

Form **990-W**
(Worksheet)

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

OMB No. 1545-0976

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

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

2019

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 for trusts. 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. Note: 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 2018 return. See instructions. Caution: 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	8,601.	
c	2019 Estimated Tax. 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	ADJUSTED TO		10c
				8,640.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11		05/15/20	
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		8,640.	
13	2018 Overpayment. See instructions	13		6,424.	
14	Payment due (Subtract line 13 from line 12)	14		2,216.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2019)

ESTIMATED TAX	8,640.
OVERPAYMENT APPLIED	6,424.
AMOUNT DUE	2,216.

Return of Private Foundation

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

2018

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 for instructions and the latest information.

For calendar year 2018 or tax year beginning **SEP 1, 2018**, and ending **AUG 31, 2019**

Name of foundation GENERATIONS HEALTH CARE INITIATIVES, INC		A Employer identification number 41-2000473
Number and street (or P.O. box number if mail is not delivered to street address) 130 W. SUPERIOR STREET	Room/suite 700	B Telephone number 218-336-5700
City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802		C If exemption application is pending, check here <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) ▶ \$ 10,928,537.	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)
Revenue	1 Contributions, gifts, grants, etc., received	221,674.		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	237,681.	237,681.		STATEMENT 1
	5a Gross rents	9,691.			STATEMENT 2
	b Net rental income or (loss) 9,691.				
	6a Net gain or (loss) from sale of assets not on line 10	243,826.			
	b Gross sales price for all assets on line 6a 2,192,421.				
	7 Capital gain net income (from Part IV, line 2)		243,826.		
	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	3,772.	0.		STATEMENT 3	
12 Total. Add lines 1 through 11	716,644.	481,507.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	178,718.	4,786.		173,932.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees STMT 4	15,130.	757.		14,226.
	c Other professional fees STMT 5	44,566.	44,566.		0.
	17 Interest				
	18 Taxes STMT 6	2,038.	206.		0.
	19 Depreciation and depletion	3,667.	0.		
	20 Occupancy	37,769.	0.		37,922.
	21 Travel, conferences, and meetings	2,119.	0.		2,027.
	22 Printing and publications				
	23 Other expenses STMT 7	290,796.	1,130.		288,206.
	24 Total operating and administrative expenses. Add lines 13 through 23	574,803.	51,445.		516,313.
	25 Contributions, gifts, grants paid	297,424.			305,450.
26 Total expenses and disbursements. Add lines 24 and 25	872,227.	51,445.		821,763.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-155,583.				
b Net investment income (if negative, enter -0-)		430,062.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets <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
Assets	1 Cash - non-interest-bearing	90,844.	96,683.	96,683.
	2 Savings and temporary cash investments	1,221.	1,243.	1,243.
	3 Accounts receivable ▶ 28,192.			
	Less: allowance for doubtful accounts ▶	39,324.	28,192.	28,192.
	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	24,802.	12,541.	12,541.
	10a Investments - U.S. and state government obligations STMT 8	595,789.	732,124.	732,124.
	b Investments - corporate stock STMT 9	9,832,837.	9,035,498.	9,035,498.
	c Investments - corporate bonds STMT 10	674,295.	749,518.	749,518.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 11	120,028.	261,452.	261,452.	
14 Land, buildings, and equipment: basis ▶ 99,834.				
Less: accumulated depreciation STMT 12 ▶ 88,548.	9,043.	11,286.	11,286.	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	11,388,183.	10,928,537.	10,928,537.	
Liabilities	17 Accounts payable and accrued expenses	83,644.	65,047.	
	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 ▶ ASSETS HELD FOR OT)	39,280.	34,952.	
23 Total liabilities (add lines 17 through 22)	122,924.	99,999.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	11,265,259.	10,828,538.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ... ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	11,265,259.	10,828,538.		
31 Total liabilities and net assets/fund balances	11,388,183.	10,928,537.		

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	11,265,259.
2 Enter amount from Part I, line 27a	2	-155,583.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	11,109,676.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	5	281,138.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	10,828,538.

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.)
1a PUBLICLY TRADED SECURITIES	P		
b CAPITAL GAINS DIVIDENDS			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 2,012,415.		1,948,595.	63,820.
b 180,006.			180,006.
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			63,820.
b			180,006.
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	243,826.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). 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))
2017	1,029,819.	11,080,533.	.092939
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

2 Total of line 1, column (d)	2	.490898
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.098180
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	10,649,253.
5 Multiply line 4 by line 3	5	1,045,544.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	4,301.
7 Add lines 5 and 6	7	1,049,845.
8 Enter qualifying distributions from Part XII, line 4	8	821,763.

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

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	8,601.
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	8,601.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	8,601.
6 Credits/Payments:			
a 2018 estimated tax payments and 2017 overpayment credited to 2018	6a	15,025.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	15,025.	
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	6,424.	
11 Enter the amount of line 10 to be: Credited to 2019 estimated tax <input type="checkbox"/> 6,424. Refunded <input checked="" type="checkbox"/>	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 Form 1120-POL 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. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 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 Form 990-T for this year?		N/A
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. <input type="checkbox"/> <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 2018 or the tax year beginning in 2018? 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)

	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? Website address ► WWW.GHCI.US	X	
14 The books are in care of ► TERRY LEONIDAS Telephone no. ► (218) 336-5702 Located at ► 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN ZIP+4 ► 55802		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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 2018?		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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <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 2018 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 2018.)		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 2018?		X

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? N/A	6b		X
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? N/A	7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

1 List all officers, directors, trustees, 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 14		142,283.	36,438.	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	60,424.	12,592.	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 15	424,500.
2 SEE STATEMENT 16	107,734.
3 SEE STATEMENT 17	46,891.
4 PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.	25,837.

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	
3 All other program-related investments. See instructions.	
Total. Add lines 1 through 3	0.

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	10,727,222.
b	Average of monthly cash balances	1b	84,202.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	10,811,424.
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	10,811,424.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	162,171.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	10,649,253.
6	Minimum investment return. Enter 5% of line 5	6	532,463.

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	532,463.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	8,601.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	8,601.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	523,862.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	523,862.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	523,862.

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	821,763.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	821,763.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	821,763.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				523,862.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013	514,280.			
b From 2014	287,668.			
c From 2015	837,998.			
d From 2016	537,219.			
e From 2017	490,429.			
f Total of lines 3a through e	2,667,594.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$	821,763.			
a Applied to 2017, 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 2018 distributable amount				523,862.
e Remaining amount distributed out of corpus	297,901.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,965,495.			
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	514,280.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	2,451,215.			
10 Analysis of line 9:				
a Excess from 2014	287,668.			
b Excess from 2015	837,998.			
c Excess from 2016	537,219.			
d Excess from 2017	490,429.			
e Excess from 2018	297,901.			

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 2018, 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) 2018	(b) 2017	(c) 2016	(d) 2015	
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)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COMMUNITY ACTION DULUTH INC. 2424 W. 1ST, SUITE 102 DULUTH, MN 55805	N/A	PC	INDIVIDUALIZED COACHING/EDUCATION OPPORTUNITIES FOR PEOPLE IN POVERTY	90,939.
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N. 8TH AVE. E. DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	9,983.
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE. DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	181,093.
MINNESOTA CITIZENS FEDERATION NORTHEAST 424 W. SUPERIOR ST. DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	2,115.
WE HEALTH CLINIC 32 EAST 1ST ST., SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	12,577.
Total	SEE CONTINUATION SHEET(S)			297,424.
b Approved for future payment				
NONE				
Total				
				0.

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		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) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
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: **JULIE BOYER** Date: _____ Title: **EXECUTIVE DIRECTOR**

May the IRS discuss this return with the preparer shown below? See instr. Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIE BOYER				P01278549
	Firm's name ▶ RSM US LLP	Firm's address ▶ 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802-1926			Firm's EIN ▶ 42-0714325
				Phone no. 218-727-5025	

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	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
ZEITGEIST CENTER FOR ARTS & COMMUNITY 222 E SUPERIOR ST. DULUTH, MN 55802	N/A	PC	FACILITATE FOCUS GROUPS FOR THE COMBINED COMMUNITY HEALTH NEEDS PROCESS	717.
Total from continuation sheets				717.

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 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of organization GENERATIONS HEALTH CARE INITIATIVES, INC	Employer identification number 41-2000473
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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	\$ 212,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COMMUNITY WELLNESS GRANT 404 WEST SUPERIOR STREET, SUITE 220 DULUTH, MN 55802	\$ 8,615.	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GENERATIONS HEALTH CARE INITIATIVES, INC	Employer identification number 41-2000473
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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 GENERATIONS HEALTH CARE INITIATIVES, INC	Employer identification number 41-2000473
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	8,601.
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	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	8,601.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. 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	4	7,163.
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	7,163.

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	Installment due dates. 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	01/15/19	02/15/19	05/15/19	08/15/19
10	Required installments. 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	1,791.	1,791.	1,790.	1,791.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	15,025.			
Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column		13,234.	11,443.	9,653.
13	Add lines 11 and 12		13,234.	11,443.	9,653.
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-	15,025.	13,234.	11,443.	9,653.
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-		0.	0.	
17	Underpayment. 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	Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	13,234.	11,443.	9,653.	

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)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			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. 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	237,681.	0.	237,681.	237,681.	
INVESTMENT INCOME - AGENCY	180,006.	180,006.	0.	0.	
TO PART I, LINE 4	417,687.	180,006.	237,681.	237,681.	

FORM 990-PF		RENTAL INCOME		STATEMENT 2
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME	
BUILDING - OFFICE SPACE		1	9,691.	
TOTAL TO FORM 990-PF, PART I, LINE 5A			9,691.	

FORM 990-PF		OTHER INCOME		STATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER REVENUE		3,772.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11		3,772.	0.	

FORM 990-PF		ACCOUNTING FEES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES		15,130.	757.		14,226.
TO FORM 990-PF, PG 1, LN 16B		15,130.	757.		14,226.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	44,566.	44,566.		0.
TO FORM 990-PF, PG 1, LN 16C	44,566.	44,566.		0.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	1,832.	0.		0.
FOREIGN TAXES	206.	206.		0.
TO FORM 990-PF, PG 1, LN 18	2,038.	206.		0.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	9,728.	0.		9,978.
DUES AND MEMBERSHIPS	1,064.	0.		1,064.
PARKING	4,066.	0.		4,066.
INSURANCE	4,073.	0.		4,095.
LEASED EMPLOYEES	38,304.	0.		37,478.
COMPUTER SUPPLIES & SOFTWARE	24,718.	0.		26,008.
TAX RETURN REGISTRATION	25.	1.		24.
PROGRAM DEVELOPMENT	12,280.	0.		10,544.
BROADER HEALTH IMPROVEMENT	4,081.	0.		4,056.
PAYROLL FEES	22,576.	1,129.		21,652.
CONNECTING HEALTH WITH COMMUNITIES	52,080.	0.		52,147.
ACCESS TO CARE	117,801.	0.		117,094.
TO FORM 990-PF, PG 1, LN 23	290,796.	1,130.		288,206.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U S GOVT SECURITIES	X		732,124.	732,124.
TOTAL U.S. GOVERNMENT OBLIGATIONS			732,124.	732,124.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			732,124.	732,124.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ACCENTURE PLC	34,878.	34,878.
ALEXION PHARMACEUTICALS INC	29,422.	29,422.
ALIGN TECHNOLOGY INC	15,198.	15,198.
ALPHABET INC CL C	118,810.	118,810.
AMAZON COM INC COM	122,564.	122,564.
APPLE INC	126,914.	126,914.
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	400,916.	400,916.
BOOKING HOLDINGS INC	51,127.	51,127.
BOSTON SCIENTIFIC CORP COM	52,771.	52,771.
BROADCOM INC	50,027.	50,027.
CENTENE CORP DEL COM	32,681.	32,681.
COCA COLA CO	51,132.	51,132.
CONCHO RESOURCES INC	15,069.	15,069.
CONSTELLATION BRANDS INC	52,109.	52,109.
CRM SMALL CAP VALUE FUNDS	204,560.	204,560.
DANAHER CORP	47,316.	47,316.
DODGE & COX INTERNATIONAL STOCK FUND	462,325.	462,325.
DODGE & COX STOCK FUND	995,066.	995,066.
ECOLAB INC	31,978.	31,978.
ESTEE LAUDER COMPANIES INC	36,628.	36,628.
FACEBOOK INC	94,506.	94,506.
FORTIVE CORP	27,580.	27,580.
FORTUNE BRANDS HOME & SECURITY	27,981.	27,981.
HOME DEPOT INC	51,508.	51,508.
INTERCONTINENTAL EXCHANGE, INC	48,516.	48,516.
ISHARES MBS ETF	124,775.	124,775.
ISHARES MSCI EAFE ETF	276,544.	276,544.
ISHARES MSCI EMERGING MARKETS	363,720.	363,720.
ISHARES RUSSELL 1000 GROWTH ETF	175,923.	175,923.
ISHARES RUSSELL 1000 VALUE ETF	199,328.	199,328.
ISHARES RUSSELL 2000 ETF	96,746.	96,746.
ISHARES RUSSELL MID-CAP GROWTH	291,310.	291,310.
ISHARES RUSSELL MID-CAP VALUE	129,930.	129,930.
JAZZ PHARMACEUTICALS PLC	31,269.	31,269.
JP MORGAN MID CAP VALUE FUND-CLASS L	292,633.	292,633.
JPMORGAN HIGH YIELD FUND	254,447.	254,447.

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MICROSOFT CORP	145,029.	145,029.
MIDDLEBY CORP COM	32,788.	32,788.
MONSTER BEVERAGE CORP	23,351.	23,351.
MORGAN STANLEY COM	19,459.	19,459.
NETFLIX INC	36,131.	36,131.
NORWEGIAN CRUISE LINE HOLDINGS LTD	29,587.	29,587.
PALO ALTO NETWORKS INC	35,634.	35,634.
PIMCO FOREIGN BOND (UNHEDGED) FUND	288,430.	288,430.
POOL CORPORATION COM	45,364.	45,364.
PRA HEALTH SCIENCES INC	26,489.	26,489.
S&P GLOBAL INC	37,727.	37,727.
SALESFORCE COM INC COM	51,347.	51,347.
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	415,987.	415,987.
SPDR DOW JONES REIT ETF	628,030.	628,030.
STONE HARBOR LOCAL MARKET FUND	187,241.	187,241.
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	240,314.	240,314.
TEMPLETON GLOBAL BOND FUND	217,795.	217,795.
TRACTOR SUPPLY CO COM	41,159.	41,159.
TRANSDIGM GROUP INC COM	47,372.	47,372.
ULTA BEAUTY, INC.	31,380.	31,380.
VERTEX PHARMACEUTICALS INC COM	28,623.	28,623.
VISA INC-CLASS A SHRS	69,073.	69,073.
XPO LOGISTICS INC	21,683.	21,683.
LULULEMON ATHLETICA INC	27,516.	27,516.
DEXCOM INC	40,672.	40,672.
BOEING CO	31,312.	31,312.
ACTIVISION BLIZZARD INC	30,765.	30,765.
ARISTA NETWORKS INC	33,313.	33,313.
FIDELITY NATL INFORMATION SVCS INC	44,816.	44,816.
NVIDIA CORP COM	36,517.	36,517.
INVESCO OPPENHEIMER DEVELOPING MARKETS FUND CLASS R6	557,112.	557,112.
VANGUARD REAL ESTATE ETF	115,275.	115,275.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>9,035,498.</u>	<u>9,035,498.</u>

FORM 990-PF

CORPORATE BONDS

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
APPLE INC	40,842.	40,842.
AT&T INC	27,201.	27,201.
BANK OF MONTREAL	25,353.	25,353.
CITIGROUP INC	40,682.	40,682.
CVS HEALTH CORP	19,373.	19,373.
DOW CHEMICAL CO/THE	25,950.	25,950.
GOLDMAN SACHS GROUP INC	26,646.	26,646.
HALLIBURTON COMPANY	36,461.	36,461.
HOME DEPOT INC	42,402.	42,402.
JPMORGAN CHASE & CO	35,858.	35,858.
METLIFE INC	42,620.	42,620.
MORGAN STANLEY	30,166.	30,166.
NOVARTIS CAPITAL CORP	42,388.	42,388.
SUMITOMO MITSUI FINL GRP	30,533.	30,533.
TORONTO-DOMINION BANK	25,164.	25,164.
TOYOTA MOTOR CREDIT CORP	25,351.	25,351.
WESTPAC BANKING CORP	32,774.	32,774.
ANTHEM INC	26,539.	26,539.
BANK OF AMERICA CORP	26,601.	26,601.
BANK OF NOVA SCOTIA	20,326.	20,326.
CAPITAL ONE FINANCIAL CO	25,044.	25,044.
CVS HEALTH CORP	16,057.	16,057.
HSBC HOLDING PLC	26,230.	26,230.
MITSUBISHI UFJ FIN GRP	31,719.	31,719.
SUNTRUST BANKS INC	27,238.	27,238.
TOTAL TO FORM 990-PF, PART II, LINE 10C	749,518.	749,518.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACC INT REC - SECURITIES	FMV	12,815.	12,815.
MONEY MARKET FUNDS	FMV	248,637.	248,637.
TOTAL TO FORM 990-PF, PART II, LINE 13		261,452.	261,452.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 12

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	5,826.	5,826.	0.
MOVEABLE EQUIPMENT	94,008.	82,722.	11,286.
TOTAL TO FM 990-PF, PART II, LN 14	99,834.	88,548.	11,286.

FORM 990-PF OTHER LIABILITIES STATEMENT 13

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ASSETS HELD FOR OTHERS	39,280.	34,952.
TOTAL TO FORM 990-PF, PART II, LINE 22	39,280.	34,952.

FORM 990-PF

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TERRY LEONIDAS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CFO 20.00	33,660.	2,356.	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	DIRECTOR 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 SLAG, MD 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.

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JO ANN HOAG 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CHAIR 0.50	0.	0.	0.
JULIE PIERCE 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	VICE CHAIR 0.30	0.	0.	0.
MARY RAPPS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR 40.00	108,623.	34,082.	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.
THOMAS ALBRIGHT 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>142,283.</u>	<u>36,438.</u>	<u>0.</u>

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 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, 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

424,500.

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

107,734.

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

46,891.

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LEASEHOLD IMPROVEMENTS	01/01/01	SL	15.00		16	5,826.				5,826.	5,826.		0.	5,826.
2	MOVEABLE EQUIPMENT	01/01/01	SL	5.00		16	94,008.				94,008.	82,722.		0.	82,722.
	* TOTAL 990-PF PG 1 DEPR						99,834.				99,834.	88,548.		0.	88,548.