

Form **990-PF**

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

OMB No. 1545-0047

**2019**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 2019 or tax year beginning , and ending

Name of foundation <b>PRAIRIECARE CHILD &amp; FAMILY FUND</b>		A Employer identification number <b>81-1529812</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>5500 94TH AVE. N.</b>	Room/suite	B Telephone number (see instructions) <b>763-762-8881</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BROOKLYN PARK MN 55443</b>		C If exemption application is pending, check here <input type="checkbox"/> ④
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> ④ 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> ④
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> ④
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ◆ \$ <b>444,104</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> ④

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)
<b>Revenue</b>	1 Contributions, gifts, grants, etc., received (attach schedule) ...	338,460			
	2 Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	3 Interest on savings and temporary cash investments	487	487	487	
	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>	194,018		194,018		
12 <b>Total.</b> Add lines 1 through 11	532,965	487	194,505		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages	112,671		112,671	
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) <b>STMT 2</b>	2,250		2,250	
	c Other professional fees (attach schedule) <b>STMT 3</b>	4,583		4,583	
	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	2,597		2,597	
	22 Printing and publications	317		317	
	23 Other expenses (att. sch.) <b>STMT 4</b>	166,803		166,803	
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	307,721	0	307,721	0
	25 Contributions, gifts, grants paid	202,631			202,631
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	510,352	0	307,721	202,631	
27 Subtract line 26 from line 12:					
a <b>Excess of revenue over expenses and disbursements</b>	22,613				
b <b>Net investment income</b> (if negative, enter -0-)		487			
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

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
Assets	1 Cash – non-interest-bearing	92,414	148,137	148,137
	2 Savings and temporary cash investments	270,467	270,954	270,954
	3 Accounts receivable ♦			
	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	39,859	25,013	25,013
	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 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	402,740	444,104	444,104	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue	SEE STATEMENT 5	22,850	41,601
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ♦ )			
23 <b>Total liabilities</b> (add lines 17 through 22)	22,850	41,601		
Net Assets or Fund Balances	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> ♦ <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	379,890	402,503	
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> ♦ <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 <b>Total net assets or fund balances</b> (see instructions)	379,890	402,503		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	402,740	444,104		

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	379,890
2 Enter amount from Part I, line 27a	2	22,613
3 Other increases not included in line 2 (itemize) ♦	3	
4 Add lines 1, 2, and 3	4	402,503
5 Decreases not included in line 2 (itemize) ♦	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	402,503

**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.)
<b>1a</b>	<b>N/A</b>			
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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)	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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		
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2</b>	Capital gain net income or (net capital loss) <span style="font-size: 2em;">}</span> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7		<b>2</b>	
<b>3</b>	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		<b>3</b>	

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

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

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

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

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

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

(a) Base period years 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))
2018	<b>128,999</b>		
2017	<b>110,150</b>		
2016	<b>40,500</b>		
2015			
2014			
<b>2</b>	Total of line 1, column (d)		<b>2</b>
<b>3</b>	Average distribution ratio for the 5-year base period – divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		<b>3</b>
<b>4</b>	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		<b>4</b> <b>385,121</b>
<b>5</b>	Multiply line 4 by line 3		<b>5</b>
<b>6</b>	Enter 1% of net investment income (1% of Part I, line 27b)		<b>6</b> <b>5</b>
<b>7</b>	Add lines 5 and 6		<b>7</b> <b>5</b>
<b>8</b>	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.		<b>8</b> <b>202,631</b>

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

Table with 11 rows for excise tax calculations. Includes questions about exempt foundations, tax under section 511, and total tax due. Total tax due is \$5,000.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Most 'Yes' answers are marked with 'X'.

Part VII-A Statements Regarding Activities (continued)

		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ♦ WWW.PRAIRIECAREFUND.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 and enter the amount of tax-exempt interest received or accrued during the year ♦ 15		
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ♦		X

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

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

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ♦ <input type="checkbox"/> N/A	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1c	
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ♦ 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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b	
c	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		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 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 2019.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	
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 2019?	4b	X

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

		Yes	No
<b>5a</b>	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>b</b>	If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here	◆ <input type="checkbox"/>	
<b>c</b>	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6a</b>	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
	If "Yes" to 6b, file Form 8870.		
<b>7a</b>	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

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

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

(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 6				

**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.

	Expenses
1 N/A	
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.

	Amount
1 N/A	
2	
All other program-related investments. See instructions. 3	

**Total.** Add lines 1 through 3 ▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>0</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>390,986</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>0</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>390,986</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>390,986</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	<b>4</b>	<b>5,865</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	<b>385,121</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	<b>19,256</b>

**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.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	<b>19,256</b>
<b>2a</b>	Tax on investment income for 2019 from Part VI, line 5	<b>2a</b>	<b>5</b>
<b>b</b>	Income tax for 2019. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>5</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>19,251</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	<b>19,251</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	<b>19,251</b>

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

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	<b>202,631</b>
<b>b</b>	Program-related investments – total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	<b>4</b>	<b>202,631</b>
<b>5</b>	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	<b>5</b>	<b>5</b>
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	<b>202,626</b>

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



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

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
<b>1</b> Distributable amount for 2019 from Part XI, line 7				<b>19,251</b>
<b>2</b> Undistributed income, if any, as of the end of 2019:				
<b>a</b> Enter amount for 2018 only				
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2019:				
<b>a</b> From 2014				
<b>b</b> From 2015				
<b>c</b> From 2016			<b>40,500</b>	
<b>d</b> From 2017			<b>110,150</b>	
<b>e</b> From 2018			<b>129,004</b>	
<b>f</b> <b>Total</b> of lines 3a through e	<b>279,654</b>			
<b>4</b> Qualifying distributions for 2019 from Part XII, line 4: ♦ \$ <b>202,631</b>				
<b>a</b> Applied to 2018, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2019 distributable amount				<b>19,251</b>
<b>e</b> Remaining amount distributed out of corpus	<b>183,380</b>			
<b>5</b> Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> <b>Enter the net total of each column as indicated below:</b>				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>463,034</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions				
<b>e</b> Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				<b>0</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
<b>8</b> Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
<b>9</b> <b>Excess distributions carryover to 2020.</b> Subtract lines 7 and 8 from line 6a	<b>463,034</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2015				
<b>b</b> Excess from 2016			<b>40,500</b>	
<b>c</b> Excess from 2017			<b>110,150</b>	
<b>d</b> Excess from 2018			<b>129,004</b>	
<b>e</b> Excess from 2019			<b>183,380</b>	

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 2019, enter the date of the ruling
- b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
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(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)(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 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**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> <b>TRUE NORTH WITH DUGSI ACADEMY</b> 919 LILAC DRIVE MINNEAPOLIS MN 55422		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	16,895
<b>MN ASSOC FOR CHILDREN MENTAL HEALTH</b> 165 WESTERN AVE N, STE 2 ST PAUL MN 55102		PAID	EDUCATE & SUPPORT KIDS	12,500
<b>MN PSYCHOANALYTIC SOCIETY &amp; INST</b> 825 NICOLLET MALL #1950 MINNEAPOLIS MN 55402		PAID	EDUCATE & SUPPORT KIDS	11,000
<b>NATIONAL ALLIANCE ON MENTAL ILLNESS</b> 800 TRANSFER ROAD #31 ST PAUL MN 55114		PAID	EDUCATE & SUPPORT KIDS	17,000
<b>KALEIDOSCOPE CHARTER SCHOOL</b> 7525 KALLAND AVE NE OSTEGO MN 55301		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	15,006
<b>ST. LOUIS PARK SCHOOLS</b> 6311 WAYZATA BLVD ST. LOUIS PARK MN 55416		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	32,000
<b>AUSTIN PUBLIC SCHOOLS</b> 401 3RD AVE NW AUSTIN MN 55912		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	50,000
<b>HOPKINS SCHOOL DISTRICT</b> 1001 HIGHWAY 7 HOPKINS MN 55305		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	22,000
<b>SOUTH WASHINGTON COUNTY SCHOOLS</b> 7362 E POINT DOUGLAS RD S COTTAGE GROVE MN 55416		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	18,540
<b>SHAKOPEE HIGH SCHOOL</b> 100 17TH AVE W SHAKOPEE MN 55379		PAID	SOCIAL/EMOTIONAL LEARNING PROGRAM	7,690
<b>Total</b>			◆ 3a	202,631
b <i>Approved for future payment</i> N/A				
<b>Total</b>			◆ 3b	

Part XVI-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 program service revenue (SHOUT OUT LOUD, GOLF FUNDRAISER, 2019 GALA, IMPACT BREAKFAST), membership dues, interest on savings, dividends, rental income, and other revenue (MISCELLANEOUS). Totals are 194,505.

(See worksheet in line 13 instructions to verify calculations.)

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes. Row 1 contains 'N/A'.

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
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
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 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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 [X] No

b If "Yes," complete the following schedule. Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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: PRESIDENT

Paid Preparer Use Only: Print/Type preparer's name: ANGIE M. AGREY, CPA; Preparer's signature: ANGIE M. AGREY, CPA; Date: 04/30/20; Firm's name: LETHERT, SKWIRA, SCHULTZ & CO. LLP; Firm's address: 170 7TH PL E STE 100 SAINT PAUL, MN 55101-2361; PTIN: \*\*\*\*\*; Firm's EIN: 41-0738189; Phone no.: 651-224-5721

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

OMB No. 1545-0047

**2019**◆ 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

Employer identification number

**PRAIRIECARE CHILD & FAMILY FUND****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 foundationCheck 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
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

**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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 182,231	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 5,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 5,205	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <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 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		\$ 6,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <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
3	WAGES FOR FUND COORDINATOR	\$ 112,671	

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

<u>Description</u>	<u>Revenue per Books</u>	<u>Net Investment Income</u>	<u>Adjusted Net Income</u>
SHOUT OUT LOUD	\$ 50,438	\$	\$ 50,438
GOLF FUNDRAISER	23,855		23,855
2019 GALA	112,069		112,069
IMPACT BREAKFAST	7,456		7,456
MISCELLANEOUS	200		200
TOTAL	<u>\$ 194,018</u>	<u>\$ 0</u>	<u>\$ 194,018</u>

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
INDIRECT ACCOUNTING FEES	\$ 2,250	\$	\$ 2,250	\$
TOTAL	<u>\$ 2,250</u>	<u>\$ 0</u>	<u>\$ 2,250</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
CONSULTING FEES	\$ 4,583	\$	\$ 4,583	\$
TOTAL	<u>\$ 4,583</u>	<u>\$ 0</u>	<u>\$ 4,583</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
SHOUT OUT LOUD		\$	\$	\$
EVENT EXPENSES	27,156		27,156	
FEES	413		413	

## Federal Statements

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
GOLF FUNDRAISER				
TOURNAMENT FEES	11,689		11,689	
FEES	187		187	
2019 GALA				
VENUE	84,642		84,642	
FEES	5,540		5,540	
IMPACT BREAKFAST				
EVENT EXPENSES	1,151		1,151	
FEES	264		264	
EXPENSES				
MARKETING/PROMOTIONAL	830		830	
MISCELLANEOUS EXPENSE	526		526	
CREDIT CARD FEES	5,358		5,358	
BOARD EXPENSES	2,284		2,284	
DONOR RECOGNITION	5,299		5,299	
SPECIAL EVENTS	502		502	
REGISTRATION FEES	192		192	
DUES AND SUBSCRIPTIONS	1,170		1,170	
SUPPLIES	19,435		19,435	
POSTAGE	165		165	
TOTAL	\$ 166,803	\$ 0	\$ 166,803	\$ 0

# Federal Statements

## Statement 5 - Form 990-PF, Part II, Line 19 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED GALA REVENUE	\$ 22,850	\$ 41,601
TOTAL	\$ 22,850	\$ 41,601

**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>
TOM LEHMAN 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	SECRETARY/TR	0.00	0	0	0
ANN FRITZ 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
SANDRA NICHOLSON 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	PRESIDENT	0.00	0	0	0
RHODA MICHAELYNN 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
JENNIFER MORRELL 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
JUDE DAVID 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
STEPHANIE GOETZ 5500 94TH AVE N BROOKLYN PARK MN 55443	VP OF GOVERN	0.00	0	0	0
JOANNE HOFFMAN JECHA, MD 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	0.00	0	0	0
JUDY JOHNSON 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	0.00	0	0	0
SCOTT MORRELL	BOARD MEMBER	0.00	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					
BRIAN MURRAY 1934 HENNEPIN AVE SOUTH, STE 300 MINNEAPOLIS MN 55403	BOARD MEMBER	0.00	0	0	0
HEIDI NORTHRUP 5500 94TH AVE. N. #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
NANCY BURTON 5500 94TH AVE. N. #1227 BROOKLYN PARK MN 55443	EXECUTIVE DI	0.00	0	0	0

**Federal Statements**

**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.

Form <b>990-PF</b>	Underdistribution and Excess Distributions for Part XIII	2019
For calendar year 2019, or tax year beginning _____, ending _____		
Name <b>PRAIRIECARE CHILD &amp; FAMILY FUND</b>		Employer Identification Number <b>81-1529812</b>

### Undistributed Income Carryovers

Form 990-PF, Part XIII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2019	Total per Year		Nontaxable or Previously Taxed	Taxable in 2020
Years prior						
20 <b>15</b>						
20 <b>16</b>						
20 <b>17</b>						
2018						
2019			<b>19,251</b>	<b>19,251</b>		
Total Carryover to Next Year						<b>0</b>

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers

Form 990-PF, Part XIII

Preceding Tax Year Excess Distributions	Current Year Decreases	Next Year Carryover
2014		
2015		
2016 <b>40,500</b>		<b>40,500</b>
2017 <b>110,150</b>		<b>110,150</b>
2018 <b>129,004</b>		<b>129,004</b>
Current Year Excess Distribution Generated (2019)		<b>183,380</b>
Total Carryover to Next Year		<b>463,034</b>



Form **990PF****Two Year Comparison Report****2018 & 2019**

For calendar year 2019, or tax year beginning , ending

Name

**PRAIRIECARE CHILD & FAMILY FUND**

Taxpayer Identification Number

**81-1529812**

		2018		2019		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.	329,885		338,460		8,575
	2. Interest on savings and temporary cash investments	2.	467	467	487	487	20
	3. Dividends and interest from securities	3.					
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.					
	6. Capital gain net income	6.					
	7. Gross profit or (loss)	7.					
	8. Other income	8.	122,058		194,018		71,960
	9. <b>Total.</b> Add lines 1 through 8	9.	452,410	467	532,965	487	80,555
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.	82,213		112,671		30,458
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.	3,690		6,833		3,143
	14. Interest	14.					
	15. Taxes	15.					
	16. Depreciation and depletion	16.					
	17. Occupancy	17.	18,500		18,500		
	18. Other expenses	18.	129,788		169,717		39,929
	19. Contributions, gifts, grants paid	19.	129,004		202,631		73,627
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.	363,195		510,352		147,157
21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	89,215	467	22,613	487	-66,602	20
<b>Taxes</b>	22. Excise Tax	22.		5		5	
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.		5		5	
	<b>Due / Refund</b>	26. Estimates and overpayments credited	26.				
27. Foreign tax withheld		27.					
28. Other Payments		28.					
29. <b>Total payments and credits</b>		29.					
30. <b>Balance due / (Overpayment)</b>		30.		5		5	
31. Overpayment credited to next year		31.					
32. Penalty		32.					
33. <b>Net due / (Refund)</b>	33.		5		5		
<b>Other</b>	34. Total assets	34.	402,740		444,104		0
	35. Total liabilities	35.	22,850		41,601		0
	36. <b>Net assets</b>	36.	379,890		402,503		0

Form **990PF****Tax Return History****2019**

Use the 2Yr Report for more recent historical information

Name

**PRAIRIECARE CHILD & FAMILY FUND**

Taxpayer Identification Number

**81-1529812**

		2015		2016		2017	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.		162,673		315,454	
	2. Interest on savings and temporary cash investments	2.					
	3. Dividends and interest from securities	3.					
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.					
	6. Capital gain net income	6.					
	7. Gross profit or (loss)	7.					
	8. Other income	8.			49,945		105,806
	9. <b>Total.</b> Add lines 1 through 8	9.	0	0	212,618	0	421,260
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.		13,076		62,636	
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.		13,677		2,761	
	14. Interest	14.					
	15. Taxes	15.					
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.			27,850		72,553
	19. Contributions, gifts, grants paid	19.			40,500		110,150
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.			95,103		248,100
21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	0	0	117,515	0	173,160	0
<b>Taxes</b>	22. Excise Tax	22.					
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.					
	<b>Due / Refund</b>	26. Estimates and overpayments credited	26.				
27. Foreign tax withheld		27.					
28. Other Payments		28.					
29. <b>Total payments and credits</b>		29.					
30. <b>Balance due / (Overpayment)</b>		30.		0		0	0
31. Overpayment credited to next year		31.					
32. Penalty		32.					
33. <b>Net due / (Refund)</b>	33.		0		0	0	
<b>Other</b>	34. Total assets	34.	0	170,787		337,974	
	35. Total liabilities	35.	0	53,272		47,299	
	36. <b>Net assets</b>	36.	0	117,515		290,675	