

Form 990-PF

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

OMB No. 1545-0052

2018

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.

Open to Public Inspection

For calendar year 2018 or tax year beginning

, and ending

Name of foundation

PRAIRIECARE CHILD & FAMILY FUND

A Employer identification number

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 Initial return of a former public charity
 Final return Amended return
 Address change 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

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

Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation

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) ▶ \$ **402,740** (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)

Revenue

1	Contributions, gifts, grants, etc., received (attach schedule)	329,885			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3	Interest on savings and temporary cash investments	467	467	467	
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) STMT 1	122,058		122,058	
12	Total. Add lines 1 through 11	452,410	467	122,525	
13	Compensation of officers, directors, trustees, etc.	0			
14	Other employee salaries and wages	82,213		82,213	
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) STMT 2	1,590		1,590	
c	Other professional fees (attach schedule) STMT 3	2,100		2,100	
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy	18,500		18,500	
21	Travel, conferences, and meetings	657		657	
22	Printing and publications	442		442	
23	Other expenses (att. sch.) STMT 4	128,689		128,689	
24	Total operating and administrative expenses.	234,191	0	234,191	0
25	Add lines 13 through 23	129,004			129,004
26	Total expenses and disbursements. Add lines 24 and 25.	363,195	0	234,191	129,004
27	Subtract line 26 from line 12:	89,215			
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		467		
c	Adjusted net income (if negative, enter -0-)			0	

Operating and Administrative Expenses

13	Compensation of officers, directors, trustees, etc.	0			
14	Other employee salaries and wages	82,213		82,213	
15	Pension plans, employee benefits				
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule) STMT 2	1,590		1,590	
c	Other professional fees (attach schedule) STMT 3	2,100		2,100	
17	Interest				
18	Taxes (attach schedule) (see instructions)				
19	Depreciation (attach schedule) and depletion				
20	Occupancy	18,500		18,500	
21	Travel, conferences, and meetings	657		657	
22	Printing and publications	442		442	
23	Other expenses (att. sch.) STMT 4	128,689		128,689	
24	Total operating and administrative expenses.	234,191	0	234,191	0
25	Add lines 13 through 23	129,004			129,004
26	Total expenses and disbursements. Add lines 24 and 25.	363,195	0	234,191	129,004
27	Subtract line 26 from line 12:	89,215			
a	Excess of revenue over expenses and disbursements				
b	Net investment income (if negative, enter -0-)		467		
c	Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2018)

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	331,391	92,414	92,414	
3 Accounts receivable		270,467	270,467	
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	6,583	39,859	39,859	
10a Investments – U.S. and state government obligations (attach schedule)				
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 j)	337,974	402,740	402,740	
17 Accounts payable and accrued expenses				
18 Grants payable	47,299	22,850		
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)				
23 Total liabilities (add lines 17 through 22)	47,299	22,850		
Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
24 Unrestricted	290,675	379,890		
25 Temporarily restricted				
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg., and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds	290,675	379,890		
30 Total net assets or fund balances (see instructions)				
31 Total liabilities and net assets/fund balances (see instructions)	337,974	402,740		

Part III Analysis of Changes in Net Assets or Fund Balances

	Beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)		End of year	
	1	2	3	4
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)	290,675	89,215		
2 Enter amount from Part I, line 27a				
3 Other increases not included in line 2 (itemize)			379,890	
4 Add lines 1, 2, and 3				
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	379,890			

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, MLC Co.)

(b) How acquired
P - Purchase
D - Donation

(c) Date acquired
(mo., day, yr.)

(d) Date sold
(mo., day, yr.)

1a N/A	(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))	(i) Date acquired (mo., day, yr.)	(j) Date sold (mo., day, yr.)
a						
b						
c						
d						
e						
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.						
	(f) 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) Gain (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
a						
b						
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

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	110,150		
2016	40,500		
2015			
2014			
2013			

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 2018 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.

2			
3			
4			
5			
6			
7			
8			129,004

Part VII 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 "NA" 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		5
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		5
4	Subtle 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		5
6	Credits/Payments: _____			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 _____	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		5
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 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> _____	11		

Part VIII Statements Regarding Activities

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? _____	1a	Yes	No
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. _____	1b		X
c	Did the foundation file Form 1120-POL for this year? _____	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____	2		X
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____	3		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities. _____	4a		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes _____	4a		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? _____	4b		
b	If "Yes," has it filed a tax return on Form 990-T for this year? _____	5		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. _____	6		
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? _____	7		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV _____	8b		X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. MD _____	9		X
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 _____	10		X
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 2018 or the taxable year beginning in 2018? 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 WWW.PRAIRIECAREPFUND.ORG	X	
14 The books are in care of NANCY BURTON 5500 94TH AVE. N. #1227 Located at BROOKLYN PARK MN ZIP+4 55443 Telephone no. 763-762-8881		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<input type="checkbox"/>
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	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	No
(2) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	X
(3) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	No
(4) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	No
(5) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	No
(6) 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	No
(7) 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	No
(8) 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	No
(9) Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>
(10) Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	N/A	
(11) Taxes on failure to distribute income (section 4942(j)(3) or 4942(j)(5)) operating foundation defined in section 4942(j)(3) or 4942(j)(5):		
(12) At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018?	Yes	No
(13) If "Yes," list the years ▶ 20 20 20 20		
(14) 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	
(15) If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here: ▶ 20 20 20 20		
(16) Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	No
(17) If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.)	N/A	
(18) Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
(19) Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b	X

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 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 2018 from Part VI, line 5	2a	5
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	5
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

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	129,004
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1b	
b	Program-related investments — total from Part IX-B	2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	3a	
3	Amounts set aside for specific charitable projects that satisfy the:	3b	
a	Suitability test (prior IRS approval required)	4	129,004
b	Cash distribution test (attach the required schedule)	5	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	6	128,999
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		
6	Adjusted qualifying distributions. Subtract line 5 from line 4		

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 XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016	40,500			
e From 2017	110,150			
f Total of lines 3a through e	150,650			
4 Qualifying distributions for 2018 from Part XII, line 4: \blacktriangleright \$ 129,004				
a Applied to 2017, 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 2018 distributable amount				
e Remaining amount distributed out of corpus	129,004			
5 Excess distributions carryover applied to 2018 (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	279,654			
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 2017. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	279,654			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016	40,500			
d Excess from 2017	110,150			
e Excess from 2018	129,004			

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

	4942(f)(3) or 4942(f)(5)				
	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling					
b Check box to indicate whether the foundation is a private operating foundation described in section					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(f)(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(f)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

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

- 1 Information Regarding Foundation Managers:**
 - a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
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 6
- 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 7

Part XV Supplemental 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> DISTRICT 622 1060 STERLING STREET N. MAPLEWOOD MN 55119	SOCIAL/EMOTIONAL LEARNING PROGRAM	PAID		2,250
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
LE SUEUR-HENDERSON SCHOOL DISTRICT 901 FERRY ST. LE SUEUR MN 56058	SOCIAL/EMOTIONAL LEARNING PROGRAM	PAID		29,575
PRODEO ACADEMY 170 ROSE AVE W ST. PAUL MN 55117	PROVIDE TRAINING FOR TEACHERS/STAFF	PAID		10,100
PAYNESVILLE SCHOOL DISTRICT 795 OLD HIGHWAY 23 PAYNESVILLE MN 56362	SOCIAL/EMOTIONAL LEARNING PROGRAM	PAID		19,318
FARIBAULT PUBLIC SCHOOLS 330 9TH AVE SW FARIBAULT MN 55021	SOCIAL/EMOTIONAL LEARNING PROGRAM	PAID		13,846
PRIOR LAKE-SAVAGE AREA SCHOOLS 7575 150TH ST W SAVAGE MN 55378	SOCIAL/EMOTIONAL LEARNING PROGRAM	PAID		13,415
Total			▶ 3a	129,004

b *Approved for future payment*
N/A

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 Yes No
(2) Other assets X

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
(7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees
(8) 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 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Includes Yes/No columns.

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. Yes No

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

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

Signature of officer or trustee Date Title BOARD CHAIR

Preparer information section including name (LYNETTE R PETERSON, CPA), signature, date (07/01/19), and firm details (LEATHER, SKWIRA, SCHULTZ & CO. LLP).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

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

▶ \$

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

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) (2018)

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		\$ 5,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 180,658	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 7,047	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 12,500	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,000	Person Payroll <input checked="" type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll <input type="checkbox"/> <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
PRAIRIECARE CHILD & FAMILY FUND

Employer identification number
81-1529812

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
2	WAGES FOR FUND COORDINATOR	\$ 82,213	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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	\$ 5,400	\$	\$ 5,400
2018 GALA	115,808		115,808
BOOK LAUNCH	850		850
TOTAL	\$ 122,058	\$ 0	\$ 122,058

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	\$ 1,590	\$	\$ 1,590	\$
TOTAL	\$ 1,590	\$ 0	\$ 1,590	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
CONSULTING FEES	\$ 2,100	\$	\$ 2,100	\$
TOTAL	\$ 2,100	\$ 0	\$ 2,100	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
GOLF FUNDRAISER TOURNAMENT FEES	26,517	\$	26,517	\$
2018 GALA OTHER EXPENSES	90,486		90,486	

Federal Statements

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
BOOK LAUNCH EVENT EXPENSES	373		373	
EXPENSES				
SUPPLIES	1,193		1,193	
MARKETING/PROMOTIONAL	3,318		3,318	
MEMBERSHIP DUES	1,710		1,710	
CREDIT CARD FEES	1,838		1,838	
REGISTRATION FEES	729		729	
OFFICE EXPENSES	369		369	
BOARD EXPENSES	2,156		2,156	
TOTAL	<u>\$ 128,689</u>	<u>\$ 0</u>	<u>\$ 128,689</u>	<u>\$ 0</u>

Statement 5 - 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 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD CHAIR	2.00	0	0	0
TOM LEHMAN 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	SECRETARY/TR	2.00	0	0	0
ANN FRITZ 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	1.00	0	0	0
SANDRA NICHOLSON 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	PRESIDENT	2.00	0	0	0

Federal Statements

Statement 5 - 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>
RHODA MICHAELYNN 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	2.00	0	0	0
JENNIFER MORRELL 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	1.00	0	0	0
JUDE DAVID 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	1.00	0	0	0
STEPHANIE GOETZ 5500 94TH AVE N BROOKLYN PARK MN 55443	VP OF GOVERN	2.00	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
BRIAN MURRAY 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	1.00	0	0	0
HEIDI NORTHRUP 5500 94TH AVE. N. #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	1.00	0	0	0

62200 PrairieCare Child & Family Fund

81-1529812

FYE: 12/31/2018

Federal Statements

Statement 5 - 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>
NANCY BURTON 5500 94TH AVE. N. #1227 BROOKLYN PARK MN 55443	EXECUTIVE DI	2.00	0	0	0

62200 PrairieCare Child & Family Fund
81-1529812
FYE: 12/31/2018

Federal Statements

Statement 6 - 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 7 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

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