.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	36,116.	0.	

FORM 990-PF	LEGAL FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	875.	46.	0.	828.	
TO FM 990-PF, PG 1, LN 16A	875.	46.	0.	828.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	13,480.	716.	0.	12,286.	
TO FORM 990-PF, PG 1, LN 16B	13,480.	716.	0.	12,286.	

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONSULTING FEES	8,206.	0.	0.	5,866.	
TO FORM 990-PF, PG 1, LN 16C	8,206.	0.	0.	5,866.	

FORM 990-PF	TAXES			STATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
TAXES	5,315.	110.	0.	0.	
TO FORM 990-PF, PG 1, LN 18	5,315.	110.	0.	0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
SUPPLIES	10,354.	101.	0.	8,903.	
DUES AND MEMBERSHIPS	1,259.	67.	0.	1,192.	
TELEPHONE	5,072.	270.	0.	4,669.	
PARKING	4,085.	243.	0.	3,841.	
SPACE EXPENSES	380.	20.	0.	360.	
INSURANCE	3,385.	180.	0.	1,351.	
AGENCY ACCOUNT MANAGEMENT FEES	43,896.	43,896.	0.	0.	
POSTAGE	236.	13.	0.	223.	
LEASED EMPLOYEES	16,932.	0.	0.	9,633.	
COMPUTER SUPPLIES AND SOFTWARE	27,252.	1,448.	0.	21,273.	
EDUCATION	1,724.	0.	0.	1,724.	
TAX RETURN REGISTRATION	25.	1.	0.	24.	
MN SURE GRANT	259,254.	0.	0.	281,553.	
COPIER	4,484.	238.	0.	4,244.	
BRIDGE TO HEALTH	320,012.	0.	0.	316,972.	
ACH GRANT EXPENSE	283,626.	0.	0.	278,357.	
STORYTELLING PROJECT EXPENSE	5,000.	0.	0.	5,000.	
<b>TO FORM 990-PF, PG 1, LN 23</b>	<b>986,976.</b>	<b>46,477.</b>	<b>0.</b>	<b>939,319.</b>	

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS			STATEMENT	9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE	
U S GOVT SECURITIES	X		308,755.	308,755.	
<b>TOTAL U.S. GOVERNMENT OBLIGATIONS</b>			<b>308,755.</b>	<b>308,755.</b>	
<b>TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS</b>					
<b>TOTAL TO FORM 990-PF, PART II, LINE 10A</b>			<b>308,755.</b>	<b>308,755.</b>	

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
O'REILLY AUTOMOTIVE INC	20,436.	20,436.
STARBUCKS CORP COM	37,281.	37,281.
THE PRICELINE GROUP INC.	48,169.	48,169.
TRACTOR SUPPLY CO COM	51,126.	51,126.
CONSTELLATION BRANDS INC	29,365.	29,365.
ESTEE LAUDER COMPANIES INC	31,141.	31,141.
MONDELEZ INTERNATIONAL INC	27,957.	27,957.
MONSTER BEVERAGE CORP	40,473.	40,473.
CONCHO RESOURCES INC	29,587.	29,587.
INTERCONTINENTAL EXCHANGE, INC	32,150.	32,150.
S&P GLOBAL INC	30,885.	30,885.
ALEXION PHARMACEUTICALS INC	27,563.	27,563.
ALIGN TECHNOLOGY INC	35,302.	35,302.
BOSTON SCIENTIFIC CORP COM	42,447.	42,447.
CELGENE CORP COM	35,224.	35,224.
CENTENE CORP DEL COM	26,360.	26,360.
CERNER CORP COM	27,107.	27,107.
DANAHER CORP	20,515.	20,515.
FORTIVE CORP	16,802.	16,802.
FORTUNE BRANDS HOME & SECURITY	39,534.	39,534.
MIDDLEBY CORP COM	27,680.	27,680.
TRANSDIGM GROUP INC COM	31,371.	31,371.
VERISK ANALYTICS INC	25,912.	25,912.
WABCO HOLDINGS INC	23,808.	23,808.
ALPHABET INC CL C	102,785.	102,785.
APPLE INC	70,450.	70,450.
FACEBOOK INC	81,347.	81,347.
INTUIT COM	18,612.	18,612.
MICROSOFT CORP	66,941.	66,941.
PALO ALTO NETWORKS INC	24,237.	24,237.
SALESFORCE COM INC COM	38,122.	38,122.
VANTIV INC	24,344.	24,344.
VISA INC-CLASS A SHRS	63,426.	63,426.
ECOLAB INC	21,657.	21,657.
PPG INDUSTRIES INC	39,070.	39,070.
ACCENTURE PLC	25,300.	25,300.
ALLERGAN PLC	32,132.	32,132.
JAZZ PHARMACEUTICALS PLC	28,729.	28,729.
NORWEGIAN CRUISE LINE HOLDINGS LTD	25,410.	25,410.
NXP SEMICONDUCTORS NV	27,198.	27,198.
AMAZON COM INC COM	69,224.	69,224.
HOME DEPOT INC	58,476.	58,476.
NEWELL BRANDS, INC	24,258.	24,258.
NIKE INC CL B	44,037.	44,037.
JPMORGAN HIGH YIELD FUND	259,029.	259,029.
RIDGEWORTH SEIX HIGH YIELD BOND FUND	254,410.	254,410.
PIMCO FOREIGN BOND (UNHEDGED) FUND	192,685.	192,685.

STONE HARBOR LOCAL MARKET FUND	285,468.	285,468.
TEMPLETON GLOBAL BOND FUND	230,462.	230,462.
DODGE & COX STOCK FUND	1,138,355.	1,138,355.
ISHARES RUSSELL MID-CAP GROWTH	325,396.	325,396.
ISHARES RUSSELL MID-CAP VALUE	268,730.	268,730.
ISHARES RUSSELL 1000 GROWTH ETF	114,598.	114,598.
ISHARES RUSSELL 2000 ETF	246,460.	246,460.
JP MORGAN MID CAP VALUE FUND-CLASS I	252,536.	252,536.
TOUCHSTONE SMALLCAP FUND INSTITUTIONAL CLASS	232,915.	232,915.
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	513,251.	513,251.
DODGE & COX INTERNATIONAL STOCK FUND	537,687.	537,687.
ISHARES MSCI EAFE ETF	113,783.	113,783.
ISHARES MSCI EMERGING MARKETS	686,764.	686,764.
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	196,045.	196,045.
AQR MANAGED FUTURES STRATEGY FUND CLASS I	281,277.	281,277.
ASG GLOBAL ALTERNATIVES FUND CLASS Y	400,460.	400,460.
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	102,628.	102,628.
DRIEHAUS ACTIVE INCOME FUND	302,452.	302,452.
PIMCO COMMODITY REAL RETURN STRATEGY FUND	29,074.	29,074.
POWERSHARES DB COMMODITY INDEX	261,898.	261,898.
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	315,075.	315,075.
SPDR DOW JONES REIT ETF	484,564.	484,564.
<b>TOTAL TO FORM 990-PF, PART II, LINE 10B</b>	<b>9,669,952.</b>	<b>9,669,952.</b>

FORM 990-PF CORPORATE BONDS STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
APPLE INC	20,489.	20,489.
BANK OF NOVA SCOTIA	25,307.	25,307.
BP CAPITAL MARKETS PLC	25,109.	25,109.
DOW CHEMICAL CO/THE	10,942.	10,942.
EMC CORP	49,649.	49,649.
GENERAL ELEC CAP CORP	22,837.	22,837.
HALLIBURTON COMPANY	20,688.	20,688.
HOME DEPOT INC	10,672.	10,672.
JPMORGAN CHASE & CO	21,780.	21,780.
METLIFE INC	10,595.	10,595.
NOVARTIS CAPITAL CORP	16,024.	16,024.
PACCAR FINANCIAL CORP	25,163.	25,163.
PROCTER & GAMBLE CO/THE	20,719.	20,719.
STATOIL ASA	26,157.	26,157.
TORONTO-DOMINION BANK	25,710.	25,710.
TOYOTA MOTOR CREDIT CORP	26,162.	26,162.
UNITED TECHNOLOGIES CORP	10,748.	10,748.
US BANCORP	25,551.	25,551.
VERIZON COMMUNICATIONS	11,703.	11,703.

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

WAL-MART STORES INC	21,698.	21,698.
WELLPOINT INC	10,868.	10,868.
TOTAL TO FORM 990-PF, PART II, LINE 10C	438,571.	438,571.

FORM 990-PF OTHER INVESTMENTS STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MONEY MARKET FUNDS	FMV	83,733.	83,733.
ACC INT REC - SECURITIES	FMV	7,422.	7,422.
TOTAL TO FORM 990-PF, PART II, LINE 13		91,155.	91,155.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	5,826.	5,826.	0.
MOVEABLE EQUIPMENT	122,133.	111,150.	10,983.
MOVEABLE EQUIPMENT - FADP	12,441.	12,441.	0.
MOVEABLE EQUIPMENT - HCAP	33,516.	33,516.	0.
TOTAL TO FM 990-PF, PART II, LN 14	173,916.	162,933.	10,983.

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 14  
   TRUSTEES AND FOUNDATION MANAGERS

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAMELA FRANKLIN 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	  0.	  0.	  0.
DANIEL SVENDSEN 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CFO  8.00	  28,050.	  2,005.	  0.
WILLIAM PALMER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	  0.	  0.	  0.
JENNIFER PETERSON 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR  40.00	  108,000.	  21,341.	  480.
MICHAEL HIEB 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	  0.	  0.	  0.
RANDY LASKY 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CHAIR  0.50	  0.	  0.	  0.
DEBORAH MEDLIN 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	SECRETARY/TREASURER  0.50	  0.	  0.	  0.
STEPHANIE BALMER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	  0.	  0.	  0.
LYNN GOERDT 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	VICE CHAIR  0.30	  0.	  0.	  0.



STEVE GREENFIELD 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
JO ANN HOAG 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
JULIE PIERCE 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
YVONNE PRETTNER SOLON 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
TERRY LEONIDAS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	ACCOUNTANT  12.00	12,915.	423.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>148,965.</u>	<u>23,769.</u>	<u>480.</u>

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 15

ACTIVITY ONE

BRIDGE TO HEALTH SURVEY - A REGIONAL, POPULATION-BASED HEALTH ASSESSMENT OF RESIDENTS IN NINE COUNTIES IN NORTHEASTERN MINNESOTA AND NORTHWESTERN WI THAT HAS BEEN CONDUCTED EVERY FIVE YEARS SINCE 1995. LAST CONDUCTED IN 2015, THE SURVEY IS A COLLABORATIVE EFFORT INVOLVING STATE AND LOCAL PUBLIC HEALTH, HOSPITALS, CLINIC, HEALTH PLANS, GOVERNMENT AGENCIES, NON-PROFIT ORGANIZATIONS, FOUNDATIONS AND HIGHER EDUCATION. SURVEY RESULTS ARE USED BY THESE ORGANIZATIONS TO IDENTIFY AND ADDRESS REGIONAL HEALTH NEEDS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

372,229.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 16

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ACTIVITY TWO

ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH) - TOGETHER FOR HEALTH AT MYERS-WILKINS IS GRANT PROGRAM DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF DULUTH'S HILLSIDE COMMUNITY. THE PROJECT BRINGS TOGETHER MULTI-SECTOR STAKEHOLDERS WITH THE ULTIMATE GOAL OF PROVIDING BETTER CARE, LOWERING HEALTH CARE COSTS AND IMPROVING THE PATIENT EXPERIENCE BY EXPANDING PATIENT-CENTERED, TEAM-BASED CARE THROUGH SERVICE DELIVERY AND PAYMENT MODELS THAT SUPPORT INTEGRATION OF MEDICAL CARE, BEHAVIORAL HEALTH, SOCIAL SERVICES AND COMMUNITY PREVENTION SERVICES. THE WORK IS GUIDED BY A LEADERSHIP TEAM WITH STRONG COMMUNITY REPRESENTATION AND LEADERS FROM PARTNER ORGANIZATIONS. THROUGH THE PROJECT, DIRECT SERVICE IS PROVIDED BY TWO ST. LOUIS COUNTY PUBLIC HEALTH EMPLOYEES, LOCATED AT THE MYERS-WILKINS ELEMENTARY SCHOOL. A COMMUNITY-BASED CARE COORDINATION TEAM AND COMMUNITY HEALTH TEAM WORK ON STRATEGIES TO IMPROVE CARE THROUGH BETTER COORDINATION AND COMMUNITY HEALTH INITIATIVES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

370,861.

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FORM 990-PF                      SUMMARY OF DIRECT CHARITABLE ACTIVITIES                      STATEMENT 17

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ACTIVITY THREE

MNSURE OUTREACH AND ENROLLMENT - GENERATIONS IS THE LEAD ORGANIZATION FOR INSURE DULUTH, A COALITION OF 17 ORGANIZATIONS THAT OFFER A COORDINATED COMMUNITY APPROACH TO 1) INFORMING RESIDENTS OF DULUTH AND THE SURROUNDING AREA ABOUT THE NEW COVERAGE OPPORTUNITIES AVAILABLE THROUGH MNSURE, 2) DOING OUTREACH TO TARGETED POPULATIONS TO ENCOURAGE ENROLLMENT, AND 3) PROVIDING INDIVIDUAL ENROLLMENT ASSISTANCE AT TRUSTED COMMUNITY ORGANIZATIONS AND SPECIAL EVENTS. GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR A GRANT PROVIDED BY MNSURE.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

296,917.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 18

ACTIVITY FOUR

HEALTH CARE ACCESS OFFICE - INCREASES ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDER-INSURED BY ENROLLING THEM IN EXISTING HEALTH COVERAGE AND PHARMACEUTICAL ASSISTANCE PROGRAMS. THE STAFF SCREENS INDIVIDUALS FOR ELIGIIBLITY, ASSISTS IN COMPLETING THE APPLICATIONS, AND PROVIDES ADVOCACY THROUGHOUT THE ENROLLMENT PROCESS. INDIVIDUALS ARE REFERRED TO COMMUNITY RESOURCES IF OTHER SERVICES ARE NEEDED.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 4

224,961.

2015 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LEASEHOLD IMPROVEMENTS	010101	SL	15.00	16	5,826.			5,826.	5,826.		0.
2	MOVEABLE EQUIPMENT	010101	SL	5.00	16	122,133.			122,133.	103,862.		7,288.
3	MOVEABLE EQUIPMENT - FADP	010101	SL	5.00	16	12,441.			12,441.	12,441.		0.
4	MOVEABLE EQUIPMENT - HCAP	010101	SL	5.00	16	33,516.			33,516.	33,516.		0.
	* TOTAL 990-PF PG 1 DEPR					173,916.		0.	173,916.	155,645.	0.	7,288.

**MINNESOTA CHARITABLE TRUST FILING INSTRUCTIONS**

Enclosed is **FORM 990-PF, RETURN OF PRIVATE FOUNDATION**, to be filed with the MN Attorney General for the year-ended August 31, 2016.

**MAILING:** Mail the original return on or before July 15, 2017 to the following address:

Charities Division  
Suite 1200, Bremer Tower  
445 Minnesota Street  
St. Paul, MN 55101-2130

**PAYMENTS:** Enclose \$25.00 fee payable to the "State of Minnesota"