### PRAIRIE CREEK COMMUNITY SCHOOL

FOR THE YEAR ENDED JUNE 30, 2016
PUBLIC INSPECTION COPY

# PUBLIC INSPECTION COPY RETAIN FOR YOUR RECORDS

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change PRAIRIE CREEK COMMUNITY SCHOOL Name change 42-1530416 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 27695 DENMARK AVENUE (507)645-9640 termi ated City or town, state or province, country, and ZIP or foreign postal code 2.031.754. G Gross receipts \$ Amended return NORTHFIELD, MN 55057 H(a) Is this a group return Applica-F Name and address of principal officer: SIMON TYLER \_\_Yes X No for subordinates? \_\_\_\_\_ pending SAME AS C ABOVE H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.PRAIRIECREEK.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2002 M State of legal domicile: MN Trust Part | Summary Briefly describe the organization's mission or most significant activities: DEDICATED TO PROVIDING Governance IMAGINATIVE TEACHING IN AN ATMOSPHERE OF MUTUAL RESPECT. 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 43 5 250 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 1,834,095. 1,863,694. 8 Contributions and grants (Part VIII, line 1h) Revenue 95,803. 112,868. Program service revenue (Part VIII, line 2g) 4,465. 906. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,937. 32,864. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,939,741. 2,013,891. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ Ō. Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Ō. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1.294.468. 771. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) O. b Total fundraising expenses (Part IX, column (D), line 25) 643,984. 704,024. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 938,452. 2,031,795. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,289. -17.904. 19 Revenue less expenses. Subtract line 18 from line 12 ..... **Beginning of Current Year End of Year** 1,426,970. 1,464,202 20 Total assets (Part X, line 16) 1,345,195. 1,402,846. 21 Total liabilities (Part X, line 26) ..... Vet / 81,775. 61,356. 22 Net assets or fund balances. Subtract line 21 from line 20. Part II Signature Block 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 officer) is based on all information of which preparer has any knowledge. Signature of officer Sign SIMON TYLER, SCHOOL DIRECTOR Here Type or print name and title Date Print/Type preparer's name いるとい Paid DENNIS HOOGEVEEN P01788739 Firm's name CLIFTONLARSONALLEN Firm's EIN 41-0746749 Preparer

X Yes

Phone no.612-376-4500

MINNEAPOLIS, MN 55402

Firm's address 220 SOUTH SIXTH STREET,

May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Form	990 (2015) PRAIRIE CREEK COMMUNITY SCHOOL 42-1530416 Page 2
Par	t III   Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: THE SCHOOL IS DEDICATED TO PROVIDING IMAGINATIVE TEACHING IN AN
	ATMOSPHERE OF MUTUAL RESPECT.
	25 A supplied the supplied to
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 F7?  Yes X No
	the prior / ornived or dee Leaver
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	Did the organization occase conductangly of make organical and agent and the organization occase conductangly of make organization
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
<del></del>	revenue, if any, for each program service reported.  (Code:) (Expenses \$1,737,737. including grants of \$ 0. ) (Revenue \$1,868.)
4a	(Code: ) (Expenses \$ 1,757,757 including grants of \$ 0 including grants of \$ 1,757,757 includi
	PRAIRIE CREEK (PCCS) IS A COMMUNITY SCHOOL. PARENTS, TEACHERS, STAFF,
	AND STUDENTS COOPERATE WITH ONE ANOTHER, AND WITH OTHERS OUTSIDE THE
	SCHOOL TO CREATE A JOYFUL AND CHALLENGING CLIMATE FOR LEARNING. PCCS IS
	SCHOOL TO CREATE A COTTON AND CHARLEST DAY DEGLES FOR DEGLES AND
	A CHILD-CENTERED SCHOOL. WE HELP CHILDREN DISCOVER THE POWER AND
	EXCITEMENT OF THEIR MINDS, THEIR FEELINGS AND BODIES, THEIR
	RELATIONSHIPS, THEIR ART. WE ASSURE CHILDREN OF THEIR VALUE, ENCOURAGE
	THEIR ACCOMPLISHMENTS, AND RESPECT THEIR INDIVIDUAL LEARNING STYLES. WE
	VALUE DIVERSITY. PCCS IS A PROGRESSIVE SCHOOL. WE EMPHASIZE
	COOPERATION, PROMOTE SELF-REFLECTION, SUPPORT INNOVATION, AND VALUE
	CHANGE. WE SHARE OUR PHILOSOPHY AND PRACTICE WITH OTHERS AND LEARN FROM
	THEM. PCCS AIMS TO MAKE THE WORLD A BETTER PLACE. WE VALUE JUSTICE,
4b	(Code:     ) (Expenses \$     including grants of \$     ) (Revenue \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses \( \) 1,737,737.
	Form <b>990</b> (2015)
53200	

# PRAIRIE CREE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			707
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		- 21
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-3		-11
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.	115		. ::: :
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444	Х	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	ı se	- 23	
Т	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 11		
128	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			"_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			177
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			₩
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ا		Х
	complete Schedule G, Part III	19	990	(2015)

# Form 990 (2015) PRAIRIE CREEK COMM

Did the organization operate one or more hospital facilities? If "Yes," complete Schedule If  If "Yes" to line 20a, did the organization attach a copy of its autified financial statements to this return?  20b		onodiae or nodakod oonodatoo (ooninaaa)		Yes	No
b if "Yes" to live 20a, did the organization stacch a copy of its sudied financial statements to this return?  20b    10   Uld the organization report more than \$2.00 of grants or other assistance to any domestic operated attent or domestic operations of the properties of the prope	200	Did the examination energte one or more hospital facilities? If "Ves " complete Schedule H	202	162	
21 Did the organization report more than \$5,000 of grafts or other assistance to any domestic organization or domestic government on Part IX, column (A), Intel 27 II "Pes", complete Schedule (Partal and II)  22 Did the organization report more than \$5,000 of grants or other assistances to or for domestic individuals on Part IX, column (A), Intel 27 II "Pes", complete Schedule (Parts I and II)  23 Did the organization report more than \$5,000 of grants or other assistances to or for domestic individuals on Part IX, column (A), Intel 27 II "Pes", complete Schedule (Parts I and II)  24 Did the organization report more than \$5,000 of grants or other assistances to or for domestic individuals on a complete Schedule (Parts I and II)  25 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, flat was proceeded of tax-exempt bonds (Parts I and II)  26 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, flat was grant proceeds of tax-exempt bonds (Parts I and II) (Parts I and III)  27 Did the organization maintain an oscrow account other than a refunding escrow at any fine during the year to defease any tax-exempt bonds?  28 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  29 Did the organization act and the organization accounts the transaction with a disqualition					
domestic government on Part IX, column (A), line 17 if "Fiss," complete Schedule I, Parts I and II 21 IX Post International Pos			200		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column (A), the 2"? If "Res," complete Schedule I, Parts I and III and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, But No.", or of the expensation have a tax-exempt bond issue with an outstanding principal amount of more than \$1,00,000 as of the last day of the year, that was lessed after December 31, 2002? If "Yes," answer fines 24th through 24d and complete Schedule K. If "No", go to line 25s  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d  Did the organization marks as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization area that It ongoged in an excess benefit transaction with a disqualified person unit of the year? If "Yes," complete Schedule I, Part I as the organization wave that It ongoged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sport prome of filters, directors, trustees, key employees, which are to prompter Schedule I, Part I as the organization area or the prompter schedule and that the transaction with a disqualified persons? If "Yes," complete Schedule I, Part II as the organization are party in a business transaction with one of the following parties (see Schedule I, Part IV In Importation or party to a business transaction with one of the following parties (see Schedule I, Part IV In Introduced, Introduced, Introduced, Introduced, Introduced, Introduced, Introduced, Introduced, Intro	21		21		Х
Pert IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III 2	22	-	-		
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 6 about correpressation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // "Yes," complete Schedule J. 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 set of the last day of the year, that was issued after December 31, 2002? if "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the paralytation invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24a Did the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year? 0.24b Did the organization and tas an "on behalf of" issuer for bonds outstanding at any time during the year? 0.24b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 10 "Yes," complete Schedule L, Part 1 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 10 "Yes," complete Schedule L, Part 1 25b X  25b Schedule L, Part 1 25chedule L, Part 1 25chedu			22		Х
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal smount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", got a line 25a 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to delease any tax-exempt bonds? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization with a disqualified person during the year? 14d Section 501(58), 501(61)8, 501	23				
Schedule /					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K, If "No", go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization invest as an "on behalf of" issuer for bonds outstanding at any time during the year of december any tax-exempt bonds by the secret of the organization and that the transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-F27? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a part an selection committee member, or to a 59% controlled entity or family or			23		Х
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If Yior", go to line 25a  b Did the organization maintain an oscrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  c Did the organization maintain an oscrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization what the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II is Did the organization prograpation provides a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions or director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule II, Part IV, Instructions? If "Yes," complete Schedule II, Part IV, Instruct	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No", go to line 25a 24b X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  Did the organization invest any proceeds of tax exempt bonds outstanding ear any time during the year to defease any tax-exempt bonds?  Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d					
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  246  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  247  258  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? ""(***), complete Schedule L. Part !  259  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 !! "Yes," complete Schedule L. Part !  250  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? !! "Yes," complete Schedule L. Part !!  260  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 59% controlled entity or family member of any of these persons? !! "Yes," complete Schedule L. Part !!  271  Did the organization a party to a business transaction with one of the following parties (see Schedule L. Part !V Instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? !! "Yes," complete Schedule L. Part !V  272  Did the organization aparty to a business transaction with nor engage in an excess Schedule L. Part !V  273  Did the organization report or former officer, director, trustee, or key employee? !! "Yes," complete Schedule L. Part !V  274  Did the organization report or former officer, director, trustee, or key employee? !! "Yes," complete Schedule L. Part !V  275  Did the organization report where the part is experized to the pa	b		24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons of If "Yes," complete Schedule L, Part II  27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part IV  28b Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV  29b Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV  31c Did the organization receive contributi	С				
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons of If "Yes," complete Schedule L, Part II  27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part IV  28b Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule II, Part IV  29b Did the organization receive contributions of an, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part IV  31c Did the organization receive contributi		any tax-exempt bonds?	24c		<u> </u>
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If "Yes," complete Schedule N, Part I   31	24		30		
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I!  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	31		31		Ιχ
Schedule N, Part II  32 X  33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and that III and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	22	Did the organization self-evolution of dispose of or transfer more than 25% of its net assets? If "Yes " complete		<del> </del>	
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b	02		32		lх
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Section 501 (c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O.  38 X	33				
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Part V, line 1  34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b Section 501(c)(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36a X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 A X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	34				
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36			34		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36	35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36					
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## Tyes, "complete Schedule R, Part V, line 2    36	36				
Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O  38 X			36		Х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  38 X	37				
Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
		Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response of note to any line in this hart v					ᆜ					
		1	1 15		Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	12	1.,12.,11 1.,11.,11							
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	lb	1 0			1					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	eport	able gaming	14 #	inginen i	l ; :					
_	(gambling) winnings to prize winners?	 I	1	1c	.;. ::::	l., . ,;; .					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	43								
	filed for the calendar year ending with or within the year covered by this return	_2a	·		X	1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Α.						
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					х					
				3a							
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			Зb		<del>                                     </del>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		l x					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	b If "Yes," enter the name of the foreign country:										
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			i. :		X					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X					
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		<u> </u>					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c							
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			_		x					
	any contributions that were not tax deductible as charitable contributions?			6a							
p	If "Yes," did the organization include with every solicitation an express statement that such contribu		-	CL							
_	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			6b	·. :i.						
7		ndese	provided to the payor?	7a	11.1 1.1	Х					
_	<ul> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</li> <li>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</li> </ul>										
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			7b		<b></b>					
C	to file Form 8282?			7c		x					
d		7d	1	:: ::	.::.::::	2					
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e	11.05015.	Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer										
•	sponsoring organization have excess business holdings at any time during the year?	,		8		i ami a					
9	Sponsoring organizations maintaining donor advised funds.										
a				9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b							
10	Section 501(c)(7) organizations. Enter:			i, i							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		:::: :::							
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a		-11   171    -11   171							
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ຸ 1041	?	12a		L					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · · · · · · · ·		13a							
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b				iiii					
	Enter the amount of reserves on hand	13c	<del></del>		1 11.11						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O .		14b	000	(0.5.1.1					
				Form	990	(2015)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						A				
Sec	tion A. Governing Body and Management										
		1	1	ام		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		/							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	n any other								
	officer, director, trustee, or key employee?				2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the										
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4 5		X				
5											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?				7a	X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tock	holders, or								
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						. 1				
а	The governing body?				8a	_X_					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	l at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ue Code.)								
				ı		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napte	ers, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$				10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y bef	ore filing the fo	rm?	11a	X					
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," (	describe								
	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X	.,				
15	Did the process for determining compensation of the following persons include a review and approve	al by	independent				-:.::::::				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official				15a	Х					
þ	Other officers or key employees of the organization		•••••		15b		_X_				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16 <u>a</u>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a								
	taxable entity during the year?			• • • • • • •	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of the organization o	te its	participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nizati	on's								
	exempt status with respect to such arrangements?			.,	16b	İ					
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶MN										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7	r (Sed	ction 501(c)(3)s	only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain	in Sc	chedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest poli	cy, and	finan	cial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks a	and records: 🕨								
	KEITH JOHNSON - (507)645-9640										
	27695 DENMARK AVENUE, NORTHFIELD, MN 55057										

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)			(C Pos				(D)	(E)	(F)
Name and Title	Average	(do	not cl	Posi heck	ition more	than :	one	Reportable	Reportable	Estimated
	hours per	box offi	(do not check more than one box, unless person is both an officer and a director/trustee)			is bot or/trus	h an teel	compensation	compensation	amount of
	week (list any		T				<u> </u>	from the	from related organizations	other compensation
	hours for	direct				ъ		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal tri		оуее	gmp:				and related
	below	individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4) HARON MUTD DOZ	line) 1.00	Ē	st.	10	æ	光晶	æ			
(1) EATON-NEEB, ROZ	1.00	x		х				0.	0.	0
CHAIR	1.00	₽	_	Λ	<u> </u>	-	ļ	U •	· · ·	U
(2) JEAN FLOM, BONNIE	1.00	x		х				0.	0.	0
VICE CHAIR	1.00	Δ		Λ				U •	U •	0
(3) MILLER, BEN TREASURER	1.00	x		х				0.	0.	0
(4) FITSCHEN-HEMMAH, KELSEY	40.00	₽						U •	V.	U
SECRETARY/FACULTY	#0.00	X		Х				36,953.	0.	11,761
(5) COHRS, JULIE	1.00	- 22	-	77	├			30,333.	<u> </u>	11,701
TRUSTEE	1.00	х			l			0.	0.	0
(6) DENNIS, NANCY	40.00	122	$\vdash$			╁				0
TRUSTEE/FACULTY	10.00	$\mathbf{x}$						48,988.	0.	31,184
(7) GERNON, AMY	1.00	╁▔			┢	H	┢	20,500.		
TRUSTEE		x						0.	0.	0
(8) PERCY, LISA	1.00	<del> </del>	┢		$\vdash$	T	$\vdash$			
TRUSTEE		x						0.	0.	0
(9) RUSTAD, DAN	1.00				<b>-</b>					
TRUSTEE		x						0.	0.	0
(10) TYLER, SIMON	40.00									
SCHOOL DIRECTOR		1		Х				63,698.	0.	10,429
(11) JOHNSON, KEITH	14.00									
СБО				Х				26,898.	0.	2,017
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Form **990** (2015)

Form 990 (2015) PRAIRIE									42-1	530 <sub>4</sub>	416	Pε	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hig	ghes	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	bax.	not c , unle	ss per	tion more son i	than dis both	n an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensatio from related		Est am	(F) imate ount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	- 1	fro orga and	ensa om the inizati relate nizatio	ed
			-										
								176,537.		0.			91.
1b Sub-total  c Total from continuation sheets to Part V	II, Section A							176,537.		0.			0. 91.
d Total (add lines 1b and 1c)  Total number of individuals (including but r compensation from the organization													0
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey en	nplo	yee,	or	highest compensated e	mployee on		::: <u>;</u> :	Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s	um of reportab	le co	omp	ensa	ation	anc	ot				3	: : :::::::::::::::::::::::::::::::	X
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? If "Yes," con</li> </ul>	accrue compe	nsat	ion t	from	any	unr unr	elat		idual for services		5		X
Section B. Independent Contractors	pioto corroda		0, 0,	,	00,0				****************		<u> </u>	'	
Complete this table for your five highest co the organization. Report compensation for										npens	ation fr	om	
(A) Name and business			IMC					(B) Description of s		С	(C ompen		n
	1.1.2000	***					-						
Total number of independent contractors ( \$100,000 of compensation from the organ		not li	mite	d to		se lis	stec	d above) who received r	nore than				
\$ 100,000 of componedation from the organ											Form (	വവ ഗ	2015)

		Check if Schedule O conta	ains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
등회	b	Membership dues	1b					
A,E	С	Fundraising events	1c					
뜶			1d					
E,	е	Government grants (contributi	ons) 1e 1,	804,200.				
ës!	f	All other contributions, gifts, grant	s, and					
풀림		similar amounts not included abov	re 1f	59,494.				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f: \$					
ဝွန္မ	h	Total. Add lines 1a-1f		<b>&gt;</b>	1,863,694.			
				Business Code				
g	2 a			611710	73,908.	73,908.		
اھ چَ	ь	FOOD SERVICE RE	VENUE	611710	35,578.			35,578.
용티	c	MEDICAL ASSISTA	NCE REV	611710	3,382.	3,382.		
Program Service Revenue	d	1						
ğα	е	•						
4	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		<b>&gt;</b>	112,868.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)			895.		*******	895.
	4	Income from investment of tax	c-exempt bond p	proceeds				
	5	Royalties		<u></u>				
			(i) Real	(ii) Personal				Francisco de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania de la compania del c
	6 a	Gross rents						
	b	Less: rental expenses						
	C	: Rental income or (loss)						
	c	Net rental income or (loss)		<b>)</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		3,570.				
	b	Less: cost or other basis						
- 1		and sales expenses		0.				
	C	Gain or (loss)		3,570.	2 550			2 570
1		Net gain or (loss)		<u></u>	3,570.		* .: .: .:	3,570.
9	8 a	Gross income from fundraising	g events (not					
venue		including \$	of					
<u>۾</u>		contributions reported on line	1c). See					
Other Re		Part IV, line 18						
∄│		Less: direct expenses						
		Net income or (loss) from fund	-	·····				***************************************
	9 a	Gross income from gaming ac						
		Part IV, line 19		-				
		Less: direct expenses		L		professionalidi (IIII)		rmi telmilmelekska
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less		49,912.				
		and allowances	a b	4 = 0.00				
		Less: cost of goods sold Net income or (loss) from sale			32,049.	l martin ann an Airmeire	averter asteron to the action of	32,049.
ŀ		Miscellaneous Revenu		Business Code				
ŀ	11 a	**********	5	900099	815.	TOTAL TERMINE CONTROL OF TAXABLE PARTIES AND		815.
	11 a				J 3131			†
								-
				<b></b>	815.			garah galajaj
	12	Total revenue. See instructions.	***************************************		2,013,891.	77,290.	0.	72,907.
532009							<b></b>	Form <b>990</b> (2015)

	rt IX Statement of Functional Expens				
Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<del></del>
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	265,056.	165,104.	99,952.	
6	Compensation not included above, to disqualified	205,0301		33,332,	
U	persons (as defined under section 4958(f)(1)) and				†
	persons described in section 4958(c)(3)(B)	279,870.	279,870.		
7	Other salaries and wages	656,509.	542,646.	113,863.	
8	Pension plan accruals and contributions (include	-			
-	section 401(k) and 403(b) employer contributions)	49,087.	41,059.	8,028.	
9	Other employee benefits	773.		773.	
10	Payroll taxes	76,476.	62,292.	14,184.	
11	Fees for services (non-employees):			***************************************	
а	Management				
b	Legal	768.		768.	
С	Accounting	13,876.		13,876.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	70 500	C0 C0C	10 004	
	column (A) amount, list line 11g expenses on Sch O.)	79,580.	68,696.	10,884.	
12	Advertising and promotion	138,448.	131,571.	6,877.	
13	Office expenses	130,440.	131,3/10	0,077.	
14	Information technology				
15	Royalties	288,590.	288,590.		
16 17	Occupancy Travel	15,273.	15,273.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,353.	7,756.	597.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,015.	31,359.	656.	
23	Insurance	12,866.	12,866.		
24	Other expenses. Itemize expenses not covered				
	above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	NE ZAS	0.5 600		
а	SPECIAL EDUCATION	85,623.	85,623.	00.00	
b	DUES, MEMBERSHIPS, LICE	23,600.	2 020	23,600.	
c	REPAIRS AND MAINTENANCE	2,829.	2,829. 2,203.		ļ
d	CAPITAL EXPENDITURES	2,203.	4,403.		
	All other expenses	2,031,795.	1,737,737.	294,058.	0.
25	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	4,031,133.	±,101,10/•	<u> </u>	<del>                                     </del>
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	,			-	•

Form 990 (2015)

Part X | Balance Sheet

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			3
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	586,232.	1	635,496
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	199,889.	4	172,173
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
7 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	18,385.	9	27,097
	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 593,933		1,	
Ь,	Less: accumulated depreciation 10b 235,779		10c	358,154
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	271,282
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,426,970.	16	1,464,202
17	Accounts payable and accrued expenses	132,217.	17	158,886
18	Grants payable		18	
19	Deferred revenue		19	1
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	Loans and other payables to current and former officers, directors, trustees,		111111	
	key employees, highest compensated employees, and disqualified persons.			From Markers in the description of the control of t
22	Complete Part II of Schedule L	The second secon	22	districtive de districtive de la constant de la con
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	1,212,978.	25	1,243,960
26	Total liabilities. Add lines 17 through 25	1,345,195.	26	1,402,846
120	Organizations that follow SFAS 117 (ASC 958), check here ▶ and			
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	. The state of the second seco
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	000 004	30	-296,798
31	Paid-in or capital surplus, or land, building, or equipment fund		31	358,154
32	Retained earnings, endowment, accumulated income, or other funds		32	0
27 28 29 30 31 32 33	Total net assets or fund balances	04 775	33	61,356
34	Total liabilities and net assets/fund balances	1,426,970.	34	1,464,202
	Total habitists and the according balances	, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (201

	330 (2013)				90			
Pai	t XI Reconciliation of Net Assets				[37]			
	Check if Schedule O contains a response or note to any line in this Part XI	·······			X			
			0 01	2 0	0.1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,01					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,03					
3	Revenue less expenses. Subtract line 2 from line 1	3		7,9 1,7				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	2,5	15.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	6	1,3	56.			
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash Cash Control X Other SEE SCH							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		-				
	separate basis, consolidated basis, or both:		- 1-1					
	Separate basis Consolidated basis Both consolidated and separate basis				j			
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	i,					
	consolidated basis, or both:				1. 1			
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		).		1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si							
	Act and OMB Circular A-133?	-	3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit					
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits							

Form **990** (2015)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection Employer identification number Name of the organization 42-1530416 PRAIRIE CREEK COMMUNITY SCHOOL Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization (i) Name of supported (ii) ⊟N (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing document? (described on lines 1-9 other support (see organization support (see above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015.	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.				nin ilangainitajij		
	ction B. Total Support						
	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain	ļ					
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)	,		12	
13	First five years. If the Form 990 is fo	r the organization's	s first, secon <mark>d, thi</mark> r	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>C-</u>	organization, check this box and sto	o here					<b>&gt;</b>
	ction C. Computation of Publ					l I	
	Public support percentage for 2015 (					14	%
	Public support percentage from 2014					15	. %
16a	33 1/3% support test - 2015. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the						
	and <b>stop here.</b> The organization qua			***************************************			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=	•	<del>-</del>	
	meets the "facts-and-circumstances"	_					
b	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
	organization meets the "facts and circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZJ 2015

#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						- "
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
~	ization's benefit and either paid to						
	or expended on its behalf						
_							
9	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				L		
	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	First five years. If the Form 990 is fo	the ergenization's	first second thir	d fourth or fifth to	L voor og e spetie	p E01(a)(2) organiz	stion
,—		-			_		
Sec	ction C. Computation of Publ				***************************************	******	
	Public support percentage for 2015 (			olumn (f))		15	%
	Public support percentage from 2014		•			16	<u> </u>
	ction D. Computation of Inve			***************************************			
	Investment income percentage for 20			e 13 column (fl)		17	%
	Investment income percentage from					18	
	: 33 1/3% support tests - 2015. If the						
198							/ IS HOL
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2014. If the						F
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	pox on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>

Yes No

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
1	IVO		
1   2   3a   3b   3c   4a   4b   4c   4c   55a   55c   5c   5c   5c   5c   5c	l		<u> </u>
1   2   3a   3b   3c   4a   4b   4c   4c   55a   55c   5c   5c   5c   5c   5c			
1   2   3a   3b   3b   3c   4a   4b   4c   55a   5b   5c   5c   5c   5c   7   8   8   9a   9b   9b   9b   9b   9b   9b   9b			
1		alait.	
1   2   3a   3b   3b   4a   4b   4b   5a   5b   5c   5c   5c   5c   7   8   8   9a   9a   9a   9a   9a   9a			
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Pa	t IV   Supporting Organizations (continued)			
	Commined)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	direction 1		
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		H.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		111 - 1-11	1
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		-:
Sec	tion C. Type II Supporting Organizations	<u></u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		: . ;	i
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	L	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			F
	significant voice in the organization's investment policies and in directing the use of the organization's			1000
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions):			
а	The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		i i-circocci costroir co		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		121111111	
	how the organization was responsive to those supported organizations, and how the organization determined		inin n	
	that these activities constituted substantially all of its activities.	2a		<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			:::::::  ::::::
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	<b>.</b>	<b>.</b>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1 2010 - 1120
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	L

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust c	on Nov. 20, 1970. <b>See instru</b>	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	i ::. ::		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	11,1		
	factors (explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
•	see instructions).	4	· ·	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount	1		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
v	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona			anization (see
•	instructions).	,9	) P = P = 9 • 19 •	
	i i da do do do do do do do do do do do do do			

Schedule A (Form 990 or 990-EZ) 2015

Pai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
-		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
Sect	ion E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
į	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
_				

Schedule A (Form 990 or 990-EZ) 2015

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Inspection

Name of the organization

PRAIRIE CREEK COMMUNITY SCHOOL

Employer identification number 42-1530416

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	idvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		
Pa	t II   Conservation Easements. Complete if the org		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	,	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali-	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	•		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		; I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, nandling of violations, and enforcing cor	iservation easements during the year
_		dian of violeticas, and enforcing consequ	etien accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing conserv	adoit easements during the year
_	Does each conservation easement reported on line 2(d) about	us satisfy the requirements of saction 17	O(b)/4\/B\/i)
8			——————————————————————————————————————
_	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat		
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	RIOT S TRIBITICIAL STATE THE ITS THAT GESCHIDE.	sine organization a accounting to:
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures. or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.
1 64	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
h	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		• · · · · · · · · · · · · · · · · · · ·
я	Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		L .

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(F) (G)			
(G) (H)			
Total. (Coi. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEFERRED PENSION OUTFLOWS			271,282.
(2)			
(3)			
(4)			
(5)			
(6)		***************************************	
(7)			
(8)			
(9)	- 1E\		271,282.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 70.)		271,202.
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, lir	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) PENSION LIABILITY PAYABLE		1,084,710.	
(3) DEFERRED PENSION INFLOWS		159,250.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		1,243,960.	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740), Che	ck here if the text of the footnote has I	been provided in Part XIII 📖

532053 09-21-15 Schedule D (Form 990) 2015 PRAIRIE CREEK COMMUNITY SCHOOL 42-1

Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				•
1	Total revenue, gains, and other support per audited financial statements			1	2,010,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments2a				
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	<u> </u>		-::::::-	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,010,321.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,		ii	
а	Investment expenses not included on Form 990, Part VIII, line 7b	<del> </del>	2 570		
b	Other (Describe in Part XIII.)		3,570.		2 570
С	Add lines 4a and 4b			4c	3,570. 2,013,891.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	Mith C		5 Dotu	
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements	WVILII E	Expenses per	netu	311.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	2,006,730.
1	Total expenses and losses per audited financial statements			:	2,000,1500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	•		
a	Donated services and use of facilities 2a  Prior year adjustments 2b	+			
b	The your days are the second of the second o				
c		<b>-</b>	6,950.		
d	01101 (00001100 111 1111011)			2e	6,950.
_	Add lines 2a through 2d			3	1,999,780.
3	Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:			<u> </u>	
4	Investment expenses not included on Form 990, Part VIII, line 7b	1			
	Other (Describe in Part XIII.)	_	32,015.		
	Add lines 4a and 4b		· · · · · ·	4c	32,015.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,031,795.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional			4, ran	A, line 2, Part Al,
PA	RT XI, LINE 4B - OTHER ADJUSTMENTS:	<u>-</u> .			
GA	IN ON DISPOSAL OF CAPITAL ASSETS				3,570.
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
<u>CA</u>	PITALIZED EXPENDITURES				6,950.
PA	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
DE	PRECIATION EXPENSE				32,015.

Schedule D (Form 990) 2015 Part XIII   Supplemental Infor	PRAIRIE	CREEK	COMMUNITY	SCHOOL	42-1530416 Page 5
Part XIII Supplemental Infor	mation (continu	ued)			
	· · · · · · · · · · · · · · · · · · ·				
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### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Schools**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

▶ Information about Schedule E (Form 990 or 990-EZ ) and its instructions is at www.irs.gov/form990. Employer identification number

Name of the organization

PRAIRIE CREEK COMMUNITY SCHOOL

42-1530416

			YES	١
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	L
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes	:. `:::::::::::::::::::::::::::::::::::		
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			1 .
	If you need more space, use Part II	3	X	Ļ
	THE POLICY IS CONTAINED IN THE REGISTRATION AND SOLICITATION			1:
	MATERIALS.			ļ.,
				1
				Į.
	Does the organization maintain the following?	F	v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	╀
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	╀
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	Ι.	v	l
	admissions, programs, and scholarships?	4c	X	╀
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Δ.	+
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
				L
		1.4	1.7:1:1:	
	Don't be a second of the state of the state of the second			
	Does the organization discriminate by race in any way with respect to:	50		Ī
	Students' rights or privileges?	5a		
•	Students' rights or privileges? Admissions policies?	5b		
•	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?	5b 5c		
· ·	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?	5b 5c 5d		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?	5b 5c 5d 5e		
1	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?	5b 5c 5d 5e 5f		
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f 5g		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?	5b 5c 5d 5e 5f 5g		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
: :	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
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1 ); ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?	5b 5c 5d 5e 5f 5g 5h	X	
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
	Students' rights or privileges?  Admissions policies?  Employment of faculty or administrative staff?  Scholarships or other financial assistance?  Educational policies?  Use of facilities?  Athletic programs?  Other extracurricular activities?  If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  Does the organization receive any financial aid or assistance from a governmental agency?  Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	

Schedule E (Form 990 or 990-EZ) (2015) PRAIRIE CREEK COMMUNITY SCHOOL	42-1530416	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7	, as applicable.	
Also provide any other additional information.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
THE SCHOOL RECEIVES FEDERAL AND STATE FUNDING.		
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#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Open to Public ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection:

Name of the organization

PRAIRIE CREEK COMMUNITY SCHOOL

**Employer identification number** 42-1530416

OMB No. 1545-0047

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: GENDER-FAIRNESS, AND CONFLICT RESOLUTION. WE EDUCATE CHILDREN TO LIVE AS RESPONSIVE, RESPONSIBLE MEMBERS OF THEIR OWN COMMUNITIES, NOW AND IN THE FUTURE. THE SCHOOL SERVED APPROXIMATELY 180 STUDENTS IN GRADES K-5 FROM THE SURROUNDING AREA.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE INCLUDES THE CHAIR AND TWO OTHER TRUSTEES THE BOARD MAY DESIGNATE. THE DIRECTOR OF THE SCHOOL SHALL SIT EX-OFFICIO ON THE EXECUTIVE COMMITTEE AND ATTEND ALL MEETINGS. THIS COMMITTEE HAS THE AUTHORITY OF THE BOARD OF TRUSTEES IN THE MANAGEMENT OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 6:

THE SCHOOL'S MEMBERSHIP IS COMPOSED OF THE PARENTS, AND/OR GUARDIANS OF THE CHILDREN CURRENTLY ENROLLED IN THE SCHOOL, THE CURRENT STAFF, TRUSTEES. OTHER MEMBERS MAY BE ACCEPTED BY MAJORITY VOTE AT A MEMBERSHIP MEETING OR BOARD OF TRUSTEES MEETING.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD IS COMPRISED OF NINE MEMBERS, SIX OF WHICH ARE CHOSEN FROM THE PARENT COMMUNITY, TWO FROM THE FACULTY, AND ONE UNRELATED MEMBER FROM THE COMMUNITY AT LARGE. THE MEMBERS ELECT THE BOARD BY BALLOT IN THE SPRING OF EACH YEAR.

SECTION B, FORM 990, PART VI, LINE 11:

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

Schedule O (Form 990 or 990-EZ) (2015)

PRAIRIE CREEK COMMUNITY SCHOOL

Employer identification number 42-1530416

THE SCHOOL DIRECTOR AND THE CFO REVIEW THE FORM 990 PRIOR TO SIGNING AND FILING WITH THE IRS. THE OTHER BOARD MEMBERS WILL HAVE IT AVAILABLE TO REVIEW AT THEIR DISCRETION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE SCHOOL'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS, OFFICERS, AND EMPLOYEES.

COVERED INDIVIDUALS MUST DISCLOSE MATERIAL FACTS FOR ANY POTENTIAL CONFLICT
OF INTEREST TO THE BOARD WHO SHALL DETERMINE IF A CONFLICT EXISTS.

INDIVIDUALS WITH A CONFLICT OF INTEREST MAY NOT VOTE, PARTICIPATE IN THE
DISCUSSION, OR BE COUNTED FOR DETERMINING THE PRESENCE OF A QUORUM. A

TRANSACTION WHERE A CONFLICT EXISTS MAY BE APPROVED BY THE REMAINING BOARD
MEMBERS BY A TWO-THIRDS MAJORITY. PROCEEDINGS INVOLVING CONFLICTS OF
INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15A:

A BOARD COMMITTEE EVALUATED AND NEGOTIATED AN ANNUAL CONTRACT WITH THE DIRECTOR, SIMON TYLER, USING APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE COMMITTEE'S DELIBERATIONS AND DECISION. THE REVIEW WAS LAST CONDUCTED IN 2015.

FORM 990, PART VI, SECTION C, LINE 19:

THE SCHOOL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION LIABILITY

-2,515.