

## Form 990-PF Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**81-1529812**

### PRAIRIECARE FUND

**Investment Income**

Interest	<u>54</u>
Dividends	_____
Gross rents	_____
Capital gain net income	_____
Other income	_____

**Total investment income** 54

**Expenses**

Officer compensation	_____
Salaries / employee benefits	_____
Other expenses	_____

**Total expenses** \_\_\_\_\_

**Net investment income** 54

**Taxes / Credits**

Regular tax	<u>1</u>
Section 511 tax	_____
Subtitle A tax	_____

**Total tax** 1

**Payments / Penalties / Application**

Estimated tax payments	_____
Tax withheld	_____
Other payments	_____
Estimated tax penalty	_____
Overpayment applied to next year's tax	_____

**Payments / penalty / application** \_\_\_\_\_

**Net tax due** 1

Interest on late payments	_____
Failure to file penalty	_____
Failure to pay penalty	_____

**Additions to tax** \_\_\_\_\_

**Balance due** 1

**Refund** \_\_\_\_\_

**Revenue / Expenses per Books      Adjusted Net Income**

Total contributions	<u>180,961</u>	_____
Interest	<u>54</u>	<u>54</u>
Dividends	_____	_____
Capital gains / losses	_____	_____
Income modifications	_____	_____
Sale of inventory	_____	_____
Other income	<u>194,135</u>	<u>194,135</u>
<b>Total revenue</b>	<u>375,150</u>	<u>194,189</u>
Total expenses	<u>388,040</u>	<u>242,435</u>
<b>Excess / ANI</b>	<u>-12,890</u>	_____

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	_____

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>378,338</u>	<u>479,126</u>	_____
Liabilities	<u>53,162</u>	<u>46,065</u>	_____
Net assets	<u>325,176</u>	<u>433,061</u>	<u>107,885</u>

Form **8879-TE**

**IRS e-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning . . . . . 2021, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to www.irs.gov/Form8879TE for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service  
Name of filer

**PRAIRIECARE FUND**

EIN or SSN  
**81-1529812**

Name and title of officer or person subject to tax  
**ANN FRITZ  
PRESIDENT**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<u>1</u>
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **LETHERT, SKWIRA, SCHULTZ & CO. LLP** to enter my PIN **62200** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } **09/06/22**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**41402255101**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **ANGIE M. AGREY, CPA** Date } **09/06/22**

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990-PF**

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

OMB No. 1545-0047

**2021**

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 2021 or tax year beginning , and ending

Name of foundation <b>PRAIRIECARE 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., #1227</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"/>
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 checked="" type="checkbox"/> Name change		D 1. Foreign organizations, check here " <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation, <input type="checkbox"/>
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"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>u \$ 479,126</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"/>
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) <b>180,961</b>				
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments <b>54</b>	<b>54</b>	<b>54</b>		
	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)		<b>0</b>		
	8 Net short-term capital gain			<b>0</b>	
	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> <b>194,135</b>	<b>194,135</b>		<b>194,135</b>		
12 <b>Total.</b> Add lines 1 through 11 <b>375,150</b>	<b>375,150</b>	<b>54</b>	<b>194,189</b>		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	<b>0</b>			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule) <b>SEE STMT 2</b> <b>3,093</b>	<b>3,093</b>		<b>3,093</b>	
	b Accounting fees (attach schedule) <b>STMT 3</b> <b>2,823</b>	<b>2,823</b>		<b>2,823</b>	
	c Other professional fees (attach schedule) <b>STMT 4</b> <b>157,341</b>	<b>157,341</b>		<b>157,341</b>	
	17 Interest <b>101</b>	<b>101</b>		<b>101</b>	
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings <b>2,783</b>	<b>2,783</b>		<b>2,783</b>	
	22 Printing and publications <b>100</b>	<b>100</b>		<b>100</b>	
	23 Other expenses (att. sch.) <b>STMT 5</b> <b>76,194</b>	<b>76,194</b>		<b>76,194</b>	
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23 <b>242,435</b>	<b>242,435</b>	<b>0</b>	<b>242,435</b>	<b>0</b>
	25 Contributions, gifts, grants paid <b>145,605</b>	<b>145,605</b>			<b>145,605</b>
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25 <b>388,040</b>	<b>388,040</b>	<b>0</b>	<b>242,435</b>	<b>145,605</b>	
27 Subtract line 26 from line 12:					
a <b>Excess of revenue over expenses and disbursements</b> <b>-12,890</b>	<b>-12,890</b>				
b <b>Net investment income</b> (if negative, enter -0-) <b>54</b>		<b>54</b>			
c <b>Adjusted net income</b> (if negative, enter -0-) <b>0</b>			<b>0</b>		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

<b>Part II Balance Sheets</b> 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
<b>Assets</b>	1 Cash – non-interest-bearing	92,709	181,221	181,221
	2 Savings and temporary cash investments	271,097	271,152	271,152
	3 Accounts receivable <input type="checkbox"/>			
	Less: allowance for doubtful accounts <input type="checkbox"/>			
	4 Pledges receivable <input type="checkbox"/>			
	Less: allowance for doubtful accounts <input type="checkbox"/>			
	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) <input type="checkbox"/>			
	Less: allowance for doubtful accounts <input type="checkbox"/>	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	14,532	26,753	26,753
	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 <input type="checkbox"/>			
Less: accumulated depreciation (attach sch.) <input type="checkbox"/>				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis <input type="checkbox"/>				
Less: accumulated depreciation (attach sch.) <input type="checkbox"/>				
15 Other assets (describe <input type="checkbox"/> )				
16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	378,338	479,126	479,126	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable	23,120	4,625	
	19 Deferred revenue <b>SEE STATEMENT 6</b>	30,042	41,440	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe <input type="checkbox"/> )			
	23 <b>Total liabilities</b> (add lines 17 through 22)	53,162	46,065	
<b>Net Assets or Fund Balances</b>	<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	325,176	433,061	
	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)	325,176	433,061		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	378,338	479,126		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>			
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	325,176
2	Enter amount from Part I, line 27a	2	-12,890
3	Other increases not included in line 2 (itemize) <input type="checkbox"/> <b>SEE STATEMENT 7</b>	3	120,775
4	Add lines 1, 2, and 3	4	433,061
5	Decreases not included in line 2 (itemize) <input type="checkbox"/>	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	433,061

**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="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>		<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 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

<b>1a</b>	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <span style="border: 1px solid black; padding: 2px;">(attach copy of letter if necessary—see instructions)</span>	<b>1</b>	<b>1</b>
<b>b</b>	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>1</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>1</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2021 estimated tax payments and 2020 overpayment credited to 2021	<b>6a</b>	
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	<b>9</b>	<b>1</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	<b>10</b>	
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input checked="" type="checkbox"/>	<b>11</b>	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. <b>u</b> \$ ..... <b>(2)</b> On foundation managers. <b>u</b> \$ .....		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <b>u</b> \$ .....		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> 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 .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>N/A</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> 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? .....	<b>X</b>	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>u</b> <b>MN</b> .....		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	<b>X</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII .....		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<b>X</b>
<b>11</b> 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 .....		<b>X</b>
<b>12</b> 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 .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<b>X</b>	
Website address <b>u</b> <b>WWW.PRAIRIECAREFUND.ORG</b>		
<b>14</b> The books are in care of <b>u</b> <b>NANCY BURTON</b> Telephone no. <b>u</b> <b>763-762-8881</b> <b>5500 94TH AVE N</b>		
Located at <b>u</b> <b>BROOKLYN PARK</b> <b>MN</b> ZIP+4 <b>u</b> <b>55443</b>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – check here .....	<b>u</b> <input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the year .....		
	<b>u</b>	<b>15</b>
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		<b>X</b>
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>u</b>		

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

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

	Yes	No
<b>1a</b> 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? .....	<b>1a(1)</b>	<b>X</b>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	<b>1a(2)</b>	<b>X</b>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	<b>1a(3)</b>	<b>X</b>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	<b>1a(4)</b>	<b>X</b>
(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)? .....	<b>1a(5)</b>	<b>X</b>
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) .....	<b>1a(6)</b>	<b>X</b>
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 .....	<b>1b</b>	<b>N/A</b>
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021? .....	<b>1d</b>	<b>N/A</b>
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021? .....	<b>2a</b>	<b>X</b>
If "Yes," list the years <input checked="" type="checkbox"/> 20 ....., 20 ....., 20 ....., 20 .....		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement – see instructions.) .....	<b>2b</b>	<b>N/A</b>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. <input checked="" type="checkbox"/> 20 ....., 20 ....., 20 ....., 20 .....		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did it have excess business holdings in 2021 as a result of <b>(1)</b> any purchase by the foundation or disqualified persons after May 26, 1969; <b>(2)</b> 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 <b>(3)</b> the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.) .....	<b>3b</b>	<b>N/A</b>
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	<b>4a</b>	<b>X</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021? .....	<b>4b</b>	<b>X</b>

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

Table with 5 columns: Question, Yes, No. Rows include 5a(1) through 5a(5), 5b, 5c, 5d, 6a, 6b, 7a, 7b, and 8.

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

Table for Section 1: List all officers, directors, trustees, and foundation managers and their compensation. See instructions. Columns: (a) Name and address, (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.

Table for Section 2: Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." Columns: (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.

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



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

**3 Five highest-paid independent contractors for professional services. 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 u

**Part VIII-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 VIII-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 IX 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>487,133</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>487,133</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>487,133</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b>	<b>7,307</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b>	<b>479,826</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b>	<b>23,991</b>

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>	<b>23,991</b>
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5	<b>2a</b>	<b>1</b>
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>1</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>23,990</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>23,990</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 XII, line 1	<b>7</b>	<b>23,990</b>

**Part XI 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>145,605</b>
<b>b</b>	Program-related investments – total from Part VIII-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 XII, line 4	<b>4</b>	<b>145,605</b>

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

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				<b>23,990</b>
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016	<b>40,500</b>			
b From 2017	<b>110,150</b>			
c From 2018	<b>129,004</b>			
d From 2019	<b>183,380</b>			
e From 2020	<b>207,057</b>			
f <b>Total</b> of lines 3a through e	<b>670,091</b>			
4 Qualifying distributions for 2021 from Part XI, line 4: <input type="checkbox"/> \$ <b>145,605</b>				
a Applied to 2020, 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 2021 distributable amount				<b>23,990</b>
e Remaining amount distributed out of corpus	<b>121,615</b>			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>791,706</b>			
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 2020. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				<b>0</b>
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 2016 not applied on line 5 or line 7 (see instructions)	<b>40,500</b>			
9 <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a	<b>751,206</b>			
10 Analysis of line 9:				
a Excess from 2017	<b>110,150</b>			
b Excess from 2018	<b>129,004</b>			
c Excess from 2019	<b>183,380</b>			
d Excess from 2020	<b>207,057</b>			
e Excess from 2021	<b>121,615</b>			



**Part XIV** 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> FRIDLEY PUBLIC SCHOOLS 6000 WEST MOORE LAKE DR FRIDLEY MN 55432		PAID MENTAL HEALTH GRANT		10,000
COLUMBIA HEIGHTS PUBLIC SCHOOL 1440 49TH AVE NE COLUMBIA HEIGHTS MN 55421		PAID	GRANT AWARD	10,000
BROWNS VALLEY SCHOOL DISTRICT 118 CHURCH ST BROWNS VALLEY MN 56219		PAID MENTAL HEALTH GRANT		3,436
BROOKLYN CENTER COMMUNITY SCHOOL 6300 SHINGLE CREEK PKWY BROOKLYN CENTER MN 55430		PAID	VARIOUS	9,841
MADELIA PUBLIC SCHOOLS 320 BUCK AVE SE MADELIA MN 56062		PAID	VARIOUS	6,150
CLEARBROOK-GONVICK SCHOOL 16770 CLEARWATER LAKE RD CLEARBROOK MN 56634		PAID	VARIOUS	4,000
TEUBY CONTINUED P.O. BOX 24 GLENCOE MN 55336		PAID NON-PROFIT	RECIPIENT	20,000
CHILDHOOD CANCER COMMUNITY 905 9TH ST SE ROCHESTER MN 55904		PAID	VARIOUS	20,000
TREEHOUSE INC. 5757 WAYZATA BLVD MINNEAPOLIS MN 55146		PAID	VARIOUS	20,000
CATHOLIC SCHOOLS CENTER OF EXCELLEN 6600 FRANCE AVE S MINNEAPOLIS MN 55435	EXCELLEN	PAID	VARIOUS	20,000
<b>Total</b>			<b>u 3a</b>	<b>145,605</b>
b <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>u 3b</b>	



Part XVI 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'.

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

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

Paid Preparer Use Only: Print/Type preparer's name: ANGIE M. AGREY, CPA; Preparer's signature: ANGIE M. AGREY, CPA; Date: 11/14/22; Firm's name: LETHERT, SKWIRA, SCHULTZ & CO. LLP; Firm's address: 170 7TH PL E STE 100 SAINT PAUL, MN 55101-2361; PTIN: P01345037; Firm's EIN: 41-0738189; Phone no.: 651-224-5721

**Part XIV** 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>LAKE AGASSIZ EDUCATION COOPERATIVE</b> P.O. BOX 628 HAWLEY MN 56549		PAID	SENSORY TOOLS	5,000
<b>PAYNESVILLE SCHOOL DISTRICT</b> 795 BUSINESS 23 W PAYNESVILLE MN 56362		PAID	TEEN & YOUTH MENTAL HEALTH PRESENTAT	4,150
<b>AUSTIN PUBLIC SCHOOL</b> 401 3RD AVE NW AUSTIN MN 55912		PAID	OPERATION GRATITUDE FOR STAFF	4,725
<b>SHAKOPEE HIGH SCHOOL</b> 100 17TH AVE W SHAKOPEE MN 55379		PAID	SECOND STEP SEL FOR ADULTS	3,303
<b>ST. LOUIS PARK SCHOOLS</b> 6311 WATZATA BLVD ST. LOUIS PARK MN 55416		PAID	RESTORATIVE MINDSET PROFESSIONAL DEV	5,000
<b>Total</b>				<b>u 3a</b>
b <i>Approved for future payment</i> N/A				
<b>Total</b>				<b>u 3b</b>



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

PRAIRIECARE 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 foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

PRAIRIECARE 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	ATOMIC DATA, LLC 250 MARQUETTE AVE S SUITE 1100 MINNEAPOLIS MN 55401	\$ 9,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	RYAN FOUNDATION 533 SOUTH THIRD STREET MINNEAPOLIS MN 55415	\$ 7,025	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PRAIRIE CARE, LLC 9400 ZANE AVENUE N BROOKLYN PARK MN 55443	\$ 47,439	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FREIER FAMILY FOUNDATION TRUST 815 MILLWOOD AVE ST PAUL MN 55113	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PRAIRIECARE MEDICAL GROUP 659 BIELENBERG DR WOODBURY MN 55125	\$ 6,458	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NANCY HAUGEN 501 MAIN ST N UNIT 204 STILLWATER MN 55082	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PRAIRIECARE 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	SOUTH LAKE PEDIATRICS 17705 HUTCHINS DRIVE SUITE 25 MINNETONKA MN 55345	\$ 15,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	POPE ARCHITECTS 1295 BANDANA BLVD N. SUITE 200 SAINT PAUL MN 55108	\$ 10,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JIM WOLFORD 512 JANALYN CIR. MINNEAPOLIS MN 55416	\$ 13,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	AFFINITY BILLING 1350 GULF BLVD UNIT 803 CLEARWATER BEACH FL 33767	\$ 10,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	PATRICK AND ANN RYAN 105 CLAY CLIFFE DR EXCELSIOR MN 55331	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	MULVEHILL FAMILY FOUNDATION 4780 MANITOU ROAD TONKA BAY MN 55331	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>PRAIRIECARE FUND</b>	Employer identification number <b>81-1529812</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ESG ARCHITECTS 500 S WASHINGTON AVENUE #1080 MINNEAPOLIS MN 55415	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	THOMAS LEHMAN 4525 DOUGLAS AVENUE GOLDEN VALLEY MN 55416	\$ 5,192	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	LURIE, LLP 2501 WAYZATA BLVD MINNEAPOLIS MN 55405	\$ 5,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	LEJEUNE STEEL COMPANY 118 WEST 60TH STREET MINNEAPOLIS MN 55419	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	STEVE SEFTON 2764 W LAKE OF THE ISLES PARKWAY MINNEAPOLIS MN 55416	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

## 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	\$ 55,531	\$	\$ 55,531
2021 GALA	138,473		138,473
COMMUNITY EVENT	131		131
TOTAL	\$ 194,135	\$ 0	\$ 194,135

### Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT LEGAL FEES	\$ 3,093	\$	\$ 3,093	\$
TOTAL	\$ 3,093	\$ 0	\$ 3,093	\$ 0

### Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT ACCOUNTING FEES	\$ 2,823	\$	\$ 2,823	\$
TOTAL	\$ 2,823	\$ 0	\$ 2,823	\$ 0

### Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT OTHER PROFESSIONAL FEES	\$ 157,341	\$	\$ 157,341	\$
TOTAL	\$ 157,341	\$ 0	\$ 157,341	\$ 0

## Federal Statements

### Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
GOLF FUNDRAISER				
FEES	311		311	
EVENT EXPENSES	21,294		21,294	
2021 GALA				
FEES	298		298	
VENUE	22,021		22,021	
EXPENSES				
MARKETING/PROMOTIONAL	3,183		3,183	
CREDIT CARD FEES	272		272	
DONOR RECOGNITION	388		388	
SPECIAL EVENTS	1,900		1,900	
REGISTRATION FEES	100		100	
POSTAGE	859		859	
BUSINESS EXPENSES	33		33	
CONTRACTED SERVICES	1,322		1,322	
PARKING	30		30	
CONTRACT SERVICES	1,695		1,695	
OUTSIDE CONTACT SERVICES	2,464		2,464	
MEMBERSHIP FEES	1,320		1,320	
STAFF DEVELOPMENT	929		929	
TRAINING	4,713		4,713	
FEES	1,207		1,207	
SUPPLIES	942		942	
DUES AND SUBSCRIPTIONS	594		594	
SERVICE CHARGES	431		431	
FOOD AND BEVERAGE	-2,732		-2,732	
VENUE RENTAL	12,620		12,620	
TOTAL	\$ 76,194	\$ 0	\$ 76,194	\$ 0

## Federal Statements

### Statement 6 - 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	\$ 30,042	\$ 41,440
TOTAL	\$ 30,042	\$ 41,440

### Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

<u>Description</u>	<u>Amount</u>
IN KIND SERVICES	\$ 120,775
TOTAL	\$ 120,775

## Federal Statements

**Statement 8 - Form 990-PF, Part VII, 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>
RHODA BEAIRD 5500 94TH AVENUE BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
TOM LEHMAN 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
ANN FRITZ 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
STEPHANIE GOETZ 5500 94TH AVE N #1227 BROOKLYN PARK MN 55443	VP OF GOVERN	0.00	0	0	0
JOANNE HOFFMAN JECHA, MD 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
BRIAN MURRAY 5500 94TH AVE N, #1227 BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
HEIDI NORTHRUP 5500 94TH AVE. N. #1227 BROOKLYN PARK MN 55443	SECRETARY &	0.00	0	0	0
KELLI LARSON 5500 94TH AVE N BROOKLYN PARK MN 55443	ADMIN. ASSIS	0.00	0	0	0
SARA RATNER	BOARD MEMBER	0.00	0	0	0



## Federal Statements

**Statement 8 - Form 990-PF, Part VII, 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>
2368 GRAYS LANDING ROAD WAYZATA MN 55391					
TODD ARCHBOLD, LSW/MBA 9400 ZANE AVE BROOKLYN PARK MN 55443	PRAIRIECARE	0.00	0	0	0
STEPHAN SETTERBERG, MD 9400 ZANE AVE BROOKLYN MN 55443	EX-OFFIC.	0.00	0	0	0
RANDY DRAGER 9400 ZANE AVE BROOKLYN PARK MN 55443	PRAIRIECARE	0.00	0	0	0
MARSHA SWAILS 4575 W 80TH ST. CIR. BLOOMINGTON MN 55437	PAST CHAIR,	0.00	0	0	0
JOHN RYAN 9400 ZANE AVE BROOKLYN PARK MN 55443	PRAIRIECARE	0.00	0	0	0
JOEL V. OBERSTAR, MD 9400 ZANE AVE BROOKLYN PARK MN 55443	EX-OFFICER	0.00	0	0	0
FELICIA WASHINGTON SY 771 RAYMOND AVE ST ST. PAUL MN 55114	BOARD MEMBER	0.00	0	0	0
ERICA LARSON 1295 BANDANA BLVD N #200 ST. PAUL MN 55108	BOARD MEMBER	0.00	0	0	0

## Federal Statements

### Statement 8 - Form 990-PF, Part VII, 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>
KRISTIN ROHMAN REHKAMP 5500 94TH AVENUE BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
QUINN HANDAHL 5500 94TH AVENUE BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
RICK NORDVOLD 5500 94TH AVENUE BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
CHARLES FAN 5500 94TH AVENUE BROOKLYN PARK MN 55443	BOARD MEMBER	0.00	0	0	0
ANGELA PHENICIE 635 SE ST. SUITE 193 MINNEAPOLIS MN 55414	BOARD MEMBER	0.00	0	0	0

## Federal Statements

### **Statement 9 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications**

#### Description

NANCY BURTON 763-762-8881  
5500 94TH AVE. N. BROOKLYN PARK MN 55443  
FUND@PRAIRIECAREFUND.ORG

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

#### Description

CONTACT FUND FOR MORE INFORMATION.

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

#### Description

THERE IS NO DEADLINE.

### **Statement 10 - Form 990-PF, Part XIV, 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>	<b>Underdistribution and Excess Distributions for Part XII</b>	<b>2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		
Name <b>PRAIRIECARE FUND</b>		Employer Identification Number <b>81-1529812</b>

### Undistributed Income Carryovers

Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2021	Total per Year		Nontaxable or Previously Taxed	Taxable in 2022
Years prior						
20 <b>17</b>						
20 <b>18</b>						
20 <b>19</b>						
2020						
2021			<b>23,990</b>	<b>23,990</b>		
Total Carryover to Next Year						<b>0</b>

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers

Form 990-PF, Part XII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
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>
2019 <b>183,380</b>		<b>183,380</b>
2020 <b>207,057</b>		<b>207,057</b>
Current Year Excess Distribution Generated (2021)		<b>121,615</b>
Total Carryover to Next Year		<b>751,206</b>

Form **990PF****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

**PRAIRIECARE FUND****81-1529812**

		2020		2021		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.	124,611		180,961		56,350
	2. Interest on savings and temporary cash investments	2.	144	144	54	54	-90
	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.	203,852		194,135		-9,717
	9. <b>Total.</b> Add lines 1 through 8	9.	328,607	144	375,150	54	46,543
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.	125,549		163,257		37,708
	14. Interest	14.			101		101
	15. Taxes	15.					
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.	177,619		79,077		-98,542
	19. Contributions, gifts, grants paid	19.	225,500		145,605		-79,895
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.	528,668		388,040		-140,628
21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	-200,061	144	-12,890	54	187,171	-90
<b>Taxes</b>	22. Excise Tax	22.		2		1	-1
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.		2		1	-1
	26. Estimates and overpayments credited	26.					
<b>Due / Refund</b>	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. <b>Total payments and credits</b>	29.					
	30. <b>Balance due / (Overpayment)</b>	30.		2		1	-1
	31. Overpayment credited to next year	31.					
	32. Penalty	32.					
	33. <b>Net due / (Refund)</b>	33.		2		1	-1
<b>Other</b>	34. Total assets	34.	378,338		479,126		100,788
	35. Total liabilities	35.	53,162		46,065		-7,097
	36. <b>Net assets</b>	36.	325,176		433,061		107,885

Form **990PF****Tax Return History****2021**

Use the 2Yr Report for more recent historical information

Name

**PRAIRIECARE FUND**

Taxpayer Identification Number

**81-1529812**

		2017		2018		2019	
		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.	315,454		329,885		338,460
	2. Interest on savings and temporary cash investments	2.			467	467	487
	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.	105,806		122,058		194,018
	9. <b>Total.</b> Add lines 1 through 8	9.	421,260	0	452,410	467	532,965
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.	62,636		82,213		112,671
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.	2,761		3,690		6,833
	14. Interest	14.					
	15. Taxes	15.					
	16. Depreciation and depletion	16.					
	17. Occupancy	17.			18,500		18,500
	18. Other expenses	18.	72,553		129,788		169,717
	19. Contributions, gifts, grants paid	19.	110,150		129,004		202,631
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.	248,100		363,195		510,352
21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	173,160	0	89,215	467	22,613	487
<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.		0		5	5
31. Overpayment credited to next year		31.					
32. Penalty		32.					
33. <b>Net due / (Refund)</b>	33.		0		5	5	
<b>Other</b>	34. Total assets	34.	337,974		402,740		444,104
	35. Total liabilities	35.	47,299		22,850		41,601
	36. <b>Net assets</b>	36.	290,675		379,890		402,503