

# Form 990-PF

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

OMB No. 1545-0052

# 2017

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.

Open to Public Inspection

For calendar year 2017 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

A Employer identification number

**PRAIRIECARE CHILD & FAMILY FUND**

81-1529812

Number and street (or P.O. box number if mail is not delivered to street address)  
**5500 94TH AVE. N.**

Room/suite

B Telephone number (see instructions)  
763-762-8881

City or town, state or province, county, and ZIP or foreign postal code  
**BROOKLYN PARK MN 55443**

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

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ **337,974** (Part I, column (d) must be on cash basis.)  
J Accounting method:  Cash  Accrual

**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) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received (attach schedule) ...	315,454			
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				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule) <b>STMT 1</b>	105,806		105,806	
12 Total Add lines 1 through 11	421,260	0	105,806	
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages	62,636		62,636	
15 Pension plans, employee benefits				
16a Legal fees (attach schedule) <b>STMT 2</b>	1,261		1,261	
b Accounting fees (attach schedule) <b>STMT 3</b>	1,500		1,500	
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions)				
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings	3,513		3,513	
22 Printing and publications				
23 Other expenses (att. sch.) <b>STMT 4</b>	69,040		69,307	
24 Total operating and administrative expenses:	137,950		138,217	0
25 Add lines 13 through 23	110,150		138,217	110,150
26 Total expenses and disbursements. Add lines 24 and 25	248,100	0	138,217	110,150
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	173,160			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

DAA

Form 990-PF (2017)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

	Beginning of year		End of year	
	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1 Cash - non-interest-bearing				
2 Savings and temporary cash investments				
3 Accounts receivable	134,902	331,391	331,391	
Less: allowance for doubtful accounts				
4 Pledges receivable				
Less: allowance for doubtful accounts				
5 Grants receivable				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
7 Other notes and loans receivable (att. schedule)				
Less: allowance for doubtful accounts	0			
8 Inventories for sale or use				
9 Prepaid expenses and deferred charges				
10a Investments - U.S. and state government obligations (attach schedule)	35,885	6,583	6,583	
b Investments - corporate stock (attach schedule)				
c Investments - corporate bonds (attach schedule)				
11 Investments - land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
12 Investments - mortgage loans				
13 Investments - other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	170,787	337,974	337,974	
17 Accounts payable and accrued expenses				
18 Grants payable	52,050	47,299		
19 Deferred revenue				
20 Loans from officers, directors, trustees, and other disqualified persons				
21 Mortgages and other notes payable (attach schedule)				
22 Other liabilities (describe) SEE STATEMENT 5	1,222			
23 Total liabilities (add lines 17 through 22)	53,272	47,299		
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input checked="" type="checkbox"/>				
24 Unrestricted	117,515	290,675		
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input type="checkbox"/>				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg, and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds	117,515	290,675		
30 Total net assets or fund balances (see instructions)	170,787	337,974		
31 Total liabilities and net assets/fund balances (see instructions)	170,787	337,974		

Part III Analysis of Changes in Net Assets or Fund Balances

	1	2	3	4	5	6
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	117,515					
2 Enter amount from Part I, line 27a	173,160					
3 Other increases not included in line 2 (itemize)		3				
4 Add lines 1, 2, and 3			290,675			
5 Decreases not included in line 2 (itemize)						
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30			290,675			



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.)

Table with columns: (a) N/A, (b) How acquired, (c) Date acquired, (d) Date sold, (e) Gross sales price, (f) Depreciation allowed, (g) Cost or other basis, (h) Gain or (loss), (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)), (j) FMV as of 12/31/69, (k) Adjusted basis as of 12/31/69, (l) Excess of col. (i) over col. (j), if any.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

- 2 Capital gain net income or (net capital loss)
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
Part I, line 8
Part I, line 8

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.
Yes No

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries.

Table with columns: (a) Base period, years, (b) Adjusted qualifying distributions, (c) Net value of noncharitable-use assets, (d) Distribution ratio. Rows for years 2016, 2015, 2014, 2013, 2012.

- 2 Total of line 1, column (d)
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5
5 Multiply line 4 by line 3
6 Enter 1% of net investment income (1% of Part I, line 27b)
7 Add lines 5 and 6
8 Enter qualifying distributions from Part XII, line 4
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

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

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b _____	1	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). _____		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) _____	2	0
3	Add lines 1 and 2 _____	3	
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	0
6	Credits/Payments: _____		
a	2017 estimated tax payments and 2016 overpayment credited to 2017 _____	6a	
b	Exempt foreign organizations - tax withheld at source _____	6b	
c	Tax paid with application for extension of time to file (Form 8868) _____	6c	
d	Backup withholding erroneously withheld _____	6d	
7	Total credits and payments. Add lines 6a through 6d _____	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached _____	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed _____	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid _____	10	
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> _____	11	

**Part VII A** Statements Regarding Activities

	1a	1b	1c	2	3	4a	4b	5	6	7	8a	9	10	
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? _____													
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition _____													
c	Did the foundation file Form 1120-POL for this year? _____													
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: _____													
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $\blacktriangleright$ \$ _____													
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? _____													
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 confirmed copy of the changes _____													
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? _____													
4b	If "Yes," has it filed a tax return on Form 990-T for this year? _____													
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? _____													
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: <ul style="list-style-type: none"> <li>• By language in the governing instrument, or</li> <li>• 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?</li> </ul> _____													
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 _____													
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. $\blacktriangleright$ _____													
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 _____													
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(f)(3) or 4942(f)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes," complete Part XIV _____													
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses _____													

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 <b>WWW.PRAIRIECAREFUND.ORG</b>	X	
14 The books are in care of <b>MARSHA SWALLS</b> <b>1934 HENNEPIN AVE S, STE 300</b> Located at <b>MINNEAPOLIS MN</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here <input type="checkbox"/>		
15 and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>		
16 At any time during calendar year 2017, 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 <b>▶</b>	Yes	No
		X

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

	Yes	No
1a File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		
(1) During the year, did the foundation (either directly or indirectly):	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(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)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
(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.)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c Organizations relying on a current notice regarding disaster assistance, check here <b>▶</b>		N/A
2 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 2017?		N/A
a Taxes on failure to distribute income (section 4942(f)(3) or 4942(f)(5)): At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b If "Yes," list the years <b>▶ 20 20 20 20</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. <b>▶ 20 20 20 20</b>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2017.)		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 2017?		X



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

5a During the year did the foundation pay or incur any amount to:

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

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

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

SEE STATEMENT 6	(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

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). 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
NONE				

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. See instructions. If none, enter "NONE."	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services			

**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.

1 N/A	Expenses
2	
3	
4	

**Part IX B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1 N/A	Amount
2	
3	

All other program-related investments. See instructions.

Total Add lines 1 through 3

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	0
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	0
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	0
4	Cash deemed held for charitable activities. Enter 1/2% of line 3 (for greater amount, see instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0

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

  

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	110,150
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	110,150
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. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	110,150

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)	(b)	(c)	(d)
	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016	40,500			
f Total of lines 3a through e	40,500			
4 Qualifying distributions for 2017 from Part XII, line 4: \$ 110,150				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2017 distributable amount				
e Remaining amount distributed out of corpus	110,150			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	150,650			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a		150,650		
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015			40,500	
d Excess from 2016				
e Excess from 2017				110,150

**Part XIV Private Operating Foundations** (See instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling

Check box to indicate whether the foundation is a private operating foundation described in section  4942(f)(3) or  4942(f)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2017	(b) 2016	(c) 2015	(d) 2014	

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

3 Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test – enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test – enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)	(a)	(b)	(c)	(d)	(e)

**Part XV Information Regarding Foundation Managers:** 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).) N/A

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. N/A

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. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed: SEE STATEMENT 7

b The form in which applications should be submitted and information and materials they should include: CONTACT FUND FOR MORE INFORMATION.

c Any submission deadlines: THERE IS NO DEADLINE.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE STATEMENT 8

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
a <i>Paid during the year</i> SOUTH WASHINGTON COUNTY SCHOOLS 7362 E. POINT DOUGLAS RD. COTTAGE GROVE MN 55016		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	13,350
LAKEVILLE AREA PUBLIC SCHOOLS 8670 210TH STREET WEST LAKEVILLE MN 55044		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	29,890
ISD #306 PO BOX 138 NEVIS MN 56467		PAID	RAISE COMMUNITY AWARENESS	9,428
ROCHESTER PUBLIC SCHOOLS 615 7TH ST. SW ROCHESTER MN 55902		PAID	CREATE ONLINE HEALTH CIRRICULUM	11,412
DISTRICT 622 1060 STERLING STREET N. MAPLEWOOD MN 55119		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	5,570
MN ASSOC FOR CHILDREN MENTAL HEALTH 165 WESTERN AVE N, STE 2 ST PAUL MN 55102		PAID	EDUCATE & SUPPORT KIDS	12,500
MN PSYCHOANALYTIC SOCIETY & INST 825 NICOLLET MALL #1950 MINNEAPOLIS MN 55402		PAID	EDUCATE & SUPPORT KIDS	11,000
NATIONAL ALLIANCE ON MENTAL ILLNESS 800 TRANSFER ROAD #31 ST PAUL MN 55114		PAID	EDUCATE & SUPPORT KIDS	17,000
Total		▶ 3a		110,150
b Approved for future payment N/A			▶ 3b	
Total			▶ 3b	





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

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
(2) Other assets

b Other transactions:

- (1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations

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.

Table with columns: Yes, No, 1a(1), 1a(2), 1b(1), 1b(2), 1b(3), 1b(4), 1b(5), 1b(6), 1c. Contains 'X' marks in various cells.

Main table with columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes 'N/A' entries.

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?
b If "Yes," complete the following schedule.

Table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Includes 'N/A' entries.

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

Sign Here

Signature of officer or trustee, Date, Title: BOARD CHAIR

May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [ ] No

Preparer information section including name (LYNETTE R PETERSON, CPA), firm name (LETHERT, SKWIRA, SCHULTZ & CO. LLP), address (170 7TH PL E STE 100 SAINT PAUL, MN 55101-2361), and phone number (651-224-5721).

# Schedule of Contributors

OMB No. 1545-0047  
**2017**

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

▶ 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.

Name of the organization

**PRAIRIECARE CHILD & FAMILY FUND**

Employer identification number

**81-1529812**

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)(v), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



Name of organization  
**PRAIRIECARE CHILD & FAMILY FUND**

Employer identification number  
**81-1529812**

**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		\$ 10,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 145,969	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 10,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RAIRIECARE CHILD & FAMILY FUND

Employer identification number

81-1529812

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		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

## Federal Statements

Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
GOLF FUNDRAISER	\$ 48,576	\$	\$ 48,576
2017 GALA	57,230		57,230
TOTAL	\$ 105,806	\$ 0	\$ 105,806

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	\$ 1,261	\$	\$ 1,261	\$
TOTAL	\$ 1,261	\$ 0	\$ 1,261	\$ 0

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
CONSULTING FEES	\$ 1,500	\$	\$ 1,500	\$
TOTAL	\$ 1,500	\$ 0	\$ 1,500	\$ 0

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
GOLF FUNDRAISER TOURNAMENT FEES	24,225		24,225	
2017 GALA OTHER EXPENSES	4,809		4,809	



## Federal Statements

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses (continued)

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES	\$	\$	\$	\$
SUPPLIES	1,716		1,716	
MARKETING/PROMOTIONAL	497		497	
MEMBERSHIP DUES	723		723	
CREDIT CARD FEES	4,187		4,187	
REGISTRATION FEES	25		25	
OFFICE EXPENSES	15		281	
BUSINESS EXPENSES	1,210		1,211	
OPERATIONS	20		20	
OTHER FUNDRAISING EXPENSE	31,613		31,613	
TOTAL	<u>\$ 69,040</u>	<u>\$ 0</u>	<u>\$ 69,307</u>	<u>\$ 0</u>

62200 PrairieCare Child & Family Fund

81-1529812

### Federal Statements

FYE: 12/31/2017

#### Statement 5 - Form 990-PF, Part II, Line 22 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CREDIT CARD PAYABLE	\$ 1,222	\$
TOTAL	\$ 1,222	\$ 0

## Federal Statements

Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
MARSHA SWAILS 1934 HENNEPIN AVE S, STE 300 MINNEAPOLIS MN 55403	BOARD CHAIR	2.00	0	0	0
TOM LEHMAN 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	SECRETARY/TR	2.00	0	0	0
ALISHA PERKINS 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	VICE PRESIDE	1.00	0	0	0
ANN FRITZ 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
SANDRA NICHOLSON 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	2.00	0	0	0
RHODA MICHAELLYNN 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	2.00	0	0	0
JENNIFER MORRELL 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
JUDE DAVID 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
TODD STABENOW 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
STEPHANIE GOETZ	VP OF GOVERN	2.00	0	0	0



## Federal Statements

Statement 6 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,  
Etc. (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403					
JOANNA BRYANT 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
JOANNE HOFFMAN JECHA, MD 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
JUDY JOHNSON 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
SCOTT MORRELL 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
BRYAN MURRAY 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0

62200 PrairieCare Child & Family Fund

81-1529812

## Federal Statements

FYE: 12/31/2017

### Statement 7 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description

MARSHA SWAILS 763-762-8881  
5500 94TH AVE. N. BROOKLYN PARK MN 55443  
FUND@PRAIRIE-CARE.COM

### Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

CONTACT FUND FOR MORE INFORMATION.

### Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

THERE IS NO DEADLINE.

### Statement 8 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

AWARDS WILL BE LIMITED TO NEED AND FUNDS AVAILABLE BY  
FOUNDATION AT DISCRETION OF THE BOARD.