

**Return of Private Foundation**

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

**2020**

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 2020 or tax year beginning **SEP 1, 2020**, and ending **AUG 31, 2021**

Name of foundation <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>		<b>A Employer identification number</b> <b>41-2000473</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>130 W. SUPERIOR STREET</b>	Room/suite <b>700</b>	<b>B Telephone number</b> <b>218-336-5700</b>
City or town, state or province, country, and ZIP or foreign postal code <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: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here <input type="checkbox"/> <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 <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) ▶ \$ <b>13,465,100.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <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> <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 .....	322,614.		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 .....	208,912.	208,912.		STATEMENT 1
	<b>5a</b> Gross rents .....	10,734.			STATEMENT 2
	<b>b</b> Net rental income or (loss) <b>10,734.</b>				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a <b>2,094,940.</b>				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		638,907.		
	<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 .....	5,833.	0.		STATEMENT 3	
<b>12 Total.</b> Add lines 1 through 11 .....	1,187,000.	847,819.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	188,368.	5,420.		182,948.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees <b>STMT 4</b> .....	3,402.	0.		3,402.
	<b>b</b> Accounting fees <b>STMT 5</b> .....	17,767.	888.		16,092.
	<b>c</b> Other professional fees <b>STMT 6</b> .....	46,543.	46,543.		0.
	<b>17</b> Interest .....				
	<b>18</b> Taxes <b>STMT 7</b> .....	16,133.	229.		0.
	<b>19</b> Depreciation and depletion .....	4,677.	0.		
	<b>20</b> Occupancy .....	40,070.	0.		39,869.
	<b>21</b> Travel, conferences, and meetings .....	929.	0.		569.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses <b>STMT 8</b> .....	585,271.	1,084.		591,169.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	903,160.	54,164.		834,049.
	<b>25</b> Contributions, gifts, grants paid .....	274,730.			279,585.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	1,177,890.	54,164.		1,113,634.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements .....	9,110.				
<b>b Net investment income</b> (if negative, enter -0-) .....		793,655.			
<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 .....	105,744.	56,219.	56,219.
	2 Savings and temporary cash investments .....			
	3 Accounts receivable ▶ <u>37,324.</u>			
	Less: allowance for doubtful accounts ▶	27,373.	37,324.	37,324.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....	8,627.	17,713.	17,713.
	10a Investments - U.S. and state government obligations <b>STMT 9</b>	861,288.	973,663.	973,663.
	b Investments - corporate stock <b>STMT 10</b>	8,990,686.	10,547,229.	10,547,229.
	c Investments - corporate bonds <b>STMT 11</b>	1,269,665.	1,128,471.	1,128,471.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans .....				
13 Investments - other <b>STMT 12</b>	472,609.	696,414.	696,414.	
14 Land, buildings, and equipment: basis ▶ <u>107,246.</u>				
Less: accumulated depreciation <b>STMT 13</b> ▶ <u>99,179.</u>	11,749.	8,067.	8,067.	
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)	11,747,741.	13,465,100.	13,465,100.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	108,671.	105,975.	
	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> )	22,233.	32,650.	
23 <b>Total liabilities</b> (add lines 17 through 22)	130,904.	138,625.		
<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 .....	11,616,837.	13,326,475.	
	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>	11,616,837.	13,326,475.	
30 <b>Total liabilities and net assets/fund balances</b>	11,747,741.	13,465,100.		

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

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	11,616,837.
2 Enter amount from Part I, line 27a	2	9,110.
3 Other increases not included in line 2 (itemize) ▶ <b>UNREALIZED GAIN ON INVESTMENTS</b>	3	1,700,528.
4 Add lines 1, 2, and 3	4	13,326,475.
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	13,326,475.

Part IV Capital Gains and Losses for Tax on Investment Income

Table with 4 columns: (a) List and describe the kind(s) of property sold, (b) How acquired, (c) Date acquired, (d) Date sold. Rows include 1a PUBLICLY TRADED SECURITIES, b CAPITAL GAINS DIVIDENDS, c, d, e.

Table with 4 columns: (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis plus expense of sale, (h) Gain or (loss). Rows include a, b, c, d, e with values like 2,008,019 and 1,456,033.

Table with 4 columns: (i) FMV as of 12/31/69, (j) Adjusted basis, (k) Excess of col. (i) over col. (j), (l) Gains or Losses. Rows include a, b, c, d, e with values like 551,986 and 86,921.

Summary rows: 2 Capital gain net income or (net capital loss) 638,907; 3 Net short-term capital gain or (loss) N/A.

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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

Table with 4 columns: (a) Reserved, (b) Reserved, (c) Reserved, (d) Reserved. All cells are reserved.

Table with 8 rows: 2 Reserved, 3 Reserved, 4 Reserved, 5 Reserved, 6 Reserved, 7 Reserved, 8 Reserved. Each row has a small table with 2 columns.

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	11,032.
c All other domestic foundations enter 1.39% 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	11,032.
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	11,032.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		13,080.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		5,000.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	18,080.
8 Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	1.
9 <b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>		9	
10 <b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>		10	7,047.
11 Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> 7,047.   <b>Refunded</b>		11	0.

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ <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 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.GHCI.US	X	
14 The books are in care of ► TERRY LEONIDAS Telephone no. ► (218) 336-5702 Located at ► 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN ZIP+4 ► 55802		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	N/A	
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		X
Organizations relying on a current notice regarding disaster assistance, check here ► <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		X

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>					
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If "Yes" to 6b, file Form 8870.					
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>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		150,159.	38,209.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MEGAN HALENA - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	PROGRAM DIRECTOR 40.00	64,727.	13,269.	0.
SONIA KJOS - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	MANAGEMENT INFORMATION MANAGER 24.00	61,344.	4,294.	0.
SARAH NELSON - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	PROGRAM DIRECTOR 24.00	58,384.	4,033.	0.

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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
AMHERST H WILDER FOUNDATION - 451 LEXINGTON PARKWAY NORTH, ST. PAUL, MN 55104	PROJECT MGMT/ PLANNING/DATA ANALYS	221,021.

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

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 16	369,626.
2 SEE STATEMENT 17	342,387.
3 SEE STATEMENT 18	155,429.
4 PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.	5,498.

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... **0.**

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

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities .....	1a	12,410,703.
b	Average of monthly cash balances .....	1b	97,550.
c	Fair market value of all other assets .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	12,508,253.
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	12,508,253.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....	4	187,624.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 .....	5	12,320,629.
6	<b>Minimum investment return.</b> Enter 5% of line 5 .....	6	616,031.

**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	616,031.
2a	Tax on investment income for 2020 from Part VI, line 5 .....	2a	11,032.
b	Income tax for 2020. (This does not include the tax from Part VI.) .....	2b	
c	Add lines 2a and 2b .....	2c	11,032.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	604,999.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	604,999.
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	604,999.

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

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....	1a	1,113,634.
b	Program-related investments - total from Part IX-B .....	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required) .....	3a	
b	Cash distribution test (attach the required schedule) .....	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....	4	1,113,634.
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	1,113,634.

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



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

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				604,999.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015	837,998.			
<b>b</b> From 2016	537,219.			
<b>c</b> From 2017	490,429.			
<b>d</b> From 2018	297,901.			
<b>e</b> From 2019	302,475.			
<b>f</b> Total of lines 3a through e	2,466,022.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$	1,113,634.			
<b>a</b> Applied to 2019, 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 2020 distributable amount				604,999.
<b>e</b> Remaining amount distributed out of corpus	508,635.			
<b>5</b> Excess distributions carryover applied to 2020 (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	2,974,657.			
<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 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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)	2,500.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	835,498.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,136,659.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016	537,219.			
<b>b</b> Excess from 2017	490,429.			
<b>c</b> Excess from 2018	297,901.			
<b>d</b> Excess from 2019	302,475.			
<b>e</b> Excess from 2020	508,635.			

**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<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	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
COMMUNITY ACTION DULUTH INC. 2424 W. 1ST ST. SUITE 102 DULUTH, MN 55805	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	50,984.
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N. 8TH AVE E. DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	38,746.
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	139,208.
WE HEALTH CLINIC 32 EAST 1ST ST., SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	10,845.
WILDERNESS HEALTH 25 11TH AVE. TWO HARBORS, MN 55616	N/A	PC	ADDRESSING SYSTEMIC INEQUALITIES THAT WERE IDENTIFIED IN THE COVID19 ASSESSMENT	500.
<b>Total</b> ..... <b>SEE CONTINUATION SHEET(S)</b> .....			<b>3a</b>	<b>279,585.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> .....			<b>3b</b>	<b>0.</b>



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

Table with 3 columns: Question, Yes, No. Contains questions 1a through 1d regarding transfers and transactions with noncharitable exempt organizations.

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

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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Contains one row with '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.

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature, Date, Title, Check self-employed, Firm's name, Firm's EIN, Firm's address, Phone no.

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

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
YMCA AT THE ESSENTIA WELLNESS CENTER PO BOX 3678 DULUTH, MN 55803	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	39,302.
<b>Total from continuation sheets .....</b>				<b>39,302.</b>

**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

**2020**

Name of the organization

**GENERATIONS HEALTH CARE INITIATIVES, INC**

Employer identification number

**41-2000473**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BLUE CROSS AND BLUE SHIELD OF MN FOUNDATION  401 HARDING ST. NE  MINNEAPOLIS, MN 55413	\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MNSURE  355 RANDOLPH AVE  ST PAUL, MN 55102	\$ 232,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ITASCA COUNTY PUBLIC HEALTH  1209 SE 2ND AVE.  GRAND RAPIDS, MN 55744	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	AITKIN-ITASCA-KOOCHICHING COMMUNITY HEALTH BOARD  1209 SE 2ND AVE.  GRAND RAPIDS, MN 55744	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HEALTH PARTNERS  PO BOX 9480  MINNEAPOLIS, MN 55440	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MEDICA FOUNDATION  PO BOX 9310  MINNEAPOLIS, MN 55440	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UCARE  PO BOX 52  MINNEAPOLIS, MN 55440	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

Name of organization  <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number  <b>41-2000473</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from 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. from 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. from 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. from 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>	

# Underpayment of Estimated Tax by Corporations

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

**2020**

▶ Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>	Employer identification number <b>41-2000473</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

**Part I Required Annual Payment**

1 Total tax (see instructions) .....		<b>1</b>	<b>11,032.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b 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 .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d Total. Add lines 2a through 2c .....		<b>2d</b>	
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 .....		<b>3</b>	<b>11,032.</b>
4 Enter the tax shown on the corporation's 2019 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 .....		<b>4</b>	<b>13,008.</b>
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 .....		<b>5</b>	<b>11,032.</b>

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

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

**Part III Figuring the Underpayment**

		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year. <b>Filers with installments due on or after April 1, 2020, and before July 15, 2020, see instructions</b> .....	<b>9</b>	01/15/21	02/15/21	05/15/21	08/15/21
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 .....	<b>10</b>	2,758.	2,758.	2,758.	2,758.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	5,632.		4,148.	
<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	<b>12</b>		2,874.	116.	1,506.
13 Add lines 11 and 12 .....	<b>13</b>		2,874.	4,264.	1,506.
14 Add amounts on lines 16 and 17 of the preceding column	<b>14</b>				
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	5,632.	2,874.	4,264.	1,506.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		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 .....	<b>17</b>				1,252.
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 .....	<b>18</b>	2,874.	116.	1,506.	

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

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2020 and before 7/1/2020 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{366}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2020 and before 10/1/2020 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{366}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2020 and before 1/1/2021 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{366}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2020 and before 4/1/2021 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2021 and before 7/1/2021 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2021 and before 10/1/2021 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2021 and before 1/1/2022 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2021 and before 3/16/2022 .....	<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> \$			<b>1.</b>

\* 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  
**UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) <b>GENERATIONS HEALTH CARE INITIATIVES, INC</b>					Identifying Number <b>41-2000473</b>
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/21	2,758.	2,758.			
01/15/21	-5,632.	-2,874.			
02/15/21	2,758.	-116.			
05/15/21	2,758.	2,642.			
05/15/21	-4,148.	-1,506.			
08/15/21	2,758.	1,252.	5	.000082192	1.
08/20/21	-3,300.	-2,048.			

Penalty Due (Sum of Column F). ..... 1.

\* Date of estimated tax payment, withholding credit date or installment due date.

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	208,912.	0.	208,912.	208,912.	
INVESTMENT INCOME - AGENCY	86,921.	86,921.	0.	0.	
TO PART I, LINE 4	295,833.	86,921.	208,912.	208,912.	

FORM 990-PF	RENTAL INCOME		STATEMENT 2	
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME		
BUILDING - OFFICE SPACE	1	10,734.		
TOTAL TO FORM 990-PF, PART I, LINE 5A		10,734.		

FORM 990-PF	OTHER INCOME			STATEMENT 3	
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME		
OTHER INCOME	5,833.	0.			
TOTAL TO FORM 990-PF, PART I, LINE 11	5,833.	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	3,402.	0.		3,402.		
TO FM 990-PF, PG 1, LN 16A	3,402.	0.		3,402.		

## FORM 990-PF

## ACCOUNTING FEES

## STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	17,767.	888.		16,092.
TO FORM 990-PF, PG 1, LN 16B	17,767.	888.		16,092.

## FORM 990-PF

## OTHER PROFESSIONAL FEES

## STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INVESTMENT MANAGEMENT FEES	46,543.	46,543.		0.
TO FORM 990-PF, PG 1, LN 16C	46,543.	46,543.		0.

## FORM 990-PF

## TAXES

## STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	15,904.	0.		0.
FOREIGN TAXES	229.	229.		0.
TO FORM 990-PF, PG 1, LN 18	16,133.	229.		0.



## FORM 990-PF

## OTHER EXPENSES

## STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXPENSES	6,596.	0.		6,484.
DUES AND MEMBERSHIPS	994.	0.		994.
PARKING	955.	0.		1,025.
INSURANCE	4,234.	0.		4,268.
LEASED EMPLOYEES	38,556.	0.		27,540.
COMPUTER SUPPLIES & SOFTWARE	32,427.	0.		41,646.
PROGRAM DEVELOPMENT	5,498.	0.		5,574.
LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES	284,144.	0.		295,302.
PAYROLL FEES	21,668.	1,083.		20,584.
ADVANCING HEALTH EQUITY	79,272.	0.		79,120.
IMPROVING ACCESS TO CARE	110,771.	0.		108,477.
SPACE EXPENSE	131.	0.		131.
TAX RETURN REGISTRATION	25.	1.		24.
TO FORM 990-PF, PG 1, LN 23	585,271.	1,084.		591,169.

## FORM 990-PF

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

## STATEMENT 9

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
U S GOVT SECURITIES	X		973,663.	973,663.
TOTAL U.S. GOVERNMENT OBLIGATIONS			973,663.	973,663.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			973,663.	973,663.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ACCENTURE PLC	53,513.	53,513.
ACTIVISION BLIZZARD INC	19,769.	19,769.
AGCO CORP COM	31,515.	31,515.
ALIGN TECHNOLOGY INC	48,212.	48,212.
ALPHABET INC CL C	192,010.	192,010.
AMAZON COM INC COM	156,186.	156,186.
AMEX ENERGY SELECT SPDR	326,700.	326,700.
APPLE INC	209,829.	209,829.
ARISTA NETWORKS INC	45,083.	45,083.
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	478,225.	478,225.
BOOKING HOLDINGS INC	39,094.	39,094.
BOSTON SCIENTIFIC CORP COM	42,757.	42,757.
BROADCOM INC	58,671.	58,671.
CANADIAN PAC RY LTD COM	32,194.	32,194.
CENTENE CORP DEL COM	34,135.	34,135.
CHEWY INC	25,290.	25,290.
CHIPOTLE MEXICAN GRILL INC	28,550.	28,550.
CONSTELLATION BRANDS INC	25,337.	25,337.
DANAHER CORP	46,031.	46,031.
DEXCOM INC	53,471.	53,471.
DODGE & COX INTERNATIONAL STOCK FUND	574,372.	574,372.
DODGE & COX STOCK FUND	1,018,782.	1,018,782.
ECOLAB INC	21,409.	21,409.
ELI LILLY & CO COM	43,909.	43,909.
ESTEE LAUDER COMPANIES INC	44,945.	44,945.
FACEBOOK INC	132,404.	132,404.
FIDELITY NATL INFORMATION SVCS INC	47,914.	47,914.
FINANCIAL SELECT SECTOR SPDR FUND	278,400.	278,400.
FLEETCOR TECHNOLOGIES INC	36,859.	36,859.
FORTUNE BRANDS HOME & SECURITY	40,019.	40,019.
GXO LOGISTICS	21,020.	21,020.
HOME DEPOT INC	27,073.	27,073.
INTERCONTINENTAL EXCHANGE, INC	38,967.	38,967.
INVESCO OPPENHEIMER DEVELOPING MARKETS FUND CLASS R6	666,162.	666,162.
ISHARES CMBS ETF	68,350.	68,350.

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

ISHARES MBS ETF	86,872.	86,872.
ISHARES MSCI EAFE ETF	179,424.	179,424.
ISHARES MSCI EMERGING MARKETS	217,502.	217,502.
ISHARES RUSSELL 1000 GROWTH ETF	319,990.	319,990.
ISHARES RUSSELL 1000 VALUE ETF	130,472.	130,472.
ISHARES RUSSELL 2000 ETF	146,848.	146,848.
ISHARES RUSSELL MID-CAP GROWTH	385,991.	385,991.
ISHARES RUSSELL MID-CAP VALUE	177,225.	177,225.
JP MORGAN MID CAP VALUE FUND-CLASS R6	394,089.	394,089.
LULULEMON ATHLETICA INC	29,613.	29,613.
MICROSOFT CORP	208,599.	208,599.
MORGAN STANLEY COM	59,212.	59,212.
NETFLIX INC	35,859.	35,859.
NORWEGIAN CRUISE LINE HOLDINGS LTD	16,615.	16,615.
NVIDIA CORP COM	77,900.	77,900.
PALO ALTO NETWORKS INC	55,786.	55,786.
PGIM HIGH YIELD FUND	357,683.	357,683.
PIMCO EMERGING MARKETS LOCAL CURRENCY AND BOND FUND	288,502.	288,502.
PIMCO INTERNATIONAL BOND FUND	162,915.	162,915.
POOL CORPORATION COM	48,441.	48,441.
S&P GLOBAL INC	43,051.	43,051.
SALESFORCE COM INC COM	69,501.	69,501.
SERVICENOW INC.	60,502.	60,502.
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	318,243.	318,243.
SPDR DOW JONES REIT ETF	462,249.	462,249.
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	310,070.	310,070.
TELADOC HEALTH INC.	31,628.	31,628.
TEMPLETON GLOBAL BOND FUND	187,148.	187,148.
TRACTOR SUPPLY CO COM	38,073.	38,073.
TRANSDIGM GROUP INC COM	30,374.	30,374.
TRIBUTARY SMALL COMPANY FUND CLASS	246,754.	246,754.
TRIMBLE INC	34,485.	34,485.
ULTA BEAUTY, INC.	46,865.	46,865.
VANGUARD REAL ESTATE ETF	135,725.	135,725.
VERTEX PHARMACEUTICALS INC COM	22,432.	22,432.
VISA INC-CLASS A SHRS	67,355.	67,355.
XPO LOGISTICS INC	22,336.	22,336.
ZENDESK INC	33,743.	33,743.

TOTAL TO FORM 990-PF, PART II, LINE 10B

10,547,229.

10,547,229.

FORM 990-PF

CORPORATE BONDS

STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBVIE INC	43,481.	43,481.
ANTHEM INC	44,768.	44,768.
AT&T INC	43,520.	43,520.
BANK OF AMERICA CORP	60,004.	60,004.
BANK OF MONTREAL	36,810.	36,810.
CAPITAL ONE FINANCIAL CO	44,722.	44,722.
CHEVRON CORP	51,280.	51,280.
CITIGROUP INC	45,154.	45,154.
COMCAST CORP	52,208.	52,208.
CVS HEALTH CORP	39,657.	39,657.
DIGITAL REALTY TRUST LP	44,840.	44,840.
DOLLAR GENERAL CORP	41,562.	41,562.
EQUINIX	34,616.	34,616.
GOLDMAN SACHS GROUP INC	54,478.	54,478.
HALLIBURTON COMPANY	3,149.	3,149.
HP ENTERPRISE CO	35,618.	35,618.
JPMORGAN CHASE & CO	58,239.	58,239.
METLIFE INC	47,460.	47,460.
MITSUBISHI UFJ FIN GRP	42,523.	42,523.
MORGAN STANLEY	44,501.	44,501.
PNC FINANCIAL SERVICES	47,263.	47,263.
SUMITOMO MITSUI FINL GRP	56,203.	56,203.
SUNTRUST BANKS INC	49,875.	49,875.
WALT DISNEY COMPANY/THE	56,071.	56,071.
WESTPAC BANKING CORP	50,469.	50,469.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,128,471.	1,128,471.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACC INT REC - SECURITIES	FMV	15,244.	15,244.
MONEY MARKET FUNDS	FMV	681,170.	681,170.
TOTAL TO FORM 990-PF, PART II, LINE 13		696,414.	696,414.

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

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS	8,211.	7,217.	994.
MOVEABLE EQUIPMENT	99,035.	91,962.	7,073.
TOTAL TO FM 990-PF, PART II, LN 14	107,246.	99,179.	8,067.

FORM 990-PF OTHER LIABILITIES STATEMENT 14

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ASSETS HELD FOR OTHERS	22,233.	32,650.
TOTAL TO FORM 990-PF, PART II, LINE 22	22,233.	32,650.

FORM 990-PF

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

STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELIZABETH HENDEERSON 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.50	0.	0.	0.
ANGIE MILLER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
KIM DAUNER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
MICHAEL SLAG, MD 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
THOMAS ALBRIGHT 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
JIM SPREITZER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
YVONNE MICHAUD NOVAK 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
JULIE PIERCE 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.

GENERATIONS HEALTH CARE INITIATIVES, INC

41-2000473

JO ANN HOAG 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CHAIR  0.50	0.	0.	0.
CARL CRAWFORD 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	VICE CHAIR  0.50	0.	0.	0.
STEVE PATRONIS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	SECRETARY/TREASURER  0.50	0.	0.	0.
TERRY LEONIDAS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	CFO  20.00	34,032.	2,382.	0.
MARY RAPPS 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	EXECUTIVE DIRECTOR  40.00	116,127.	35,827.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		<u>150,159.</u>	<u>38,209.</u>	<u>0.</u>

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

369,626.

FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 17

ACTIVITY TWO

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 DEVELOPS 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) NORTHLAND HEALTHY MINDS - A COALITION FOCUSED ON REDUCING THE STIGMA ASSOCIATED WITH MENTAL ILLNESS.

EXPENSES

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

342,387.



ACTIVITY THREE

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 HEALTH. 2) HEALTH EQUITY NORTHLAND AND OTHER PARTNERS ON AN AFRICAN HERITAGE COVID-19 OUTREACH PROJECT WITH FOCUS ON SYSTEMIC CAUSES OF HEALTH INEQUITIES. 3) BRIDGING HEALTH DULUTH (BHD) ON FOCUSING EQUITY IN THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN PROCESS. 4) BHD RESOURCEFUL PROJECT ON RECRUITING AND SUPPORTING A COMMUNITY ADVISORY TEAM IN A COMMUNITY PARTICIPATORY BASED EVALUATION PROCESS.

EXPENSES

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

155,429.

**2020 DEPRECIATION AND AMORTIZATION REPORT**

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	LEASEHOLD IMPROVEMENTS	01/01/01	SL	15.00		16	8,211.				8,211.	6,422.		795.	7,217.
2	MOVEABLE EQUIPMENT	01/01/01	SL	5.00		16	99,035.				99,035.	88,080.		3,882.	91,962.
* TOTAL 990-PF PG 1 DEPR							107,246.				107,246.	94,502.		4,677.	99,179.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 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, 2022**, 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, 2020**, and ending **AUG 31, 2021**.

**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>	\$	18,080.
<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>	\$	13,080.
<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>	\$	5,000.

**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.

Electronic Filing PDF Attachment

ELECTION FOR 990-PF, PART XIII, LINE 7:  
GENERATIONS HEALTH CARE INITIATIVES, INC  
EIN: 41-2000473  
FOR YEAR ENDING: 8/31/2021

PURSUANT TO REG. 53.4942(A)-3(C)(2)(IV), THE ABOVE  
REFERENCED FOUNDATION HEREBY ELECTS TO TREAT, AS A CURRENT  
CORPUS DISTRIBUTION, THE FOLLOWING UNUSED PRIOR TAX YEAR'S  
DISTRIBUTIONS THAT WERE TREATED AS CORPUS DISTRIBUTIONS  
UNDER REG. 53.4942(A)-3(D)(1)(III) IN SUCH PRIOR TAX YEARS:

TAX YEAR: 2019  
AMOUNT: \$ 2,500

SIGNED: Mary Rapps  
NAME & TITLE: Mary Rapps, Executive Director  
DATE: 3/11/2022