

**Return of Private Foundation**

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

**2017**

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.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

For calendar year 2017 or tax year beginning **SEP 1, 2017**, and ending **AUG 31, 2018**

Name of foundation  
**GENERATIONS HEALTH CARE INITIATIVES, INC**

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite  
**130 W. SUPERIOR STREET 700**

City or town, state or province, country, and ZIP or foreign postal code  
**DULUTH, MN 55802**

**A** Employer identification number  
**41-2000473**

**B** Telephone number  
**218-336-5700**

**C** If exemption application is pending, check here

**D** 1. Foreign organizations, check here   
2. Foreign organizations meeting the 85% test, check here and attach computation

**E** If private foundation status was terminated under section 507(b)(1)(A), check here

**F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here

**G** Check all that apply:  Initial return  Initial return of a former public charity  
 Final return  Amended return  
 Address change  Name change

**H** Check type of organization:  Section 501(c)(3) exempt private foundation  
 Section 4947(a)(1) nonexempt charitable trust  Other taxable private foundation

**I** Fair market value of all assets at end of year (from Part II, col. (c), line 16)  
\$ **11,388,183.**

**J** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_  
(Part I, column (d) must be on cash basis.)

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(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	283,570.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	203,527.	203,527.		STATEMENT 1
	5a Gross rents	9,581.			STATEMENT 2
	b Net rental income or (loss)	9,581.			
	6a Net gain or (loss) from sale of assets not on line 10	565,126.			
	b Gross sales price for all assets on line 6a	1,717,685.			
	7 Capital gain net income (from Part IV, line 2)		565,126.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	5,480.	0.		STATEMENT 3	
12 <b>Total.</b> Add lines 1 through 11	1,067,284.	768,653.			
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	295,360.	5,151.		290,209.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	STMT 4 165.	0.		165.
	b Accounting fees	STMT 5 15,130.	757.		14,200.
	c Other professional fees	STMT 6 44,998.	44,998.		0.
	17 Interest				
	18 Taxes	STMT 7 12,675.	204.		0.
	19 Depreciation and depletion	5,149.	0.		
	20 Occupancy	36,278.	0.		39,372.
	21 Travel, conferences, and meetings	7,428.	0.		7,591.
	22 Printing and publications				
	23 Other expenses	STMT 8 261,062.	1,257.		275,677.
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	678,245.	52,367.		627,214.
	25 Contributions, gifts, grants paid	416,360.			409,768.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,094,605.	52,367.		1,036,982.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-27,321.				
b <b>Net investment income</b> (if negative, enter -0-)		716,286.			
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A		

<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 .....	60,703.	90,844.	90,844.
	2 Savings and temporary cash investments .....	1,201.	1,221.	1,221.
	3 Accounts receivable ▶ <u>39,324.</u>			
	Less: allowance for doubtful accounts ▶ .....	45,085.	39,324.	39,324.
	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 .....	15,687.	24,802.	24,802.
	10a Investments - U.S. and state government obligations <b>STMT 9</b> .....	572,625.	595,789.	595,789.
	b Investments - corporate stock <b>STMT 10</b> .....	9,664,995.	9,832,837.	9,832,837.
	c Investments - corporate bonds <b>STMT 11</b> .....	582,477.	674,295.	674,295.
	11 Investments - land, buildings, and equipment: basis ▶ .....			
Less: accumulated depreciation ▶ .....				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 12</b> .....	163,897.	120,028.	120,028.	
14 Land, buildings, and equipment: basis ▶ <u>182,132.</u>				
Less: accumulated depreciation <b>STMT 13</b> ▶ <u>173,089.</u>	9,817.	9,043.	9,043.	
15 Other assets (describe ▶ .....				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	11,116,487.	11,388,183.	11,388,183.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	89,443.	83,644.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ <u>ASSETS HELD FOR OT</u> ) .....	0.	39,280.	
23 <b>Total liabilities</b> (add lines 17 through 22) .....	89,443.	122,924.		
<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 .....	11,027,044.	11,265,259.	
	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> .....	11,027,044.	11,265,259.		
31 <b>Total liabilities and net assets/fund balances</b> .....	11,116,487.	11,388,183.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	11,027,044.
2 Enter amount from Part I, line 27a .....	2	-27,321.
3 Other increases not included in line 2 (itemize) ▶ <u>UNREALIZED GAIN ON INVESTMENTS</u> .....	3	265,536.
4 Add lines 1, 2, and 3 .....	4	11,265,259.
5 Decreases not included in line 2 (itemize) ▶ .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	11,265,259.

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

(a) List and describe the kind(s) of property sold (for example, 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</b>	P		
<b>b CAPITAL GAINS DIVIDENDS</b>			
<b>c</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> 1,609,701.		1,152,559.	457,142.
<b>b</b> 107,984.			107,984.
<b>c</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) FMV 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>			457,142.
<b>b</b>			107,984.
<b>c</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 .....	2	565,126.
<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 .....	3	N/A

**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 doesn't 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))
2016	1,059,840.	10,516,908.	.100775
2015	1,355,413.	10,445,900.	.129756
2014	854,579.	11,542,980.	.074035
2013	1,091,294.	11,684,999.	.093393
2012	677,546.	10,970,956.	.061758

<b>2</b> Total of line 1, column (d) .....	2	.459717
<b>3</b> 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	.091943
<b>4</b> Enter the net value of noncharitable-use assets for 2017 from Part X, line 5 .....	4	11,080,533.
<b>5</b> Multiply line 4 by line 3 .....	5	1,018,777.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....	6	7,163.
<b>7</b> Add lines 5 and 6 .....	7	1,025,940.
<b>8</b> Enter qualifying distributions from Part XII, line 4 .....	8	1,036,982.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
 See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
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	7,163.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	7,163.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-		5	7,163.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	10,188.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	12,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	22,188.	
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
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	15,025.	
11 Enter the amount of line 10 to be: <b>Credited to 2018 estimated tax</b> 15,025.   <b>Refunded</b>	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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		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? If "Yes," attach a detailed description of the activities.		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? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	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> ? If "No," attach explanation	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 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, and charitable trusts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interest.

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

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</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 <input type="checkbox"/> N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>			
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>N/A</b>		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>N/A</b>	7b	

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

**1** List all officers, directors, trustees, and 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 15		238,786.	56,574.	0.

**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
MEGAN HALENA - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	PROGRAM DIRECTOR 40.00	57,267.	11,986.	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. 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	
SEE STATEMENT 16	465,849.
2	
SEE STATEMENT 17	233,325.
3	
SEE STATEMENT 18	69,119.
4 PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.	31,364.

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
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	11,156,388.
b	Average of monthly cash balances .....	1b	92,884.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	11,249,272.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....	1e	0.
2	Acquisition indebtedness applicable to line 1 assets .....	2	0.
3	Subtract line 2 from line 1d .....	3	11,249,272.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	168,739.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	11,080,533.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	554,027.

**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	554,027.
2a	Tax on investment income for 2017 from Part VI, line 5 .....	2a	7,163.
b	Income tax for 2017. (This does not include the tax from Part VI.) .....	2b	311.
c	Add lines 2a and 2b .....	2c	7,474.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	546,553.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	546,553.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 .....	7	546,553.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,036,982.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	1,036,982.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b .....	5	7,163.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....	6	1,029,819.

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



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

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
<b>1</b> Distributable amount for 2017 from Part XI, line 7				546,553.
<b>2</b> Undistributed income, if any, as of the end of 2017:				
<b>a</b> Enter amount for 2016 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2017:				
<b>a</b> From 2012	138,596.			
<b>b</b> From 2013	514,280.			
<b>c</b> From 2014	287,668.			
<b>d</b> From 2015	837,998.			
<b>e</b> From 2016	537,219.			
<b>f</b> Total of lines 3a through e	2,315,761.			
<b>4</b> Qualifying distributions for 2017 from Part XII, line 4: ▶ \$	1,036,982.			
<b>a</b> Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2017 distributable amount				546,553.
<b>e</b> Remaining amount distributed out of corpus	490,429.			
<b>5</b> Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,806,190.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2012 not applied on line 5 or line 7	138,596.			
<b>9</b> Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	2,667,594.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2013	514,280.			
<b>b</b> Excess from 2014	287,668.			
<b>c</b> Excess from 2015	837,998.			
<b>d</b> Excess from 2016	537,219.			
<b>e</b> Excess from 2017	490,429.			

**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 2017, 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)

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the 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  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.

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)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
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>				
COMMUNITY ACTION DULUTH INC 2424 W. 1ST, SUITE 102 DULUTH, MN 55805	N/A	PC	INDIVIDUALIZED COACHING/EDUCATION OPPORTUNITIES FOR PEOPLE IN POVERTY AND INFORMING RESIDENTS	119,476.
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N. 8TH AVE. E. DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	61,177.
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE. DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	218,210.
MINNESOTA CITIZENS FEDERATION NORTHEAST 424 W. SUPERIOR ST., SUITE 200 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	1,938.
WOMEN'S HEALTH CENTER OF DULUTH 32 EAST 1ST ST., SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	15,559.
<b>Total</b> .....			<b>3a</b>	416,360.
<b>b Approved for future payment</b>				
NONE				
<b>Total</b> .....			<b>3b</b>	0.





**Part XV** Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - COMMUNITY ACTION DULUTH INC

INDIVIDUALIZED COACHING/EDUCATION OPPORTUNITIES FOR PEOPLE IN POVERTY

AND INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

GENERATIONS HEALTH CARE INITIATIVES, INC

Employer identification number

41-2000473

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

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) (2017)

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	MNSURE  320 W SECOND STREET, ROOM 301  DULUTH, MN 55802	\$ 243,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ACCOUNTABLE COMMUNITIES FOR HEALTH GRANT - MN DEPARTMENT OF HEALTH  85 E 7TH PLACE, SUITE 220  ST PAUL, MN 55164	\$ 22,946.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMUNITY WELLNESS GRANT  404 WEST SUPERIOR STREET, SUITE 220  DULUTH, MN 55802	\$ 17,125.	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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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	

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

**Note:** Generally, the corporation isn't 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.

**Part I Required Annual Payment**

1	Total tax (see instructions)		1	7,163.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1			
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			
2c	Credit for federal tax paid on fuels (see instructions)			
2d	<b>Total.</b> Add lines 2a through 2c			
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 doesn't owe the penalty		3	7,163.
4	Enter the tax shown on the corporation's 2016 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	1,612.
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	1,612.

**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 doesn't 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 (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/18	02/15/18	05/15/18	08/15/18
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% (0.25) of line 5 above in each column	10	403.	403.	403.	403.
11 <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions	11	6,188.			
<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	12		5,785.	5,382.	4,979.
13 Add lines 11 and 12	13		5,785.	5,382.	4,979.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	6,188.	5,785.	5,382.	4,979.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		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	17				
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	18	5,785.	5,382.	4,979.	

**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.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C Corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <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 4/15/2017 and before 7/1/2017 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 06/30/2017 and before 10/1/2017 ...	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2017 and before 1/1/2018 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2017 and before 4/1/2018 ...	<b>27</b>			
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2018 and before 7/1/2018 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2018 and before 10/1/2018 ...	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2018 and before 1/1/2019 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2018 and before 3/16/2019 ...	<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	203,527.	0.	203,527.	203,527.	
INVESTMENT INCOME - AGENCY	107,984.	107,984.	0.	0.	
TO PART I, LINE 4	311,511.	107,984.	203,527.	203,527.	

FORM 990-PF RENTAL INCOME STATEMENT 2

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
BUILDING - OFFICE SPACE	1	9,581.
TOTAL TO FORM 990-PF, PART I, LINE 5A		9,581.

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER REVENUE	5,480.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	5,480.	0.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	165.	0.		165.
TO FM 990-PF, PG 1, LN 16A	165.	0.		165.

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	15,130.	757.		14,200.
TO FORM 990-PF, PG 1, LN 16B	15,130.	757.		14,200.

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
INVESTMENT MANAGEMENT FEES	44,998.	44,998.		0.
TO FORM 990-PF, PG 1, LN 16C	44,998.	44,998.		0.

FORM 990-PF

TAXES

STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAXES	12,675.	204.		0.
TO FORM 990-PF, PG 1, LN 18	12,675.	204.		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
OFFICE EXPENSES	9,761.	0.		9,498.
DUES AND MEMBERSHIPS	2,107.	0.		2,107.
PARKING	4,103.	0.		4,403.
INSURANCE	4,119.	0.		850.
LEASED EMPLOYEES	32,107.	0.		34,827.
COMPUTER SUPPLIES & SOFTWARE	24,869.	0.		28,303.
TAX RETURN REGISTRATION	25.	1.		24.
PROGRAM DEVELOPMENT	18,546.	0.		18,340.
BROADER HEALTH IMPROVEMENT	5,598.	0.		6,250.
PAYROLL FEES	25,124.	1,256.		24,908.
CONNECTING HEALTH WITH COMMUNITIES	41,998.	0.		52,786.
ACCESS TO CARE	92,705.	0.		93,381.
TO FORM 990-PF, PG 1, LN 23	261,062.	1,257.		275,677.

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		595,789.	595,789.
TOTAL U.S. GOVERNMENT OBLIGATIONS			595,789.	595,789.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			595,789.	595,789.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ISHARES MBS ETF	90,654.	90,654.
JPMORGAN HIGH YIELD FUND	255,857.	255,857.
PIMCO FOREIGN BOND (UNHEDGED) FUND	291,131.	291,131.
STONE HARBOR LOCAL MARKET FUND	171,436.	171,436.
TEMPLETON GLOBAL BOND FUND	230,870.	230,870.
CRM SMALL CAP VALUE FUNDS	242,718.	242,718.
DODGE & COX STOCK FUND	1,222,426.	1,222,426.
ISHARES RUSSELL MID-CAP GROWTH	278,001.	278,001.
ISHARES RUSSELL MID-CAP VALUE	137,295.	137,295.
ISHARES RUSSELL 1000 GROWTH ETF	171,061.	171,061.
ISHARES RUSSELL 1000 VALUE ETF	203,360.	203,360.
ISHARES RUSSELL 2000 ETF	112,463.	112,463.
JP MORGAN MID CAP VALUE FUND-CLASS I	307,421.	307,421.
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	416,403.	416,403.
DODGE & COX INTERNATIONAL STOCK FUND	509,217.	509,217.
ISHARES MSCI EAFE ETF	346,801.	346,801.
ISHARES MSCI EMERGING MARKETS	390,689.	390,689.
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	240,569.	240,569.
AQR MANAGED FUTURES STRATEGY FUND CLASS I	248,854.	248,854.
ARBITRAGE FUND CLASS I #1000	345,767.	345,767.
BOSTON PARTNERS LONG/SHORT RESEARCH FUND CLASS INS	112,129.	112,129.
DRIEHAUS ACTIVE INCOME FUND	293,123.	293,123.
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	419,301.	419,301.
SPDR DOW JONES REIT ETF	593,547.	593,547.
AMAZON COM INC COM	150,953.	150,953.
BOOKING HOLDINGS INC	37,079.	37,079.
HOME DEPOT INC	57,822.	57,822.
NETFLIX INC	49,637.	49,637.
O'REILLY AUTOMOTIVE INC	21,802.	21,802.
POOL CORPORATION COM	29,074.	29,074.
TRACTOR SUPPLY CO COM	40,432.	40,432.
ULTA BEAUTY, INC.	34,060.	34,060.
WALT DISNEY CO	31,926.	31,926.
COCA COLA CO	32,402.	32,402.



GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

CONSTELLATION BRANDS INC	40,391.	40,391.
ESTEE LAUDER COMPANIES INC	25,922.	25,922.
MONSTER BEVERAGE CORP	32,576.	32,576.
CONCHO RESOURCES INC	15,498.	15,498.
HALLIBURTON CO.	19,666.	19,666.
INTERCONTINENTAL EXCHANGE, INC	32,779.	32,779.
MORGAN STANLEY COM	28,956.	28,956.
S&P GLOBAL INC	34,163.	34,163.
ALEXION PHARMACEUTICALS INC	30,927.	30,927.
ALIGN TECHNOLOGY INC	32,079.	32,079.
BOSTON SCIENTIFIC CORP COM	53,376.	53,376.
CELGENE CORP COM	26,352.	26,352.
CENTENE CORP DEL COM	49,364.	49,364.
DANAHER CORP	34,479.	34,479.
PRA HEALTH SCIENCES INC	28,301.	28,301.
VERTEX PHARMACEUTICALS INC COM	24,894.	24,894.
FORTIVE CORP	36,783.	36,783.
FORTUNE BRANDS HOME & SECURITY	29,033.	29,033.
MIDDLEBY CORP COM	34,639.	34,639.
SMITH A O CORP CL B	26,775.	26,775.
TRANSDIGM GROUP INC COM	34,300.	34,300.
WABCO HOLDINGS INC	35,693.	35,693.
XPO LOGISTICS INC	32,589.	32,589.
ALPHABET INC CL C	132,783.	132,783.
APPLE INC	139,537.	139,537.
BROADCOM INC	57,386.	57,386.
FACEBOOK INC	98,936.	98,936.
MICROSOFT CORP	117,273.	117,273.
PALO ALTO NETWORKS INC	28,663.	28,663.
SALESFORCE COM INC COM	55,881.	55,881.
ULTIMATE SOFTWARE GROUP INC	41,496.	41,496.
VISA INC-CLASS A SHRS	77,999.	77,999.
WORLDPAY INC	34,573.	34,573.
ECOLAB INC	26,484.	26,484.
PPG INDUSTRIES INC	20,450.	20,450.
ACCENTURE PLC	37,195.	37,195.
ALLERGAN PLC	31,440.	31,440.
JAZZ PHARMACEUTICALS PLC	41,704.	41,704.
NORWEGIAN CRUISE LINE HOLDINGS LTD	35,222.	35,222.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>9,832,837.</u>	<u>9,832,837.</u>

## FORM 990-PF

## CORPORATE BONDS

## STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AMGEN INC	25,308.	25,308.
APPLE INC	33,874.	33,874.
AT&T INC	20,493.	20,493.
BANK OF MONTREAL	20,023.	20,023.
CITIGROUP INC	33,831.	33,831.
CVS HEALTH CORP	30,028.	30,028.
DOW CHEMICAL CO/THE	20,406.	20,406.
GOLDMAN SACHS GROUP INC	24,627.	24,627.
HALLIBURTON COMPANY	30,107.	30,107.
HOME DEPOT INC	33,784.	33,784.
JPMORGAN CHASE & CO	35,774.	35,774.
METLIFE INC	35,221.	35,221.
MORGAN STANLEY	29,392.	29,392.
NOVARTIS CAPITAL CORP	33,857.	33,857.
PROCTER & GAMBLE CO/THE	39,140.	39,140.
STATOIL ASA	24,931.	24,931.
SUMITOMO MITSUI FINL GRP	24,360.	24,360.
TIME WARNER INC	30,742.	30,742.
TORONTO-DOMINION BANK	24,654.	24,654.
TOYOTA MOTOR CREDIT CORP	24,809.	24,809.
UNITED TECHNOLOGIES CORP	29,626.	29,626.
US BANCORP	24,963.	24,963.
WELLPOINT INC	15,331.	15,331.
WESTPAC BANKING CORP	29,014.	29,014.
TOTAL TO FORM 990-PF, PART II, LINE 10C	674,295.	674,295.

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MONEY MARKET FUNDS	FMV	108,176.	108,176.
ACC INT REC - SECURITIES	FMV	11,852.	11,852.
TOTAL TO FORM 990-PF, PART II, LINE 13		120,028.	120,028.

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	130,349.	121,306.	9,043.
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	182,132.	173,089.	9,043.

FORM 990-PF OTHER LIABILITIES STATEMENT 14

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ASSETS HELD FOR OTHERS	0.	39,280.
TOTAL TO FORM 990-PF, PART II, LINE 22	0.	39,280.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JENNIFER PETERSON 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	FORMER EXECUTIVE DIRECTOR 40.00	103,321.	22,018.	0.
TERRY LEONIDAS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CFO 12.00	36,456.	2,552.	0.
LYNN GOERDT 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
STEVE GREENFIELD 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.
PAMELA FRANKLIN 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
WILLIAM PALMER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
MICHAEL HIEB, MD 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

RANDY LASKY 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
STEPHANIE BALMER 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	VICE CHAIR  0.50	0.	0.	0.
JULIE PIERCE 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
MARY RAPPS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR  40.00	99,009.	32,004.	0.
CARL CRAWFORD 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.
STEVE PATRONIS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR  0.30	0.	0.	0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

238,786.	56,574.	0.
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ACTIVITY ONE

MNSURE OUTREACH, ENROLLMENT AND THE HEALTH CARE ACCESS OFFICE (HCAO) - GENERATIONS IS THE LEAD ORGANIZATION FOR INSURE DULUTH, A COALITION OF 17 ORGANIZATIONS THAT OFFER A COORDINATED COMMUNITY APPROACH TO 1) INFORMING RESIDENTS OF DULUTH AND THE SURROUNDING AREA ABOUT THE NEW COVERAGE OPPORTUNITIES AVAILABLE THROUGH MNSURE, 2) DOING OUTREACH TO TARGETED POPULATIONS TO ENCOURAGE ENROLLMENT, AND 3) PROVIDING INDIVIDUAL ENROLLMENT ASSISTANCE. GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR A GRANT PROVIDED BY MNSURE. ADDITIONALLY, LAKE SUPERIOR COMM. HLTH. CTR. OPERATES THE HCAO. THE OFFICE HELPS TO INCREASE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDER-INSURED BY ENROLLING THEM IN EXISTING HEALTH COVERAGE AND PHARMACEUTICAL ASSISTANCE PROGRAMS. THE STAFF SCREENS INDIVIDUALS, ASSISTS IN COMPLETING THE APPLICATIONS, AND PROVIDES ADVOCACY THROUGHOUT THE ENROLLMENT PROCESS. INDIVIDUALS ARE REFERRED TO COMMUNITY RESOURCES IF OTHER SERVICES ARE NEEDED.

EXPENSES

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

465,849.

ACTIVITY TWO

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

EXPENSES

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

233,325.

ACTIVITY THREE

BROADER HEALTH IMPROVEMENT - THIS INCLUDES THREE TYPES OF ACTIVITIES: 1) BROADER HEALTH IMPROVEMENT WHICH RELATES TO GENERATIONS INVOLVEMENT IN COMMUNITY COALITIONS THAT ADDRESS VARIOUS HEALTH ISSUES; EXAMPLES ARE THE DULUTH COMMUNITY HEALTH NEEDS ASSESSMENT, THE DULUTH & ST. LOUIS COUNTY MENTAL HEALTH INITIATIVE, AND HEALTH IN ALL POLICY COMMITTEE. 2) IT ALSO INCLUDES SOME NOMINAL COSTS ASSOCIATED WITH THE LAST BRIDGE TO HEALTH (BTH) SURVEY WHICH WAS CONDUCTED IN 2015. 3) ADDITIONALLY, A BRIDGING HEALTH NORTH DATA BASE GRANT IS INCLUDED THAT IS A WEB-BASED SOURCE OF POPULATION DATA AND COMMUNITY HEALTH INFORMATION. IT IS USED BY BRIDGING HEALTH DULUTH AS A PRIMARY SOURCE OF INFORMATION IN DEVELOPING DULUTH'S JOINT COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN. IT IS PROMOTED AS A COMMUNITY RESOURCE AVAILABLE TO PLANNERS, POLICY MAKERS AND COMMUNITY MEMBERS TO USE AS A TOOL FOR COMMUNITY ASSESSMENT, STRATEGIC PLANNING, IDENTIFYING BEST PRACTICES, COLLABORATION AND ADVOCACY.

EXPENSES

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

69,119.





**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

For calendar year 2017 or other tax year beginning SEP 1, 2017, and ending AUG 31, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>130 W. SUPERIOR STREET, NO. 700</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>DULUTH, MN 55802</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>41-2000473</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b></p>
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<p><b>C</b> Book value of all assets at end of year  <b>11,265,259.</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
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**H** Describe the organization's primary unrelated business activity. ▶ **DISALLOWED FRINGE BENEFITS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **TERRY LEONIDAS** Telephone number ▶ **(218) 336-5702**

		(A) Income	(B) Expenses	(C) Net
<b>Part I Unrelated Trade or Business Income</b>				
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 19</b>		<b>12</b> 2,640.		2,640.
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 2,640.		2,640.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>		
<b>15</b> Salaries and wages	<b>15</b>		
<b>16</b> Repairs and maintenance	<b>16</b>		
<b>17</b> Bad debts	<b>17</b>		
<b>18</b> Interest (attach schedule)	<b>18</b>		
<b>19</b> Taxes and licenses	<b>19</b>		
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>		
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>		<b>22b</b>
<b>23</b> Depletion	<b>23</b>		
<b>24</b> Contributions to deferred compensation plans	<b>24</b>		
<b>25</b> Employee benefit programs	<b>25</b>		
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>		
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>		
<b>28</b> Other deductions (attach schedule)	<b>28</b>		
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>		0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>		2,640.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>		
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>		2,640.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>		1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>		1,640.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
<b>a</b>	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b>	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b>	Income tax on the amount on line 34 <b>SEE STATEMENT 20</b>	<b>35c</b>	<b>311.</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		<b>36</b>	
<b>37 Proxy tax.</b> See instructions		<b>37</b>	
<b>38 Alternative minimum tax</b>		<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions		<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies		<b>40</b>	<b>311.</b>

**Part IV Tax and Payments**

<b>41a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b>	Other credits (see instructions)	<b>41b</b>	
<b>c</b>	General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b>	Subtract line 41e from line 40	<b>42</b>	<b>311.</b>
<b>43</b>	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44</b>	<b>Total tax.</b> Add lines 42 and 43	<b>44</b>	<b>311.</b>
<b>45a</b>	Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b>	2017 estimated tax payments	<b>45b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>45c</b>	<b>1,000.</b>
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>45e</b>	
<b>f</b>	Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b>	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46</b>	<b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	<b>1,000.</b>
<b>47</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48</b>	<b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	
<b>49</b>	<b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	<b>689.</b>
<b>50</b>	Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <b>689.</b> <b>Refunded</b>	<b>50</b>	<b>0.</b>

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b>	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
<b>52</b>	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b>	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **EXECUTIVE DIRECTOR**  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: **JULIE BOYER** Preparer's signature: \_\_\_\_\_ Date: **03/08/19**  
 Check  if self-employed PTIN: **P01278549**  
 Firm's name: **RSM US LLP** Firm's EIN: **42-0714325**  
 Firm's address: **227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802-1926** Phone no. **218-727-5025**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year .....	1		6	Inventory at end of year .....	6			
2	Purchases .....	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....	7			
3	Cost of labor .....	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? .....			Yes	No
4a	Additional section 263A costs (attach schedule) .....	4a							
b	Other costs (attach schedule) .....	4b							
5	<b>Total.</b> Add lines 1 through 4b .....	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
<b>Total dividends-received deductions</b> included in column 8 .....				0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b>			<b>0.</b>	<b>0.</b>

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>		<b>0.</b>		<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b>	Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b>				Enter here and on page 1, Part II, line 27. <b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

FORM 990-T

OTHER INCOME

STATEMENT 19

DESCRIPTION

AMOUNT

DISALLOWED FRINGE BENEFITS

2,640.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

2,640.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 20

1.	TAXABLE INCOME . . . . .		1,640
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		1,640
3.	LINE 1 LESS LINE 2 . . . . .		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4 . . . . .		0
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .		0
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .		0
8.	15 PERCENT OF LINE 2 . . . . .		246
9.	25 PERCENT OF LINE 4 . . . . .		0
10.	34 PERCENT OF LINE 6 . . . . .		0
11.	35 PERCENT OF LINE 7 . . . . .		0
12.	ADDITIONAL 5% SURTAX . . . . .		0
13.	ADDITIONAL 3% SURTAX . . . . .		0
14.	TOTAL INCOME TAX		<u>246</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>344</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	122	82
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	243	229
18.	TOTAL TAX PRORATED	<u>365</u>	<u>311</u>