

**Return of Private Foundation**

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

**2019**

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 2019 or tax year beginning **SEP 1, 2019**, and ending **AUG 31, 2020**

|   |   |  |
|---|---|--|
| Name of foundation<br><b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>   |   | <b>A Employer identification number</b><br><b>41-2000473</b>   |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>130 W. SUPERIOR STREET</b>  | Room/suite<br><b>700</b>  | <b>B Telephone number</b><br><b>218-336-5700</b>   |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>DULUTH, MN 55802</b>   |   | <b>C</b> If exemption application is pending, check here <input type="checkbox"/>  |
| <b>G</b> Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |   | <b>D 1.</b> Foreign organizations, check here <input type="checkbox"/><br><b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| <b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |   | <b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>   |
| <b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>\$ <b>11,747,741.</b>  | <b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | <b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>  |

| <b>Part I Analysis of Revenue and Expenses</b><br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|---|--|------------------------------------|---------------------------|-------------------------|---|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, etc., received .....                                | 407,486.                           |                           | N/A                     |   |
|   | <b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
|   | <b>3</b> Interest on savings and temporary cash investments .....                          |                                    |                           |                         |   |
|   | <b>4</b> Dividends and interest from securities .....                                      | 240,280.                           | 240,280.                  |                         | STATEMENT 1   |
|   | <b>5a</b> Gross rents .....  | 10,095.                            |                           |                         | STATEMENT 2   |
|   | <b>b</b> Net rental income or (loss) <b>10,095.</b>  |                                    |                           |                         |   |
|   | <b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....                      | 461,646.                           |                           |                         |   |
|   | <b>b</b> Gross sales price for all assets on line 6a <b>2,811,222.</b>                     |                                    |                           |                         |   |
|   | <b>7</b> Capital gain net income (from Part IV, line 2) .....                              |                                    | 461,646.                  |                         |   |
|   | <b>8</b> Net short-term capital gain .....   |                                    |                           |                         |   |
|   | <b>9</b> Income modifications .....  |                                    |                           |                         |   |
|   | <b>10a</b> Gross sales less returns and allowances .....                                   |                                    |                           |                         |   |
| <b>b</b> Less: Cost of goods sold .....   |  |                                    |                           |                         |   |
| <b>c</b> Gross profit or (loss) .....   |  |                                    |                           |                         |   |
| <b>11</b> Other income .....  | 1,667.   | 0.                                 |                           | STATEMENT 3             |   |
| <b>12 Total.</b> Add lines 1 through 11 .....   | 1,121,174.   | 701,926.                           |                           |                         |   |
| <b>Operating and Administrative Expenses</b>  | <b>13</b> Compensation of officers, directors, trustees, etc. ....                         | 182,828.                           | 5,114.                    |                         | 177,714.  |
|   | <b>14</b> Other employee salaries and wages .....  |                                    |                           |                         |   |
|   | <b>15</b> Pension plans, employee benefits .....   |                                    |                           |                         |   |
|   | <b>16a</b> Legal fees <b>STMT 4</b> .....  | 485.                               | 0.                        |                         | 485.  |
|   | <b>b</b> Accounting fees <b>STMT 5</b> .....   | 15,561.                            | 778.                      |                         | 14,701.   |
|   | <b>c</b> Other professional fees <b>STMT 6</b> .....                                       | 44,378.                            | 44,378.                   |                         | 0.  |
|   | <b>17</b> Interest .....   |                                    |                           |                         |   |
|   | <b>18</b> Taxes <b>STMT 7</b> .....  | 13,076.                            | 194.                      |                         | 0.  |
|   | <b>19</b> Depreciation and depletion .....   | 5,954.                             | 0.                        |                         |   |
|   | <b>20</b> Occupancy .....  | 39,023.                            | 0.                        |                         | 35,678.   |
|   | <b>21</b> Travel, conferences, and meetings .....  | 1,483.                             | 0.                        |                         | 1,575.  |
|   | <b>22</b> Printing and publications .....  |                                    |                           |                         |   |
|   | <b>23</b> Other expenses <b>STMT 8</b> .....   | 335,133.                           | 1,059.                    |                         | 303,841.  |
|   | <b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....       | 637,921.                           | 51,523.                   |                         | 533,994.  |
|   | <b>25</b> Contributions, gifts, grants paid .....  | 302,028.                           |                           |                         | 296,021.  |
| <b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....   | 939,949.   | 51,523.                            |                           | 830,015.                |   |
| <b>27</b> Subtract line 26 from line 12:  |  |                                    |                           |                         |   |
| <b>a</b> Excess of revenue over expenses and disbursements .....  | 181,225.   |                                    |                           |                         |   |
| <b>b Net investment income</b> (if negative, enter -0-) .....   |  | 650,403.                           |                           |                         |   |
| <b>c 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 .....   | 96,683.           | 105,744.       | 105,744.              |
|   | 2 Savings and temporary cash investments .....  | 1,243.            |                |                       |
|   | 3 Accounts receivable ▶ 27,373.   |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶   | 28,192.           | 27,373.        | 27,373.               |
|   | 4 Pledges receivable ▶  |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶   |                   |                |                       |
|   | 5 Grants receivable .....   |                   |                |                       |
|   | 6 Receivables due from officers, directors, trustees, and other disqualified persons .....  |                   |                |                       |
|   | 7 Other notes and loans receivable ▶  |                   |                |                       |
|   | Less: allowance for doubtful accounts ▶   |                   |                |                       |
|   | 8 Inventories for sale or use .....   |                   |                |                       |
|   | 9 Prepaid expenses and deferred charges .....   | 12,541.           | 8,627.         | 8,627.                |
|   | 10a Investments - U.S. and state government obligations <b>STMT 9</b>   | 732,124.          | 861,288.       | 861,288.              |
|   | b Investments - corporate stock <b>STMT 10</b>  | 9,035,498.        | 8,990,686.     | 8,990,686.            |
|   | c Investments - corporate bonds <b>STMT 11</b>  | 749,518.          | 1,269,665.     | 1,269,665.            |
|   | 11 Investments - land, buildings, and equipment: basis ▶  |                   |                |                       |
| Less: accumulated depreciation ▶  |   |                   |                |                       |
| 12 Investments - mortgage loans .....   |   |                   |                |                       |
| 13 Investments - other <b>STMT 12</b>   | 261,452.  | 472,609.          | 472,609.       |                       |
| 14 Land, buildings, and equipment: basis ▶ 106,251.   |   |                   |                |                       |
| Less: accumulated depreciation <b>STMT 13</b> ▶ 94,502.   | 11,286.   | 11,749.           | 11,749.        |                       |
| 15 Other assets (describe ▶)  |   |                   |                |                       |
| 16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....                                 | 10,928,537.   | 11,747,741.       | 11,747,741.    |                       |
| <b>Liabilities</b>  | 17 Accounts payable and accrued expenses .....  | 65,047.           | 108,671.       |                       |
|   | 18 Grants payable .....   |                   |                |                       |
|   | 19 Deferred revenue .....   |                   |                |                       |
|   | 20 Loans from officers, directors, trustees, and other disqualified persons .....   |                   |                |                       |
|   | 21 Mortgages and other notes payable .....  |                   |                |                       |
|   | 22 Other liabilities (describe ▶ <b>ASSETS HELD FOR OT</b> )  | 34,952.           | 22,233.        |                       |
|   | 23 <b>Total liabilities</b> (add lines 17 through 22) .....   | 99,999.           | 130,904.       |                       |
| <b>Net Assets or Fund Balances</b>  | <b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b> |                   |                |                       |
|   | 24 Net assets without donor restrictions .....  | 10,828,538.       | 11,616,837.    |                       |
|   | 25 Net assets with donor restrictions .....   |                   |                |                       |
|   | <b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>          |                   |                |                       |
|   | 26 Capital stock, trust principal, or current funds .....   |                   |                |                       |
|   | 27 Paid-in or capital surplus, or land, bldg., and equipment fund .....   |                   |                |                       |
|   | 28 Retained earnings, accumulated income, endowment, or other funds .....   |                   |                |                       |
|   | 29 <b>Total net assets or fund balances</b> .....   | 10,828,538.       | 11,616,837.    |                       |
| 30 <b>Total liabilities and net assets/fund balances</b> .....  | 10,928,537.   | 11,747,741.       |                |                       |

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

|   |   |             |
|---|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29<br>(must agree with end-of-year figure reported on prior year's return) ..... | 1 | 10,828,538. |
| 2 Enter amount from Part I, line 27a .....  | 2 | 181,225.    |
| 3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAIN ON INVESTMENTS</b>  | 3 | 607,074.    |
| 4 Add lines 1, 2, and 3 .....   | 4 | 11,616,837. |
| 5 Decreases not included in line 2 (itemize) ▶  | 5 | 0.          |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....   | 6 | 11,616,837. |

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

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| <b>1a PUBLICLY TRADED SECURITIES</b>  | <b>P</b>   |                                      |                                  |
| <b>b CAPITAL GAINS DIVIDENDS</b>  |  |                                      |                                  |
| <b>c</b>  |  |                                      |                                  |
| <b>d</b>  |  |                                      |                                  |
| <b>e</b>  |  |                                      |                                  |

| (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| <b>a</b> 2,687,175.   |  | 2,349,576.                                      | 337,599.                                       |
| <b>b</b> 124,047.     |  |   | 124,047.                                       |
| <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<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |   |
| <b>a</b>   |                                      |   | 337,599.  |
| <b>b</b>   |                                      |   | 124,047.  |
| <b>c</b>   |                                      |   |   |
| <b>d</b>   |                                      |   |   |
| <b>e</b>   |                                      |   |   |

|  |          |                 |
|--|----------|-----------------|
| <b>2</b> Capital gain net income or (net capital loss)<br>{ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7 .....  | <b>2</b> | <b>461,646.</b> |
| <b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 ..... | <b>3</b> | <b>N/A</b>      |

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation 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<br>Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio<br>(col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2018  | 821,763.                              | 10,649,253.                               | .077166  |
| 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  |

|   |          |                    |
|---|----------|--------------------|
| <b>2</b> Total of line 1, column (d) .....  | <b>2</b> | <b>.474671</b>     |
| <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 ..... | <b>3</b> | <b>.094934</b>     |
| <b>4</b> Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 .....   | <b>4</b> | <b>10,810,965.</b> |
| <b>5</b> Multiply line 4 by line 3 .....  | <b>5</b> | <b>1,026,328.</b>  |
| <b>6</b> Enter 1% of net investment income (1% of Part I, line 27b) .....   | <b>6</b> | <b>6,504.</b>      |
| <b>7</b> Add lines 5 and 6 .....  | <b>7</b> | <b>1,032,832.</b>  |
| <b>8</b> Enter qualifying distributions from Part XII, line 4 .....   | <b>8</b> | <b>830,015.</b>    |

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

**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.<br>Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) |    |         |         |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b  |    | 1       | 13,008. |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)   |    |         |         |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 2       | 0.      |
| 3 Add lines 1 and 2  |    | 3       | 13,008. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)   |    | 4       | 0.      |
| 5 <b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-   |    | 5       | 13,008. |
| 6 Credits/Payments:  |    |         |         |
| a 2019 estimated tax payments and 2018 overpayment credited to 2019  | 6a | 8,640.  |         |
| b Exempt foreign organizations - tax withheld at source  | 6b | 0.      |         |
| c Tax paid with application for extension of time to file (Form 8868)  | 6c | 10,000. |         |
| d Backup withholding erroneously withheld  | 6d | 0.      |         |
| 7 Total credits and payments. Add lines 6a through 6d  | 7  | 18,640. |         |
| 8 Enter any <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 | 5,632.  |         |
| 11 Enter the amount of line 10 to be: <b>Credited to 2020 estimated tax</b> 5,632.   <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<br>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:<br>(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?<br>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? N/A   |     |    |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?<br>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:<br>• By language in the governing instrument, or<br>• 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 2019 or the tax year beginning in 2019? 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)

|   |                                     |  |            |           |
|---|-------------------------------------|--|------------|-----------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to:   |                                     |  | <b>Yes</b> | <b>No</b> |
| (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 <b>any</b> 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                                 |  | <b>5b</b>  |           |
| Organizations relying on a current notice regarding disaster assistance, check here   | <input checked="" 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?   | N/A                                 |  |            |           |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).  | <input type="checkbox"/> Yes        | <input type="checkbox"/> No            |            |           |
| <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?   |                                     |  | <b>6b</b>  | <b>X</b>  |
| 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?  | N/A                                 |  | <b>7b</b>  |           |
| <b>8</b> 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 15     |   | 145,678.                                  | 37,150.   | 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<br>40.00                                 | 62,321.          | 12,867.   | 0.                                    |
| SONIA KJOS - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802   | MANAGEMENT INFORMATION MANAGER<br>24.00                   | 53,142.          | 3,720.  | 0.                                    |
| SARAH NELSON - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802 | PROGRAM DIRECTOR<br>24.00                                 | 51,680.          | 3,618.  | 0.                                    |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |
|  |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 ▶ 0

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

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

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows include 'SEE STATEMENT 16' (389,144), 'SEE STATEMENT 17' (127,181), 'SEE STATEMENT 18' (129,118), and 'PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.' (10,412).

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1 contains 'N/A'. Row 3 contains '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 | 10,836,661. |
| b   | Average of monthly cash balances .....  | 1b | 138,938.    |
| c   | Fair market value of all other assets .....   | 1c |             |
| d   | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 10,975,599. |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.          |
| 2   | Acquisition indebtedness applicable to line 1 assets .....  | 2  | 0.          |
| 3   | Subtract line 2 from line 1d .....  | 3  | 10,975,599. |
| 4   | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 164,634.    |
| 5   | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 10,810,965. |
| 6   | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 540,548.    |

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

|    |   |    |          |
|----|---|----|----------|
| 1  | Minimum investment return from Part X, line 6 .....   | 1  | 540,548. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 .....  | 2a | 13,008.  |
| b  | Income tax for 2019. (This does not include the tax from Part VI.) .....  | 2b |          |
| c  | Add lines 2a and 2b .....   | 2c | 13,008.  |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 527,540. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 0.       |
| 5  | Add lines 3 and 4 .....   | 5  | 527,540. |
| 6  | Deduction from distributable amount (see instructions) .....  | 6  | 0.       |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 527,540. |

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

|  |   |    |          |
|--|---|----|----------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: |   |    |          |
| a  | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....   | 1a | 830,015. |
| b  | Program-related investments - total from Part IX-B .....  | 1b | 0.       |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  |          |
| 3 Amounts set aside for specific charitable projects that satisfy the:                       |   |    |          |
| a  | Suitability test (prior IRS approval required) .....  | 3a |          |
| b  | Cash distribution test (attach the required schedule) .....   | 3b |          |
| 4  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 830,015. |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 0.       |
| 6  | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 830,015. |

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



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

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

**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 2019, 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) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed  |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed                             |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |           |
| <b>(4)</b> 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<br>Name and address (home or business)                                      | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution<br>**   | Amount          |
| <b>a Paid during the year</b>   |  |                                      |   |                 |
| COMMUNITY ACTION DULUTH INC.<br>2424 W. 1ST ST. SUITE 102<br>DULUTH, MN 55805         | N/A  | PC                                   | INFORMING RESIDENTS<br>ABOUT COVERAGE THROUGH<br>MNSURE -<br>INDIVIDUALIZED<br>COACHING/EDUCATIONAL | 76,281.         |
| DULUTH COMMUNITY SCHOOL COLLABORATIVE<br>1027 N. 8TH AVE E.<br>DULUTH, MN 55805       | N/A  | PC                                   | EDUCATE FAMILIES ON<br>ACCESS TO HEALTH CARE  | 20,654.         |
| WE HEALTH CLINIC<br>32 EAST 1ST ST., SUITE 300<br>DULUTH, MN 55802                    | N/A  | PC                                   | INFORMING RESIDENTS<br>ABOUT COVERAGE THROUGH<br>MNSURE   | 8,840.          |
| LAKE SUPERIOR COMMUNITY HEALTH CENTER<br>4325 GRAND AVE<br>DULUTH, MN 55807           | N/A  | PC                                   | INFORMING RESIDENTS<br>ABOUT COVERAGE THROUGH<br>MNSURE   | 179,605.        |
| MINNESOTA CITIZENS FEDERATION<br>NORTHEAST<br>424 W. SUPERIOR ST.<br>DULUTH, MN 55802 | N/A  | PC                                   | INFORMING RESIDENTS<br>ABOUT COVERAGE THROUGH<br>MNSURE   | 355.            |
| <b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> ..... ▶ <b>3a</b>                 |  |                                      |   | <b>296,021.</b> |
| <b>b Approved for future payment</b>  |  |                                      |   |                 |
| <b>NONE</b>   |  |                                      |   |                 |
| <b>Total</b> ..... ▶ <b>3b</b>  |  |                                      |   | <b>0.</b>       |

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue, 2 Membership dues, 3 Interest on savings, 4 Dividends, 5 Net rental income, 6 Net rental income from personal property, 7 Other investment income, 8 Gain or loss from sales, 9 Net income from special events, 10 Gross profit from sales, 11 Other revenue, 12 Subtotal, and 13 Total.

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

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes. Row 11A OTHER REVENUE.

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

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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?  |     |    |
| <b>a</b> | Transfers from the reporting foundation to a noncharitable exempt organization of:   |     |    |
| (1)      | Cash   |     | X  |
| (2)      | Other assets   |     | X  |
| <b>b</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  |
| <b>c</b> | Sharing of facilities, equipment, mailing lists, other assets, or paid employees   |     | X  |
| <b>d</b> | 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   |  |
|              |                     |   |  |
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**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   | JULIE BOYER          | 03/25/21 |   | P01278549 |
| Firm's name ▶ RSM US LLP  |                      |          | Firm's EIN ▶ 42-0714325                         |           |
| Firm's address ▶ 227 WEST FIRST STREET, SUITE 700<br>DULUTH, MN 55802 |                      |          | Phone no. 218-727-5025                          |           |

**Part XV**   **Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                        | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                     | Amount         |
|---|--|--------------------------------------|---|----------------|
| YMCA AT THE ESSENTIA WELLNESS CENTER<br>PO BOX 3678<br>DULUTH, MN 55803 | N/A  | PC                                   | INFORMING RESIDENTS<br>ABOUT COVERAGE THROUGH<br>MNSURE | 286.           |
| WILDERNESS HEALTH<br>25 11TH AVE.<br>TWO HARBORS, MN 55616              | N/A  | PC                                   | COVID-19 COMMUNITY<br>ENGAGEMENT PROJECT -<br>NAACP     | 10,000.        |
|   |  |                                      |   |                |
|   |  |                                      |   |                |
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|   |  |                                      |   |                |
| <b>Total from continuation sheets</b> .....                             |  |                                      |   | <b>10,286.</b> |

**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.

INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE - INDIVIDUALIZED

COACHING/EDUCATIONAL OPPORTUNITIES

**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

**2019**

Name of the organization

**GENERATIONS HEALTH CARE INITIATIVES, INC**

Employer identification number

**41-2000473**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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).



|   |   |
|---|---|
| Name of organization<br><b>GENERATIONS HEALTH CARE INITIATIVES, INC</b> | Employer identification number<br><b>41-2000473</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | BLUE CROSS AND BLUE SHIELD OF MN<br>FOUNDATION<br>401 HARDING ST. NE<br>MINNEAPOLIS, MN 55413 | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 2          | MNSURE<br>355 RANDOLPH AVE, SUITE 100<br>ST PAUL, MN 55102                                    | \$ 212,142.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 3          | ESSENTIA HEALTH<br>407 EAST THIRD STREET<br>DULUTH, MN 55805                                  | \$ 50,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 4          | M HEALTH FAIRVIEW<br>525 23RD AVENUE<br>MINNEAPOLIS, MN 55454                                 | \$ 13,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 5          | ST. LOUIS COUNTY AUDITOR<br>100 N 5TH AVENUE WEST, SUITE 214<br>DULUTH, MN 55802              | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |
| 6          | ST. LUKE'S HOSPITAL<br>915 E FIRST STREET<br>DULUTH, MN 55805                                 | \$ 34,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for<br>noncash contributions.) |

|   |   |
|---|---|
| Name of organization<br><br><b>GENERATIONS HEALTH CARE INITIATIVES, INC</b> | Employer identification number<br><br><b>41-2000473</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | ST. LUKE'S FOUNDATION<br><br>1000 E FIRST STREET, SUITE 102<br><br>DULUTH, MN 55805 | \$ 16,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>GENERATIONS HEALTH CARE INITIATIVES, INC</b> | Employer identification number<br><br><b>41-2000473</b> |
|---|---|

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

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

|   |   |
|---|---|
| Name of organization<br><br><b>GENERATIONS HEALTH CARE INITIATIVES, INC</b> | Employer identification number<br><br><b>41-2000473</b> |
|---|---|

**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.

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

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

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

| <b>Part I Required Annual Payment</b> |  |    |         |
|---------------------------------------|--|----|---------|
| 1                                     | Total tax (see instructions) .....   | 1  | 13,008. |
| 2a                                    | Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....   | 2a |         |
| 2b                                    | Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....  | 2b |         |
| 2c                                    | Credit for federal tax paid on fuels (see instructions) .....  | 2c |         |
| 2d                                    | <b>Total.</b> Add lines 2a through 2c .....  | 2d |         |
| 3                                     | Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....   | 3  | 13,008. |
| 4                                     | Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> 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  | 8,601.  |
| 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  | 8,601.  |

**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.

| <b>Part III Figuring the Underpayment</b>  |  | (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 .....  | 01/15/20 | 02/15/20 | 05/15/20 | 08/15/20 |
| 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 ..... | 2,150.   | 2,151.   | 2,150.   | 2,150.   |
| 11   | Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....  | 6,424.   |          |          | 2,216.   |
| <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 .....   |          | 4,274.   | 2,123.   |          |
| 13   | Add lines 11 and 12 .....  |          | 4,274.   | 2,123.   | 2,216.   |
| 14   | Add amounts on lines 16 and 17 of the preceding column .....   |          |          |          | 27.      |
| 15   | Subtract line 14 from line 13. If zero or less, enter -0- .....  | 6,424.   | 4,274.   | 2,123.   | 2,189.   |
| 16   | If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....  |          | 0.       | 0.       |          |
| 17   | <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....   |          |          | 27.      |          |
| 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 .....  | 4,274.   | 2,123.   |          |          |

**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.<br><b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month.<br><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 4/15/2019 and before 7/1/2019 .....  | <b>21</b>    |     |     |     |
| <b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 6\% (0.06)}{365}$ ...   | <b>22</b> \$ | \$  | \$  | \$  |
| <b>23</b> Number of days on line 20 after 06/30/2019 and before 10/1/2019 .....  | <b>23</b>    |     |     |     |
| <b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...   | <b>24</b> \$ | \$  | \$  | \$  |
| <b>25</b> Number of days on line 20 after 9/30/2019 and before 1/1/2020 .....  | <b>25</b>    |     |     |     |
| <b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$ ...   | <b>26</b> \$ | \$  | \$  | \$  |
| <b>27</b> Number of days on line 20 after 12/31/2019 and before 4/1/2020 .....   | <b>27</b>    |     |     |     |
| <b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 5\% (0.05)}{366}$ ...   | <b>28</b> \$ | \$  | \$  | \$  |
| <b>29</b> Number of days on line 20 after 3/31/2020 and before 7/1/2020 .....  | <b>29</b>    |     |     |     |
| <b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{366}$ .....   | <b>30</b> \$ | \$  | \$  | \$  |
| <b>31</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....   | <b>31</b>    |     |     |     |
| <b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{366}$ .....   | <b>32</b> \$ | \$  | \$  | \$  |
| <b>33</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....  | <b>33</b>    |     |     |     |
| <b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{366}$ .....   | <b>34</b> \$ | \$  | \$  | \$  |
| <b>35</b> Number of days on line 20 after 12/31/2020 and before 3/16/2021 .....  | <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 34; 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 | 240,280.     | 0.                                     | 240,280.              | 240,280.                  |                         |
| INVESTMENT INCOME - AGENCY | 124,047.     | 124,047.                               | 0.                    | 0.                        |                         |
| TO PART I, LINE 4          | 364,327.     | 124,047.                               | 240,280.              | 240,280.                  |                         |

| FORM 990-PF                           |                 | RENTAL INCOME       | STATEMENT 2 |
|---------------------------------------|-----------------|---------------------|-------------|
| KIND AND LOCATION OF PROPERTY         | ACTIVITY NUMBER | GROSS RENTAL INCOME |             |
| BUILDING - OFFICE SPACE               | 1               | 10,095.             |             |
| TOTAL TO FORM 990-PF, PART I, LINE 5A |                 | 10,095.             |             |

| FORM 990-PF                           |                       | OTHER INCOME              |                         | STATEMENT 3 |
|---------------------------------------|-----------------------|---------------------------|-------------------------|-------------|
| DESCRIPTION                           | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |             |
| OTHER REVENUE                         | 1,667.                | 0.                        |                         |             |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 1,667.                | 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                 | 485.                   | 0.                        |                         | 485.                    |
| TO FM 990-PF, PG 1, LN 16A | 485.                   | 0.                        |                         | 485.                    |

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| ACCOUNTING FEES              | 15,561.                      | 778.                              |                               | 14,701.                       |
| TO FORM 990-PF, PG 1, LN 16B | 15,561.                      | 778.                              |                               | 14,701.                       |

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| INVESTMENT MANAGEMENT FEES   | 44,378.                      | 44,378.                           |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 16C | 44,378.                      | 44,378.                           |                               | 0.                            |

## FORM 990-PF

## TAXES

## STATEMENT 7

| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| EXCISE TAXES                | 12,882.                      | 0.                                |                               | 0.                            |
| FOREIGN TAXES               | 194.                         | 194.                              |                               | 0.                            |
| TO FORM 990-PF, PG 1, LN 18 | 13,076.                      | 194.                              |                               | 0.                            |



## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 8

| DESCRIPTION                                      | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OFFICE EXPENSES                                  | 6,812.                       | 0.                                |                               | 6,572.                        |
| DUES AND MEMBERSHIPS                             | 756.                         | 0.                                |                               | 756.                          |
| PARKING  | 3,663.                       | 0.                                |                               | 3,581.                        |
| INSURANCE  | 4,141.                       | 0.                                |                               | 4,164.                        |
| LEASED EMPLOYEES                                 | 49,369.                      | 0.                                |                               | 32,641.                       |
| COMPUTER SUPPLIES & SOFTWARE                     | 24,991.                      | 0.                                |                               | 20,985.                       |
| PROGRAM DEVELOPMENT                              | 2,384.                       | 0.                                |                               | 4,317.                        |
| LEVERAGING AND SUPPORTING<br>STRATEGIC ALLIANCES | 107,221.                     | 0.                                |                               | 95,925.                       |
| PAYROLL FEES                                     | 21,173.                      | 1,059.                            |                               | 20,114.                       |
| ADVANCING HEALTH EQUITY                          | 989.                         | 0.                                |                               | 908.                          |
| IMPROVING ACCESS TO CARE                         | 113,313.                     | 0.                                |                               | 113,557.                      |
| SPACE EXPENSE                                    | 321.                         | 0.                                |                               | 321.                          |
| TO FORM 990-PF, PG 1, LN 23                      | 335,133.                     | 1,059.                            |                               | 303,841.                      |

## FORM 990-PF

## U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

## STATEMENT 9

| DESCRIPTION                                      | U.S.<br>GOV'T | OTHER<br>GOV'T | BOOK VALUE | FAIR MARKET<br>VALUE |
|--|---------------|----------------|------------|----------------------|
| U S GOVT SECURITIES                              | X             |                | 861,288.   | 861,288.             |
| TOTAL U.S. GOVERNMENT OBLIGATIONS                |               |                | 861,288.   | 861,288.             |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS |               |                |            |                      |
| TOTAL TO FORM 990-PF, PART II, LINE 10A          |               |                | 861,288.   | 861,288.             |

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

| DESCRIPTION  | BOOK VALUE | FAIR MARKET VALUE |
|--|------------|-------------------|
| ACCENTURE PLC  | 45,347.    | 45,347.           |
| ACTIVISION BLIZZARD INC                              | 31,236.    | 31,236.           |
| ALIGN TECHNOLOGY INC                                 | 33,262.    | 33,262.           |
| ALPHABET INC CL C                                    | 127,466.   | 127,466.          |
| AMAZON COM INC COM                                   | 186,352.   | 186,352.          |
| APPLE INC  | 219,884.   | 219,884.          |
| ARISTA NETWORKS INC                                  | 37,540.    | 37,540.           |
| ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS       | 424,332.   | 424,332.          |
| BOOKING HOLDINGS INC                                 | 38,209.    | 38,209.           |
| BOSTON SCIENTIFIC CORP COM                           | 45,204.    | 45,204.           |
| BROADCOM INC   | 48,601.    | 48,601.           |
| CENTENE CORP DEL COM                                 | 39,183.    | 39,183.           |
| CONCHO RESOURCES INC                                 | 16,686.    | 16,686.           |
| CONSTELLATION BRANDS INC                             | 24,905.    | 24,905.           |
| CRM SMALL CAP VALUE FUNDS                            | 159,750.   | 159,750.          |
| DANAHER CORP   | 49,553.    | 49,553.           |
| DEXCOM INC   | 42,116.    | 42,116.           |
| DODGE & COX INTERNATIONAL STOCK FUND                 | 444,770.   | 444,770.          |
| DODGE & COX STOCK FUND                               | 1,016,142. | 1,016,142.        |
| ECOLAB INC   | 24,241.    | 24,241.           |
| ESTEE LAUDER COMPANIES INC                           | 38,136.    | 38,136.           |
| FACEBOOK INC   | 116,694.   | 116,694.          |
| FIDELITY NATL INFORMATION SVCS INC                   | 40,729.    | 40,729.           |
| FORTUNE BRANDS HOME & SECURITY                       | 35,398.    | 35,398.           |
| HOME DEPOT INC                                       | 39,906.    | 39,906.           |
| INTERCONTINENTAL EXCHANGE, INC                       | 40,049.    | 40,049.           |
| INVESCO OPPENHEIMER DEVELOPING MARKETS FUND CLASS R6 | 617,895.   | 617,895.          |
| ISHARES MBS ETF                                      | 152,185.   | 152,185.          |
| ISHARES MSCI EAFE ETF                                | 144,581.   | 144,581.          |
| ISHARES MSCI EMERGING MARKETS                        | 251,651.   | 251,651.          |
| ISHARES RUSSELL 1000 GROWTH ETF                      | 250,712.   | 250,712.          |
| ISHARES RUSSELL 1000 VALUE ETF                       | 97,528.    | 97,528.           |
| ISHARES RUSSELL 2000 ETF                             | 101,029.   | 101,029.          |
| ISHARES RUSSELL MID-CAP GROWTH                       | 357,265.   | 357,265.          |
| ISHARES RUSSELL MID-CAP VALUE                        | 124,770.   | 124,770.          |

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

|  |                   |                   |
|--|-------------------|-------------------|
| LULULEMON ATHLETICA INC                                    | 36,064.           | 36,064.           |
| MICROSOFT CORP   | 181,552.          | 181,552.          |
| MORGAN STANLEY COM   | 39,509.           | 39,509.           |
| NETFLIX INC  | 39,717.           | 39,717.           |
| NORWEGIAN CRUISE LINE HOLDINGS LTD                         | 12,080.           | 12,080.           |
| NVIDIA CORP COM  | 76,502.           | 76,502.           |
| PALO ALTO NETWORKS INC                                     | 37,839.           | 37,839.           |
| PIMCO FOREIGN BOND (UNHEDGED) FUND                         | 160,538.          | 160,538.          |
| POOL CORPORATION COM                                       | 35,735.           | 35,735.           |
| PRA HEALTH SCIENCES INC                                    | 24,482.           | 24,482.           |
| S&P GLOBAL INC   | 42,871.           | 42,871.           |
| SALESFORCE COM INC COM                                     | 85,067.           | 85,067.           |
| SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF             | 173,917.          | 173,917.          |
| SPDR DOW JONES REIT ETF                                    | 334,221.          | 334,221.          |
| T ROWE PRICE INSTITUTIONAL EMERGING MARKETS<br>EQUITY FUND | 270,273.          | 270,273.          |
| TEMPLETON GLOBAL BOND FUND                                 | 200,224.          | 200,224.          |
| TRACTOR SUPPLY CO COM                                      | 40,333.           | 40,333.           |
| TRANSDIGM GROUP INC COM                                    | 23,984.           | 23,984.           |
| ULTA BEAUTY, INC.  | 25,075.           | 25,075.           |
| VANGUARD REAL ESTATE ETF                                   | 102,188.          | 102,188.          |
| VERTEX PHARMACEUTICALS INC COM                             | 36,006.           | 36,006.           |
| VISA INC-CLASS A SHRS                                      | 74,196.           | 74,196.           |
| XPO LOGISTICS INC  | 22,685.           | 22,685.           |
| PGIM HIGH YIELD FUND                                       | 246,980.          | 246,980.          |
| PIMCO EMERGING MARKETS LOCAL CURRENCY AND BOND<br>FUND     | 288,062.          | 288,062.          |
| CHIPOTLE MEXICAN GRILL INC                                 | 27,516.           | 27,516.           |
| AMEX ENERGY SELECT SPDR                                    | 240,637.          | 240,637.          |
| FINANCIAL SELECT SECTOR SPDR FUND                          | 181,685.          | 181,685.          |
| FLEETCOR TECHNOLOGIES INC                                  | 20,367.           | 20,367.           |
| ELI LILLY & CO COM   | 29,084.           | 29,084.           |
| TELADOC HEALTH INC.  | 20,059.           | 20,059.           |
| TRIMBLE INC  | 27,096.           | 27,096.           |
| ZENDESK INC  | 22,842.           | 22,842.           |
| CANADIAN PAC RY LTD COM                                    | 35,186.           | 35,186.           |
| JP MORGAN MID CAP VALUE FUND-CLASS R6                      | 274,727.          | 274,727.          |
| SERVICENOW INC.  | 38,080.           | 38,080.           |
| TOTAL TO FORM 990-PF, PART II, LINE 10B                    | <u>8,990,686.</u> | <u>8,990,686.</u> |

## FORM 990-PF

## CORPORATE BONDS

## STATEMENT 11

| DESCRIPTION                             | BOOK VALUE | FAIR MARKET VALUE |
|---|------------|-------------------|
| ANTHEM INC                              | 57,420.    | 57,420.           |
| APPLE INC                               | 57,007.    | 57,007.           |
| AT&T INC                                | 44,929.    | 44,929.           |
| BANK OF AMERICA CORP                    | 61,242.    | 61,242.           |
| BANK OF MONTREAL                        | 37,456.    | 37,456.           |
| BANK OF NOVA SCOTIA                     | 26,590.    | 26,590.           |
| CAPITAL ONE FINANCIAL CO                | 44,411.    | 44,411.           |
| CITIGROUP INC                           | 46,029.    | 46,029.           |
| CVS HEALTH CORP                         | 11,403.    | 11,403.           |
| GOLDMAN SACHS GROUP INC                 | 56,014.    | 56,014.           |
| HALLIBURTON COMPANY                     | 3,198.     | 3,198.            |
| HOME DEPOT INC                          | 49,485.    | 49,485.           |
| HSBC HOLDING PLC                        | 26,350.    | 26,350.           |
| JPMORGAN CHASE & CO                     | 59,839.    | 59,839.           |
| METLIFE INC                             | 48,969.    | 48,969.           |
| MITSUBISHI UFJ FIN GRP                  | 59,930.    | 59,930.           |
| MORGAN STANLEY                          | 35,492.    | 35,492.           |
| NOVARTIS CAPITAL CORP                   | 65,542.    | 65,542.           |
| SUMITOMO MITSUI FINL GRP                | 57,355.    | 57,355.           |
| SUNTRUST BANKS INC                      | 39,961.    | 39,961.           |
| TORONTO-DOMINION BANK                   | 25,159.    | 25,159.           |
| TOYOTA MOTOR CREDIT CORP                | 25,448.    | 25,448.           |
| WESTPAC BANKING CORP                    | 40,525.    | 40,525.           |
| BNP PARIBAS                             | 50,876.    | 50,876.           |
| CHEVRON CORP                            | 52,063.    | 52,063.           |
| CONAGRA BRANDS INC                      | 41,495.    | 41,495.           |
| DIGITAL REALTY TRUST LP                 | 45,710.    | 45,710.           |
| DOLLAR GENERAL CORP                     | 42,506.    | 42,506.           |
| WALT DISNEY COMPANY/THE                 | 57,261.    | 57,261.           |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 1,269,665. | 1,269,665.        |

## FORM 990-PF

## OTHER INVESTMENTS

## STATEMENT 12

| DESCRIPTION                            | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
|--|------------------|------------|-------------------|
| ACC INT REC - SECURITIES               | FMV              | 17,092.    | 17,092.           |
| MONEY MARKET FUNDS                     | FMV              | 455,517.   | 455,517.          |
| TOTAL TO FORM 990-PF, PART II, LINE 13 |                  | 472,609.   | 472,609.          |

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

| DESCRIPTION                        | COST OR<br>OTHER BASIS | ACCUMULATED<br>DEPRECIATION | BOOK VALUE |
|------------------------------------|------------------------|-----------------------------|------------|
| LEASEHOLD IMPROVEMENTS             | 8,211.                 | 6,422.                      | 1,789.     |
| MOVEABLE EQUIPMENT                 | 98,040.                | 88,080.                     | 9,960.     |
| TOTAL TO FM 990-PF, PART II, LN 14 | 106,251.               | 94,502.                     | 11,749.    |

FORM 990-PF OTHER LIABILITIES STATEMENT 14

| DESCRIPTION                            | BOY AMOUNT | EOY AMOUNT |
|--|------------|------------|
| ASSETS HELD FOR OTHERS                 | 34,952.    | 22,233.    |
| TOTAL TO FORM 990-PF, PART II, LINE 22 | 34,952.    | 22,233.    |

FORM 990-PF

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

STATEMENT 15

| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK    | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |
|--|-----------------------------|-------------------|---------------------------------|--------------------|
| MARY RAPPS<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802       | EXECUTIVE DIRECTOR<br>40.00 | 111,240.          | 34,739.                         | 0.                 |
| TERRY LEONIDAS<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802   | CFO<br>20.00                | 34,438.           | 2,411.                          | 0.                 |
| JULIE PIERCE<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802     | CHAIR<br>0.50               | 0.                | 0.                              | 0.                 |
| STEPHANIE BALMER<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802 | VICE CHAIR<br>0.50          | 0.                | 0.                              | 0.                 |
| STEVE PATRONIS<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802   | SECRETARY/TREASURER<br>0.50 | 0.                | 0.                              | 0.                 |
| LYNN GOERDT<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802      | DIRECTOR<br>0.30            | 0.                | 0.                              | 0.                 |
| STEVE GREENFIELD<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802 | DIRECTOR<br>0.30            | 0.                | 0.                              | 0.                 |
| MICHAEL SLAG, MD<br>130 WEST SUPERIOR STREET, SUITE<br>700<br>DULUTH, MN 55802 | DIRECTOR<br>0.30            | 0.                | 0.                              | 0.                 |

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

JO ANN HOAG DIRECTOR  
130 WEST SUPERIOR STREET, SUITE  
700 0.30 0. 0. 0.  
DULUTH, MN 55802

CARL CRAWFORD DIRECTOR  
130 WEST SUPERIOR STREET, SUITE  
700 0.30 0. 0. 0.  
DULUTH, MN 55802

THOMAS ALBRIGHT DIRECTOR  
130 WEST SUPERIOR STREET, SUITE  
700 0.30 0. 0. 0.  
DULUTH, MN 55802

ELIZABETH HENDEERSON DIRECTOR  
130 WEST SUPERIOR STREET, SUITE  
700 0.50 0. 0. 0.  
DULUTH, MN 55802

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

|          |         |    |
|----------|---------|----|
| 145,678. | 37,150. | 0. |
|----------|---------|----|

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

IMPROVING ACCESS TO CARE - GENERATIONS LEADS THE INSURE DULUTH COALITION, 17 ORGANIZATIONS PROVIDING A COORDINATED COMMUNITY APPROACH TO 1) INFORMING RESIDENTS OF DULUTH AND THE SURROUNDING AREA ABOUT COVERAGE OPPORTUNITIES AVAILABLE THROUGH MNSURE, 2) CONDUCTING OUTREACH TO TARGETED POPULATIONS TO ENCOURAGE ENROLLMENT, AND 3) PROVIDING INDIVIDUAL ENROLLMENT ASSISTANCE. GENERATIONS COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR GRANTS PROVIDED BY MNSURE AND BLUE CROSS BLUE SHIELD. ADDITIONALLY, GENERATIONS FUNDS THE LAKE SUPERIOR COMM. HLTH. CTR. TO OPERATE ITS HEALTH CARE ACCESS OFFICE. THE OFFICE HELPS TO INCREASE ACCESS TO HEALTH CARE FOR THE UNINSURED AND UNDER-INSURED BY ENROLLING THEM IN HEALTH COVERAGE AND PHARMACEUTICAL ASSISTANCE PROGRAMS. THE STAFF SCREENS INDIVIDUALS, ASSISTS IN COMPLETING THE APPLICATIONS, AND PROVIDES ADVOCACY THROUGHOUT THE ENROLLMENT PROCESS. INDIVIDUALS ARE REFERRED TO COMMUNITY RESOURCES IF OTHER SERVICES ARE NEEDED.

EXPENSES

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

389,144.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY TWO

ADVANCING HEALTH EQUITY - GENERATIONS PROVIDES FUNDS AND SUPPORT TO THE FOLLOWING ORGANIZATIONS AND INITIATIVES AIMED AT IMPROVING HEALTH EQUITY IN THE COMMUNITY: 1) DULUTH COMMUNITY SCHOOL COLLABORATIVE TO EMPLOY A COMMUNITY HEALTH WORKER (CHW) TO SERVE STUDENTS AND FAMILIES IN MYERS-WILKENS ELEMENTARY SCHOOL, LINCOLN PARK MIDDLE SCHOOL AND DENFELD HIGH SCHOOL THAT ARE EXPERIENCING BARRIERS TO THE SOCIAL DETERMINANTS OF HEALTH (SDOH). 2) COMMUNITY ACTION DULUTH FOR COMMUNITY HEALTH WORKER (CHW) ACTIVITIES INCLUDED CHW CERTIFICATE TRAINING FOR 5 STUDENTS, CHW PROGRAMMING, AND TECH UP PROGRAM. 3) DULUTH BRANCH OF THE NAACP AND OTHER PARTNERS ON AN AFRICAN HERITAGE COVID-19 OUTREACH PROJECT. 4) FINANCIAL SUPPORT AND LEADERSHIP TO UPDATE AND DISTRIBUTE A COVID-19 FOOD RESOURCE GUIDE FOR THE DULUTH COMMUNITY.

EXPENSES

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

127,181.



ACTIVITY THREE

LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES - GENERATIONS PROVIDES LEADERSHIP AND/OR FINANCIAL SUPPORT TO INITIATIVES IN THE REGION INCLUDING: 1) BRIDGE TO HEALTH SURVEY - A REGIONAL ADULT HEALTH STATUS SURVEY. GENERATIONS SERVES AS THE BACKBONE ORGANIZATION OF THIS EFFORT, RESPONSIBLE FOR FUNDRAISING, COORDINATING, AND COMMUNICATING THE SURVEY RESULTS. 2) BRIDGING HEALTH DULUTH (BHD) - A COLLABORATIVE THAT PRODUCES A COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPLEMENTATION PLAN. GENERATIONS PROVIDES FINANCIAL SUPPORT AND LEADERSHIP ON THE BHD STEERING COMMITTEE AND IMPLEMENTATION TEAMS. 3) QUALITY OF LIFE NEIGHBORHOOD COLLECTIVE- GENERATIONS' STAFF PROVIDE LEADERSHIP ON THE HEALTH GROUP OF THIS MULTI-SECTOR COLLABORATIVE FOCUSED ON REDUCING HEALTH DISPARITIES IN DULUTH'S HILLSIDE AND LINCOLN PARK NEIGHBORHOODS. 4) NORTHLAND HEALTHY MINDS - A COALITION FOCUSED ON REDUCING THE STIGMA ASSOCIATED WITH MENTAL ILLNESS. GENERATIONS PROVIDES FUNDS AND STAFF LEADERSHIP.

EXPENSES

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

129,118.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

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

**TERRY LEONIDAS**

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

**1** I request an automatic 6-month extension of time until **JULY 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2019**, and ending **AUG 31, 2020**.

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

|   |           |    |                |
|---|-----------|----|----------------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | <b>18,640.</b> |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>8,640.</b>  |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | <b>10,000.</b> |

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

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

For calendar year 2019 or other tax year beginning SEP 1, 2019, and ending AUG 31, 2020

**2019**

▶ 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).

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

Department of the Treasury  
Internal Revenue Service

|  |                              |   |  |
|--|------------------------------|---|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>130 W. SUPERIOR STREET, NO. 700</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>DULUTH, MN 55802</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>41-2000473</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p> |
|--|------------------------------|---|--|

|   |  |
|---|--|
| <p><b>C</b> Book value of all assets at end of year<br/> <b>11,747,741.</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> |
|---|--|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**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**

| <b>Part I Unrelated Trade or Business Income</b>   |                    | (A) Income   | (B) Expenses | (C) Net |
|--|--------------------|--------------|--------------|---------|
| <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 a partnership or an S corporation (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 a controlled organization (Schedule 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>12</b>    |              |         |
| <b>13 Total.</b> Combine lines 3 through 12  |                    | <b>13</b> 0. |              |         |

| <b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.)<br>(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) (see instructions)  |  |            | <b>18</b>  |    |
| <b>19</b> Taxes and licenses   |  |            | <b>19</b>  |    |
| <b>20</b> Depreciation (attach Form 4562)  |  | <b>20</b>  |            |    |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return  |  | <b>21a</b> | <b>21b</b> |    |
| <b>22</b> Depletion  |  |            | <b>22</b>  |    |
| <b>23</b> Contributions to deferred compensation plans   |  |            | <b>23</b>  |    |
| <b>24</b> Employee benefit programs  |  |            | <b>24</b>  |    |
| <b>25</b> Excess exempt expenses (Schedule I)  |  |            | <b>25</b>  |    |
| <b>26</b> Excess readership costs (Schedule J)   |  |            | <b>26</b>  |    |
| <b>27</b> Other deductions (attach schedule)   |  |            | <b>27</b>  |    |
| <b>28 Total deductions.</b> Add lines 14 through 27  |  |            | <b>28</b>  | 0. |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13   |  |            | <b>29</b>  | 0. |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)   |  |            | <b>30</b>  | 0. |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29   |  |            | <b>31</b>  | 0. |

| <b>Part III Total Unrelated Business Taxable Income</b> |  |
|---|--|
| 32  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) ..... 0.                                    |
| 33  | Amounts paid for disallowed fringes ..... 0.   |
| 34  | Charitable contributions (see instructions for limitation rules) ..... 0.  |
| 35  | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33                      |
| 36  | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) .....  |
| 37  | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 .....  |
| 38  | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) ..... 1,000.   |
| 39  | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 ..... 0. |

| <b>Part IV Tax Computation</b> |  |
|--------------------------------|--|
| 40                             | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21) ..... 0.  |
| 41                             | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... |
| 42                             | <b>Proxy tax.</b> See instructions .....   |
| 43                             | Alternative minimum tax (trusts only) .....  |
| 44                             | <b>Tax on Noncompliant Facility Income.</b> See instructions .....   |
| 45                             | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies ..... 0.  |

| <b>Part V Tax and Payments</b> |   |
|--------------------------------|---|
| 46a                            | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 46a   |
| b                              | Other credits (see instructions) ..... 46b  |
| c                              | General business credit. Attach Form 3800 ..... 46c   |
| d                              | Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 46d  |
| e                              | <b>Total credits.</b> Add lines 46a through 46d ..... 46e   |
| 47                             | Subtract line 46e from line 45 ..... 0.   |
| 48                             | 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) ..... 48 |
| 49                             | <b>Total tax.</b> Add lines 47 and 48 (see instructions) ..... 0.   |
| 50                             | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ..... 0.   |
| 51a                            | Payments: A 2018 overpayment credited to 2019 ..... 500.  |
| b                              | 2019 estimated tax payments ..... 51b   |
| c                              | Tax deposited with Form 8868 ..... 51c  |
| d                              | Foreign organizations: Tax paid or withheld at source (see instructions) ..... 51d  |
| e                              | Backup withholding (see instructions) ..... 51e   |
| f                              | Credit for small employer health insurance premiums (attach Form 8941) ..... 51f  |
| g                              | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other ..... Total 51g  |
| 52                             | <b>Total payments.</b> Add lines 51a through 51g ..... 500.   |
| 53                             | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... 53  |
| 54                             | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed ..... 54   |
| 55                             | <b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid ..... 500.   |
| 56                             | Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> ..... <b>Refunded</b> ..... 500.  |

| <b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions) |  | Yes | No |
|---|--|-----|----|
| 57  | At any time during the 2019 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 ▶ |     | X  |
| 58  | 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  |
| 59  | 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 \_\_\_\_\_ **EXECUTIVE DIRECTOR** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

|                               |                            |  |          |   |                         |
|-------------------------------|----------------------------|--|----------|---|-------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature   | Date     | Check <input type="checkbox"/> if self-employed | PTIN                    |
|                               | JULIE BOYER                | JULIE BOYER  | 03/25/21 |   | P01278549               |
|                               | Firm's name ▶ RSM US LLP   | Firm's address ▶ 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802 |          |   | Firm's EIN ▶ 42-0714325 |

**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.   | 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.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>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 25.                                      |
| <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 26. <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>  |



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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

**TERRY LEONIDAS**

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

**1** I request an automatic 6-month extension of time until **JULY 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **SEP 1, 2019**, and ending **AUG 31, 2020**.

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

|   |           |    |      |
|---|-----------|----|------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0.   |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 500. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0.   |

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