

Return of Private Foundation

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

2021

Open to Public Inspection

Form **990-PF**

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

For calendar year 2021 or tax year beginning **SEP 1, 2021**, and ending **AUG 31, 2022**

Name of foundation
GENERATIONS HEALTH CARE INITIATIVES, INC

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

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

A Employer identification number
41-2000473

B Telephone number
218-336-5700

C If exemption application is pending, check here

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

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16)
\$ **11,123,965.**

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	244,393.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	229,067.	229,067.		STATEMENT 1
	5a Gross rents	10,479.			STATEMENT 2
	b Net rental income or (loss)	10,479.			
	6a Net gain or (loss) from sale of assets not on line 10	577,757.			
	b Gross sales price for all assets on line 6a	2,382,006.			
	7 Capital gain net income (from Part IV, line 2)		577,757.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	4,167.	0.		STATEMENT 3	
12 Total. Add lines 1 through 11	1,065,863.	806,824.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	187,611.	6,101.		181,510.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees	STMT 4 1,240.	0.		1,240.
	b Accounting fees	STMT 5 16,343.	817.		17,051.
	c Other professional fees	STMT 6 46,724.	46,724.		0.
	17 Interest				
	18 Taxes	STMT 7 10,964.	163.		0.
	19 Depreciation and depletion	4,148.	0.		
	20 Occupancy	41,851.	0.		45,333.
	21 Travel, conferences, and meetings	615.	0.		913.
	22 Printing and publications				
	23 Other expenses	STMT 8 349,597.	1,111.		355,973.
	24 Total operating and administrative expenses. Add lines 13 through 23	659,093.	54,916.		602,020.
	25 Contributions, gifts, grants paid	234,038.			243,590.
26 Total expenses and disbursements. Add lines 24 and 25	893,131.	54,916.		845,610.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	172,732.				
b Net investment income (if negative, enter -0-)		751,908.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	56,219.	62,832.	62,832.
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ 28,179.			
	Less: allowance for doubtful accounts ▶	37,324.	28,179.	28,179.
	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	17,713.	13,936.	13,936.
	10a Investments - U.S. and state government obligations STMT 9	973,663.	961,134.	961,134.
	b Investments - corporate stock STMT 10	10,547,229.	7,704,343.	7,704,343.
	c Investments - corporate bonds STMT 11	1,128,471.	1,905,144.	1,905,144.
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 12	696,414.	444,478.	444,478.	
14 Land, buildings, and equipment: basis ▶ 101,348.				
Less: accumulated depreciation STMT 13 ▶ 97,429.	8,067.	3,919.	3,919.	
15 Other assets (describe ▶)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	13,465,100.	11,123,965.	11,123,965.	
Liabilities	17 Accounts payable and accrued expenses	105,975.	84,781.	
	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 ▶ STATEMENT 14)	32,650.	29,472.	
23 Total liabilities (add lines 17 through 22)	138,625.	114,253.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	13,326,475.	11,009,712.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.			
	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 Total net assets or fund balances	13,326,475.	11,009,712.	
30 Total liabilities and net assets/fund balances	13,465,100.	11,123,965.		

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	13,326,475.
2 Enter amount from Part I, line 27a	2	172,732.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	13,499,207.
5 Decreases not included in line 2 (itemize) ▶ UNREALIZED LOSS ON INVESTMENTS	5	2,489,495.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	11,009,712.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES				
b CAPITAL GAINS DIVIDENDS				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a 2,146,906.		1,804,249.	342,657.	
b 235,100.			235,100.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69
			(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				342,657.
b				235,100.
c				
d				
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 577,757.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		{ }		3 N/A

Part V 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)		1	10,452.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	10,452.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	10,452.
6 Credits/Payments:			
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a 9,751.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 7,000.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	16,751.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached		8	26.
9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	6,273.
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax 6,273. Refunded		11	0.

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.</u> (2) On foundation managers. ▶ \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by General Instruction T.		
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 XIV	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 General Instruction G? 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 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	X	
Website address ▶ <u>WWW.GHCI.US</u>		
14 The books are in care of ▶ <u>TERRY LEONIDAS</u> Telephone no. ▶ <u>(218) 336-5702</u> Located at ▶ <u>130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN</u> ZIP+4 ▶ <u>55802</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u> N/A		
16 At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

Part VI-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?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?		
(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.)	1a(5)	X
	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here		
d 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 2021?	1d	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 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
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.)	2b	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?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.)	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	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 2021?	4b	X

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

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

Part VII 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		148,030.	39,581.	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	68,109.	13,871.	0.
SARAH NELSON - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	PROGRAM DIRECTOR 30.00	62,872.	4,151.	0.
SONIA KJOS - 130 W. SUPERIOR STREET, SUITE 700, DULUTH, MN 55802	MANAGEMENT INFORMATION 24.00	54,473.	3,813.	0.

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

Part VII 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 VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Rows include 'SEE STATEMENT 16' (372,502), 'SEE STATEMENT 17' (114,967), 'SEE STATEMENT 18' (90,475), and 'PROGRAM DEVELOPMENT - GENERAL PROGRAM DEVELOPMENT INCLUDES ACTIVITIES SUCH AS FORMATIVE RESEARCH, PROGRAM PLANNING, AND TRAINING RELATED TO PROGRAM DEVELOPMENT.' (8,205).

Part VIII-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 IX 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	12,200,842.
b	Average of monthly cash balances	1b	110,827.
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	12,311,669.
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	12,311,669.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	184,675.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	12,126,994.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	606,350.

Part X 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 IX, line 6	1	606,350.
2a	Tax on investment income for 2021 from Part V, line 5	2a	10,452.
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	10,452.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	595,898.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	595,898.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	595,898.

Part XI 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	845,610.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	845,610.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				595,898.
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016	537,219.			
b From 2017	490,429.			
c From 2018	297,901.			
d From 2019	302,475.			
e From 2020	508,635.			
f Total of lines 3a through e	2,136,659.			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$	845,610.			
a Applied to 2020, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2021 distributable amount				595,898.
e Remaining amount distributed out of corpus	249,712.			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	2,386,371.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	56,500.			
8 Excess distributions carryover from 2016 not applied on line 5 or line 7	480,719.			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a	1,849,152.			
10 Analysis of line 9:				
a Excess from 2017	490,429.			
b Excess from 2018	297,901.			
c Excess from 2019	302,475.			
d Excess from 2020	508,635.			
e Excess from 2021	249,712.			

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, 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) 2021	(b) 2020	(c) 2019	(d) 2018	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
COMMUNITY ACTION DULUTH INC. 2424 W. 1ST ST. SUITE 102 DULUTH, MN 55805	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	67,804.
DULUTH COMMUNITY SCHOOL COLLABORATIVE 1027 N. 8TH AVE E. DULUTH, MN 55805	N/A	PC	EDUCATE FAMILIES ON ACCESS TO HEALTH CARE	1,280.
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4325 GRAND AVE DULUTH, MN 55807	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	144,333.
WE HEALTH CLINIC 32 EAST 1ST ST., SUITE 300 DULUTH, MN 55802	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	12,353.
YMCA AT THE ESSENTIA WELLNESS CENTER PO BOX 3678 DULUTH, MN 55803	N/A	PC	INFORMING RESIDENTS ABOUT COVERAGE THROUGH MNSURE	17,820.
Total			▶ 3a	243,590.
b Approved for future payment				
NONE				
Total			▶ 3b	0.

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include 1 Program service revenue (a-f), 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate (a-b), 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue (a-e), 12 Subtotal, 13 Total. Values include 229,067, 10,479, 577,757, 0, 817,303, 4,167, 821,470.

Part XV-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 XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). Row 11A OTHER INCOME.

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

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

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

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: _____ 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	03/26/23		P01278549
	Firm's name ▶ RSM US LLP			Firm's EIN ▶ 42-0714325	
Firm's address ▶ 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802				Phone no. 218-727-5025	

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

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

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	<u>MNSURE</u> <u>355 RANDOLPH AVE</u> <u>ST PAUL, MN 55102</u>	\$ <u>237,793.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>MID-MINNESOTA LEGAL ASSISTANCE FUND</u> <u>111 N FIFTH ST., SUITE 100</u> <u>MINNEAPOLIS, MN 55403</u>	\$ <u>6,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

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

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

Underpayment of Estimated Tax by Corporations

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

2021

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

Name GENERATIONS HEALTH CARE INITIATIVES, INC	Employer identification number 41-2000473
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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)		1	10,452.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
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	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		10,452.
4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		11,032.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		10,452.

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

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

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	01/15/22	02/15/22	05/15/22	08/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	2,613.	2,613.	2,613.	2,613.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	6,991.			2,760.
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		4,378.	1,765.	
13 Add lines 11 and 12	13		4,378.	1,765.	2,760.
14 Add amounts on lines 16 and 17 of the preceding column	14				848.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	6,991.	4,378.	1,765.	1,912.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			848.	701.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	4,378.	1,765.		

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

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 3\% (0.03)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 3\% (0.03)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 3\% (0.03)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 3\% (0.03)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38 \$			26.

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

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

Name(s) GENERATIONS HEALTH CARE INITIATIVES, INC					Identifying Number 41-2000473
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
01/15/22	2,613.	2,613.			
01/15/22	-6,991.	-4,378.			
02/15/22	2,613.	-1,765.			
03/31/22	0.	-1,765.	45	.000109589	
05/15/22	2,613.	848.	46	.000109589	4.
06/30/22	0.	848.	46	.000136986	5.
08/15/22	2,613.	3,461.			
08/15/22	-2,760.	701.	46	.000136986	4.
09/30/22	0.	701.	92	.000164384	11.
12/31/22	0.	701.	15	.000191781	2.

Penalty Due (Sum of Column F).

26.

* 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	229,067.	0.	229,067.	229,067.	
INVESTMENT INCOME - AGENCY	235,100.	235,100.	0.	0.	
TO PART I, LINE 4	464,167.	235,100.	229,067.	229,067.	

FORM 990-PF		RENTAL INCOME	STATEMENT 2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
BUILDING - OFFICE SPACE	1	10,479.	
TOTAL TO FORM 990-PF, PART I, LINE 5A		10,479.	

FORM 990-PF		OTHER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
OTHER INCOME	4,167.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	4,167.	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	1,240.	0.		1,240.
TO FM 990-PF, PG 1, LN 16A	1,240.	0.		1,240.

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	16,343.	817.		17,051.
TO FORM 990-PF, PG 1, LN 16B	16,343.	817.		17,051.

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	46,724.	46,724.		0.
TO FORM 990-PF, PG 1, LN 16C	46,724.	46,724.		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	10,801.	0.		0.
FOREIGN TAXES	163.	163.		0.
TO FORM 990-PF, PG 1, LN 18	10,964.	163.		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	6,344.	0.		6,422.
DUES AND MEMBERSHIPS	1,121.	0.		1,121.
PARKING	852.	0.		858.
INSURANCE	5,014.	0.		5,492.
LEASED EMPLOYEES	58,799.	0.		67,893.
COMPUTER SUPPLIES & SOFTWARE	27,199.	0.		22,756.
PROGRAM DEVELOPMENT	1,985.	0.		1,919.
LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES	32,942.	0.		33,070.
PAYROLL FEES	22,203.	1,110.		21,093.
ADVANCING HEALTH EQUITY	62,374.	0.		62,662.
IMPROVING ACCESS TO CARE	130,414.	0.		132,338.
SPACE EXPENSE	325.	0.		325.
TAX RETURN REGISTRATION	25.	1.		24.
TO FORM 990-PF, PG 1, LN 23	349,597.	1,111.		355,973.

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		961,134.	961,134.
TOTAL U.S. GOVERNMENT OBLIGATIONS			961,134.	961,134.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			961,134.	961,134.

FORM 990-PF

CORPORATE STOCK

STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ACCENTURE PLC	23,942.	23,942.
AGCO CORP COM	24,895.	24,895.
ALIGN TECHNOLOGY INC	23,639.	23,639.
ALPHABET INC CL C	124,431.	124,431.
AMAZON COM INC COM	139,447.	139,447.
AMEX CONSUMER DISCR SPDR	199,364.	199,364.
AMEX ENERGY SELECT SPDR	181,124.	181,124.
APPLE INC	213,347.	213,347.
ARISTA NETWORKS INC	47,233.	47,233.
ARTISAN INTERNATIONAL FUND INSTITUTIONAL CLASS	284,333.	284,333.
BOOKING HOLDINGS INC	20,634.	20,634.
BOSTON SCIENTIFIC CORP COM	35,352.	35,352.
BROADCOM INC	46,417.	46,417.
CANADIAN PAC RY LTD COM	28,372.	28,372.
CENTENE CORP DEL COM	32,486.	32,486.
CHEWY INC	9,853.	9,853.
CHIPOTLE MEXICAN GRILL INC	43,114.	43,114.
CONSTELLATION BRANDS INC	29,526.	29,526.
COSTCO WHOLESALE CORP	21,406.	21,406.
DANAHER CORP	35,628.	35,628.
DEXCOM INC	33,213.	33,213.
DODGE & COX INTERNATIONAL STOCK FUND	492,251.	492,251.
DODGE & COX STOCK FUND	931,704.	931,704.
ECOLAB INC	22,445.	22,445.
ELI LILLY & CO COM	25,303.	25,303.
ESTEE LAUDER COMPANIES INC	38,920.	38,920.
FIDELITY NATL INFORMATION SVCS INC	34,264.	34,264.
FINANCIAL SELECT SECTOR SPDR FUND	239,613.	239,613.
FLEETCOR TECHNOLOGIES INC	34,855.	34,855.
FORTUNE BRANDS HOME & SECURITY	23,528.	23,528.
GXO LOGISTICS	17,574.	17,574.
INTERCONTINENTAL EXCHANGE, INC	30,759.	30,759.
INTUITIVE SURGICAL INC	22,631.	22,631.
INVESCO OPPENHEIMER DEVELOPING MARKETS FUND	441,439.	441,439.
ISHARES MSCI EAFE ETF	137,283.	137,283.
ISHARES MSCI EMERGING MARKETS	253,338.	253,338.

GENERATIONS HEALTH CARE INITIATIVES, INC41-2000473

ISHARES RUSSELL 1000 GROWTH ETF	257,081.	257,081.
ISHARES RUSSELL 2000 ETF	330,300.	330,300.
ISHARES RUSSELL MID-CAP GROWTH	281,187.	281,187.
ISHARES RUSSELL MID-CAP VALUE	160,365.	160,365.
JP MORGAN MID CAP VALUE FUND-CLASS R6	371,667.	371,667.
LULULEMON ATHLETICA INC	26,396.	26,396.
META PLATFORMS INC.	55,233.	55,233.
MICROSOFT CORP	167,079.	167,079.
MORGAN STANLEY COM	36,815.	36,815.
NETFLIX INC	20,791.	20,791.
NORWEGIAN CRUISE LINE HOLDINGS LTD	12,439.	12,439.
NVIDIA CORP COM	34,263.	34,263.
OKTA INC	27,329.	27,329.
PALO ALTO NETWORKS INC	40,647.	40,647.
POOL CORPORATION COM	23,065.	23,065.
S&P GLOBAL INC	34,161.	34,161.
SALESFORCE INC	40,903.	40,903.
SERVICENOW INC.	40,854.	40,854.
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF	232,575.	232,575.
SPDR DOW JONES REIT ETF	399,223.	399,223.
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	215,784.	215,784.
TRACTOR SUPPLY CO COM	29,624.	29,624.
TRANSDIGM GROUP INC COM	27,018.	27,018.
TRIBUTARY SMALL COMPANY FUND CLASS	203,174.	203,174.
TRIMBLE INC	28,526.	28,526.
TWILIO INC	17,395.	17,395.
ULTA BEAUTY, INC.	35,689.	35,689.
VANGUARD REAL ESTATE ETF	116,263.	116,263.
VERTEX PHARMACEUTICALS INC COM	25,922.	25,922.
VISA INC-CLASS A SHRS	55,440.	55,440.
XPO LOGISTICS INC	13,472.	13,472.
TOTAL TO FORM 990-PF, PART II, LINE 10B	<u>7,704,343.</u>	<u>7,704,343.</u>

FORM 990-PF

CORPORATE BONDS

STATEMENT 11

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
ABBVIE INC	39,267.	39,267.
ANTHEM INC	38,748.	38,748.
BANK OF AMERICA CORP	51,895.	51,895.
BANK OF MONTREAL	34,187.	34,187.
BRISTOL-MYERS SQUIBB CO.	13,216.	13,216.
BUNGE LTD FINANCE CORP	13,926.	13,926.
CAPITAL ONE FINANCIAL CO	38,445.	38,445.
CHEVRON CORP	47,180.	47,180.
COMCAST CORP	44,608.	44,608.
CVS HEALTH CORP	34,632.	34,632.
DIGITAL REALTY TRUST LP	38,183.	38,183.
DOLLAR GENERAL CORP	39,857.	39,857.
EQUINIX INC	29,680.	29,680.
FEDERATED HERMES INSTITUTIONAL HIGH YIELD BOND FUND	411,765.	411,765.
FEDEX CORP	12,625.	12,625.
GLOBAL PAYMENTS INC	13,324.	13,324.
GOLDMAN SACHS GROUP INC	49,113.	49,113.
HALLIBURTON COMPANY	2,999.	2,999.
HP ENTERPRISE CO	33,602.	33,602.
ISHARES CMBS ETF	70,701.	70,701.
JPMORGAN CHASE & CO	51,365.	51,365.
KEYCORP	12,831.	12,831.
LOWE'S COS INC	12,023.	12,023.
METLIFE INC	44,020.	44,020.
MORGAN STANLEY	38,862.	38,862.
PAYDEN EMERGING MARKETS BOND FUND	216,279.	216,279.
PIMCO INTERNATIONAL BOND FUND	270,470.	270,470.
PNC FINANCIAL SERVICES	39,463.	39,463.
ROYAL BANK OF CANADA	13,478.	13,478.
SUNTRUST BANKS INC	44,877.	44,877.
UNION PACIFIC CORP	13,011.	13,011.
WALT DISNEY COMPANY/THE	47,511.	47,511.
WESTPAC BANKING CORP	43,001.	43,001.
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,905,144.	1,905,144.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 12

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACC INT REC - SECURITIES	FMV	15,796.	15,796.
MONEY MARKET FUNDS	FMV	428,682.	428,682.
TOTAL TO FORM 990-PF, PART II, LINE 13		444,478.	444,478.

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.	8,012.	199.
MOVEABLE EQUIPMENT	93,137.	89,417.	3,720.
TOTAL TO FM 990-PF, PART II, LN 14	101,348.	97,429.	3,919.

FORM 990-PF OTHER LIABILITIES STATEMENT 14

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
ASSETS HELD FOR OTHERS	32,650.	29,472.
TOTAL TO FORM 990-PF, PART II, LINE 22	32,650.	29,472.

FORM 990-PF

PART VII - 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 HENDERSON 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	VICE CHAIR 0.50	0.	0.	0.
ANGIE MILLER 130 WEST SUPERIOR STREET, SUITE 700 DULUTH, MN 55802	DIRECTOR 0.30	0.	0.	0.
DALE GREENE 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.
STACY JOHNSTON 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.
KIM DAUNER 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	FORMER CHAIR/HONORARY DIRECTOR			
130 WEST SUPERIOR STREET, SUITE				
700	0.30	0.	0.	0.
DULUTH, MN 55802				

CARL CRAWFORD	CHAIR			
130 WEST SUPERIOR STREET, SUITE				
700	0.50	0.	0.	0.
DULUTH, MN 55802				

STEVE PATRONIS	SECRETARY/TREASURER			
130 WEST SUPERIOR STREET, SUITE				
700	0.50	0.	0.	0.
DULUTH, MN 55802				

TERRY LEONIDAS	CFO			
130 WEST SUPERIOR STREET, SUITE				
700	20.00	30,015.	2,101.	0.
DULUTH, MN 55802				

MARY RAPPS	EXECUTIVE DIRECTOR			
130 WEST SUPERIOR STREET, SUITE				
700	40.00	118,015.	37,480.	0.
DULUTH, MN 55802				

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		<u>148,030.</u>	<u>39,581.</u>	<u>0.</u>
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FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 16

ACTIVITY ONE

IMPROVING ACCESS TO CARE - GENERATIONS (GHCI) LEADS THE INSURE DULUTH COALITION, 15 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. GHCI COORDINATES PROJECT ACTIVITIES AND PROVIDES MANAGEMENT FOR GRANTS PROVIDED BY MNSURE AND BLUE CROSS BLUE SHIELD. ADDITIONALLY, GHCI 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. GHCI ALSO SUPPORTS THE EFFORTS OF THE STATEWIDE NAVIGATOR COALITION THROUGH LEADING COALITION MEMBERSHIP DEVELOPMENT AND INFRASTRUCTURE.

EXPENSES

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

372,502.

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 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 VIII-A, LINE 2

114,967.

ACTIVITY THREE

LEVERAGING AND SUPPORTING STRATEGIC ALLIANCES - GENERATIONS PROVIDES LEADERSHIP AND 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 EXECUTES A COMMUNITY HEALTH IMPLEMENTATION PLAN.

EXPENSES

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

90,475.

2021 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.	7,217.		795.	8,012.
2	MOVEABLE EQUIPMENT	01/01/01	SL	5.00		16	93,137.				93,137.	86,064.		3,353.	89,417.
	* TOTAL 990-PF PG 1 DEPR						101,348.				101,348.	93,281.		4,148.	97,429.

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 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. GENERATIONS HEALTH CARE INITIATIVES, INC	Taxpayer identification number (TIN) 41-2000473
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. 130 W. SUPERIOR STREET, 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, MN 55802	

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 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
Form 990-T (corporation)	07		

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 17, 2023**, 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, 2021**, and ending **AUG 31, 2022**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	16,751.
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.	3b	\$	9,751.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	7,000.

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

Electronic Filing PDF Attachment

ELECTION FOR 990-PF, PART XII, LINE 7:
GENERATIONS HEALTH CARE INITIATIVES, INC
EIN: 41-2000473
FOR YEAR ENDING: 8/31/2022

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: 2020
AMOUNT: \$ 56,500

SIGNED: Mary Rapps
NAME & TITLE: Mary Rapps, Executive Director
DATE: 3/24/2023