		PU	BLIC DISCLOSURE COPY - STATE REGISTRAT		
	Ω	00	Return of Organization Exempt From		OMB No. 1545-0047
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		^{s)} 2021
Depa	rtment	of the Treasury	Do not enter social security numbers on this form as it may		Open to Public
Intern	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
				JUN 30, 2022	
B C a	heck if pplicab	le: C Name of	organization	D Employer identific	ation number
	Addre	ge PRAL	RIE CREEK COMMUNITY SCHOOL		
	Name Chang	ge Doing bi	usiness as	42-153041	L6
	Initial returr Final	Number	and street (or P.O. box if mail is not delivered to street address) Room/su		
	⊥returr termi	n-	5 DENMARK AVENUE	507-645-9	
	ated Amer		own, state or province, country, and ZIP or foreign postal code HFIELD, MN 55057	G Gross receipts \$	2,384,777.
	_returr _Appli		nd address of principal officer: SIMON TYLER	H(a) Is this a group re for subordinates	
	_ltion pend		AS C ABOVE	H(b) Are all subordinates ind	
<u>і</u> т	- 27.07	empt status:			list. See instructions
				H(c) Group exemption	
		f organization:		ear of formation: 2002	
	irt I				otato or rogar aorinoito,
	1	Briefly describ	e the organization's mission or most significant activities: DEDICATED	TO PROVIDING	1 7
Governance			TIVE TEACHING IN AN ATMOSPHERE OF MUTUA		
'nai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of mo	ore than 25% of its net ass	ets.
INC	3		ing members of the governing body (Part VI, line 1a)		9
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	4	7
8 8	5	Total number	of individuals employed in calendar year 2021 (Part V, line 2a)	5	45
vitie	6	Total number	of volunteers (estimate if necessary)	6	7
Activities &	7 a	Total unrelated	d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		0.
			_	Prior Year	Current Year
ē	8		and grants (Part VIII, line 1h)	2,617,276.	2,307,237.
Revenue	9	•	ce revenue (Part VIII, line 2g)	28,459.	71,299.
Sev	10		come (Part VIII, column (A), lines 3, 4, and 7d)	7,978.	5,677.
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,358.	564.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>2,658,071.</u> 0.	2,384,777.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		co or for members (Part IX, column (A), line 4)	1,617,603.	1,671,815.
Expenses	15		compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e)	0.	0.
en:	10a		ng expenses (Part IX, column (A), line 25) \blacktriangleright 0 .		0.
EXE	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	688,365.	818,377.
	18	•	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,305,968.	2,490,192.
	19		expenses. Subtract line 18 from line 12	352,103.	-105,415.
or				Beginning of Current Year	End of Year
Net Assets or -und Balances	20	Total assets (F		2,221,783.	3,846,104.
Ass Ba	21		(Part X, line 26)	2,675,606.	4,341,109.
- Net	22		fund balances. Subtract line 21 from line 20	-453,823.	-495,005.
Pa	irt II	Signature	Block		
Unde	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and state	ements, and to the best of my	knowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	

Sign	Signature of officer		Date
Here	SIMON TYLER, SCHOOL DI	RECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Da	ate Check PTIN
Paid	ANN NEIL	ANN NEIL 11	L/18/22 self-employed P01817922
Preparer	Firm's name CLIFTONLARSONALL		Firm's EIN 🕨 41-0746749
Use Only	Firm's address 🖕 220 S 6TH STREET	, SUITE 300	
	MINNEAPOLIS, MN	55402	Phone no. 612-376-4500
May the II	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
			000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

orm	1990 (2021) PRAIRIE CREEK COMMUNITY SCHOOL 42-1530416 Page
Par	rt 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	If "Yes," describe these changes on Schedule O.
4	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,148,011. including grants of \$ 0.) (Revenue \$ 71,299.
	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
	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,
	GENDER-FAIRNESS, AND CONFLICT RESOLUTION. WE EDUCATE CHILDREN TO LIVE
4b	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 2,148,011.
32000	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)
	3
11	18 131839 053-026680 2021.05000 PRAIRIE CREEK COMMUNITY S 053-

Form	990	(2021)	

Part IV Checklist of Required Schedules

PRAIRIE CREEK COMMUNITY SCHOOL

			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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	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			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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 X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	X	<u> </u>
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		<u>x</u>
С	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 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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		
IZd		12a	х	
h	Schedule D, Parts XI and XII	120	- 11	<u> </u>
D.	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x
13	Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1.10		<u> </u>
	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		x
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

4 2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

Form	aan	(2021)
FUIII	990	120211

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	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 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 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		0.5%		x
~	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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			
2.	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 on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		00		I
	Check if Schedule O contains a response or note to any line in this Part V			
	. , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		_	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c	х	
132004	↓ 12-09-21			(2021)
	5			、 · - ·)

15241118 131839 053-026680

2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

Form 990					COMMUNITY		
Part V	St	atements Regard	Jing Oth	ner IRS Fi	ilings and Tax	Compliance	(continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	, , , ,	2a 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.				v
			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut	•	10		x
h	financial account in a foreign country (such as a bank account, securities account, or other financial acc If "Yes," enter the name of the foreign country	ount)?	<u>4a</u>		Λ
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FRAR)			
а			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the c				
	any contributions that were not tax deductible as charitable contributions?	-	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	•	6b		
	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and servic	es provided to the payor?	7a		Х
С			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
Э	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	7e		Х
F	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	7f		Х
3	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio	n file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	/ the			
	sponsoring organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
С	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	0a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
	Section 501(c)(12) organizations. Enter:	1			
a	Gross income from members or shareholders1	1a			
)	Gross income from other sources. (Do not net amounts due or paid to other sources against				
		1b			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10)41?	12a		
C	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
9	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.				
C	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
		<u>3b</u>			
		3c			
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16		X
	If "Yes," complete Form 4720, Schedule O.				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an	У			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

Form	990	(2021)
------	-----	--------

152

PRAIRIE CREEK COMMUNITY SCHOOL

42-1530416 Page 6

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u> </u>		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	F	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with a	iny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th		supervision			
	of officers, directors, 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 S			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a						
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?		-	8a	х	
				8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
3	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec				3		1 27
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	code.)		Yes	N
10-	Did the organization have local chapters, branches, or affiliates?			10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
b		•	-	101		
				10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before	e filing the form?	11a	<u> </u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," de	escribe			
	on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	nent wi	th a			
				16a		X
	taxable entity during the year?			100		
b	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104		
b	, , ,	te its pa	articipation	Tou		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its pa nization	articipation 's	16b		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organ	te its pa nization	articipation 's			
Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate exempt status with respect to such arrangements? tion C. Disclosure	te its pa nization	articipation 's			
Sec	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed MN	te its pa	articipation 's	16b	availal	ble
Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	te its pa	articipation 's	16b	availal	ble
Sec 17	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its panization	articipation 's 	16b	availal	ble
Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its pa nization nd 990- n on Sc	articipation 's T (section 501(c)(3 hedule O)	16b)s only)		ble
Sec 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its pa nization nd 990- n on Sc	articipation 's T (section 501(c)(3 hedule O)	16b)s only)		ble
Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its pa nization nd 990- n on Sc onflict o	articipation 's T (section 501(c)(3 <i>hedule O</i>) f interest policy, ar	16b)s only)		ble
Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its pa nization nd 990- n on Sc onflict o	articipation 's T (section 501(c)(3 <i>hedule O</i>) f interest policy, ar	16b)s only)		ble
Sec 17 18 19	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (<i>explain</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bos SIMON TYLER - 507-645-9640	te its pa nization nd 990- n on Sc onflict o	articipation 's T (section 501(c)(3 <i>hedule O</i>) f interest policy, ar	16b)s only)		ble
Sec 17 18 19 20	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	te its pa nization nd 990- n on Sc onflict o	articipation 's T (section 501(c)(3 <i>hedule O</i>) f interest policy, ar)s only)		

Form 990 (2	021) PRAIRIE	CREEK	COMMUNITY	SCHOOL	42-1530416	Page 7			
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, Ke	y Employe	es, and Highest Co	mpensated 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person i			s both	ı an	compensation	compensation	amount of
	week		officer and a director/tru		.or/trustee)		from	from related	other	
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SIMON TYLER	40.00	_	_				-			
SCHOOL DIRECTOR				X				83,832.	Ο.	38,413.
(2) MOLLY MCGOVERN WILLS	40.00									
TRUSTEE/FACULTY		Х						61,745.	Ο.	32,345.
(3) KELSEY FITSCHEN-HEMMAH	40.00									
TREASURER/FACULTY		х		x				63,792.	Ο.	12,491.
(4) KEITH JOHNSON	15.00									
CFO				x				42,474.	Ο.	6,372.
(5) CHRISTINE WILLIAMS	1.00									
CHAIR		Х		X				0.	Ο.	0.
(6) TIM GOODWIN	1.00									
VICE CHAIR		Х		X				0.	Ο.	0.
(7) BETH MOLITOR	1.00									
SECRETARY/TRUSTEE		Х		X				0.	Ο.	0.
(8) SHELLY DICKINSON	1.00									
TRUSTEE		Х						0.	Ο.	0.
(9) DON FINDLAY	1.00									
TRUSTEE		Х						0.	0.	0.
(10) LYNDSAY REECE	1.00									
TRUSTEE		Х						0.	0.	0.
(11) MARGIT ZSONLAY	1.00									
TRUSTEE		Х						0.	0.	0.
132007 12:00:21		I		I						Form 990 (2021)

8

132007 12-09-21

Form 990 (2021)

		IRIE CREEK CO)MM	IUN	ΊT	Ϋ́	SC	HO	OL	42-15	<u>304</u>	116	P	age 8
Par	t VII Section A. Officers, Direc	ctors, Trustees, Key Em	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl , unles cer an	ss per	ition more rson is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	,	an	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		fr org and	pensa om th anizat d relat	e ion ed
			-								\square			
			-								\dashv			
			<u> </u>								\dashv			
			-											
											+			
			-											
			-								\square			
	Subtotal		1						251,843.		0.	8	9,6	21.
с	Total from continuation sheets Total (add lines 1b and 1c)	to Part VII, Section A							0. 251,843.		0. 0.	0. 89,621.		
2	Total number of individuals (inclu compensation from the organizat	-	iose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			<u> </u>	0
3	Did the organization list any forn			•	•	-		Ŭ	• •			3	Yes	No X
4	line 1a? <i>If</i> "Yes," <i>complete Schec</i> For any individual listed on line 1 and related organizations greater	a, is the sum of reportab	le co	mpe	ensat	tion	and	oth	er compensation from t	ne organization		4		x
5	Did any person listed on line 1a r rendered to the organization? If	receive or accrue comper "Yes," complete Schedul	nsati	on fr	oma	any	unre	late	ed organization or individ	lual for services		5		х
	tion B. Independent Contractors Complete this table for your five			ndor		ontro	otor	o th	at reasived more than [¢]	100 000 of comp		ion fre		
1	the organization. Report compen	•	•							•	715al		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(A) (B) Name and business address NONE Description of services								C	(C ompei	;) nsatio	n		
								_						
								_						
2	Total number of independent cor \$100,000 of compensation from		ot lin	nited	to t	thos C		ted	above) who received mo	ore than				

132008 12-09-21

Form	n 990			EEK	COMMUNI	FY SCHOOL		42-1530	416 Page 9
Pa	rt VII	I Statement of Re	venue						
		Check if Schedule O	contains a res	oonse	or note to any lin		(5)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total Total		business revenue	from tax under
									sections 512 - 514
nts	1 a	Federated campaigns							
Contributions, Gifts, Grants and Other Similar Amounts	b		<u>1b</u>						
s, C	с	Fundraising events							
ar Gift	d		<u>1c</u>						
is, i	е	Government grants (contr	ributions) 1e	2,	248,624.				
rior S	f	All other contributions, gifts,	grants, and						
ibu		similar amounts not included			58,613.				
d t	g	Noncash contributions included in	lines 1a-1f	\$					
ရှိ ပိ	h	Total. Add lines 1a-1f			🕨	2,307,237.			
					Business Code				
e	2 a				611710	69,415.	69,415.		
θζi	b	MEDICAL ASSIS	TANCE R	EV	611710	1,884.	1,884.		
s Se	с								
Program Service Revenue	d	l							
рgа	е	· · · · · · · · · · · · · · · · · · ·							
Ϋ́	f	All other program service	revenue						
		Total. Add lines 2a-2f				71,299.			
	3	Investment income (includ	ding dividends	, intere	est, and				
		other similar amounts)			►	5,677.			5,677.
	4	Income from investment of							
	5	Royalties	<u> </u>		►				
			(i) Re	eal	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))		►				
	7 a	Gross amount from sales of	(i) Secu	rities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
e		and sales expenses	7b						
evenue	с	Gain or (loss)	7c						
Rev		Net gain or (loss)			►				
er	8 a	Gross income from fundraisi	ng events (not						
Other		including \$							
_		contributions reported on							
		Part IV, line 18	-	8a					
	b	Less: direct expenses							
		Net income or (loss) from			•				
		Gross income from gamin							
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from		· –	•				
		Gross sales of inventory, I							
		and allowances		10a					
	b	Less: cost of goods sold							
		Net income or (loss) from		·					
				y	Business Code				
sn	11 a	INSURANCE REC	OVERY		900099	564.			564.
Miscellaneous Revenue	b								
Bevenue	с С								
Be		All other revenue							
Ē		Total. Add lines 11a-11d				564.			
	12	Total revenue. See instruction				2,384,777.	71,299.	0.	6,241.
13200	9 12-09				F	, , . ,	_,,		Form 990 (2021)

PRAIRIE CREEK COMMUNITY SCHOOL Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	350,641.	187,589.	163,052.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	109,972.	109,972.		
7	Other salaries and wages	988,414.	892,291.	96,123.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	76,822.	69,533.	7,289.	
9	Other employee benefits	40,635.	40,635.		
10	Payroll taxes	105,331.	90,571.	14,760.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	16,168.		16,168.	
	Lobbying	1,538.		1,538.	
	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	207,130.	200,190.	6,940.	
12	Advertising and promotion		,	.,	
13	Office expenses	152,493.	145,517.	6,976.	
14	Information technology				
15	Royalties				
16	Occupancy	103,917.	103,917.		
17	Travel	11,834.	11,834.		
17	Payments of travel or entertainment expenses	,	,0010		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,554.	4,905.	3,649.	
19 20		0,0010			
20 21	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	256,397.	256,397.		
		10,842.	10,842.		
23	Insurance	10,012.	10,012.		
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
~	amount, list line 24e expenses on Schedule 0.)	25,139.		25,139.	
a b	SPECIAL EDUCATION	23,326.	23,326.	23,133.	
-	STREET BOCKITON	23,320•	23,320.		
C C	-				
d		1,039.	492.	547.	
	All other expenses	2,490,192.	<u>492</u> . 2,148,011.	342,181.	
25	Total functional expenses. Add lines 1 through 24e	4,490,192.	2,140,UII.	J42,⊥Ö⊥•	(
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

132010 12-09-21

Form 990 (2021)

15241118 131839 053-026680

	PRAIRIE	CREEK	COMMUNITY	SCHOOL	
Shoot					_

42-1530416 Page 11

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,083,368.	1	995,257
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	898
4	Accounts receivable, net	197,922.	4	241,159
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
0 7	Notes and loans receivable, net		7	
	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges	19,454.	9	26,15
10a	Land, buildings, and equipment: cost or other			
k		228,895.	10c	1,993,300
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	692,144.	15	589,33
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,221,783.	16	3,846,10
17	Accounts payable and accrued expenses	176,905.	17	203,20
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
00	Loans and other payables to any current or former officer, director,		1	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
			22	
23	Secured mortgages and notes payable to unrelated third parties		22	
23	Unsecured notes and loans payable to unrelated third parties		23 24	
24	Other liabilities (including federal income tax, payables to related third		24	
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2,498,701.	25	4,137,90
26		2,675,606.	25 26	4,341,10
20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	2,075,000.	20	1,511,10
2	-			
6 07	and complete lines 27, 28, 32, and 33.		07	
27	Net assets without donor restrictions		27	
5 28 5	Net assets with donor restrictions		28	
5	Organizations that do not follow FASB ASC 958, check here X			
5 000	and complete lines 29 through 33.	_710 022	00	_726 07
29	Capital stock or trust principal, or current funds	-719,932.	29	-736,07
30	Paid-in or capital surplus, or land, building, or equipment fund	228,895.	30	187,06
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	37,214.	31	54,00
	Total net assets or fund balances	-453,823.	32	-495,001
33	Total liabilities and net assets/fund balances	2,221,783.	33	3,846,10

Form 990 (2021)

Form 990 (2021) PRAIF

	1990 (2021) PRAIRIE CREEK COMMUNITY SCHOOL	42-1	530416	Pag	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,384				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,490				
3	Revenue less expenses. Subtract line 2 from line 1	3	-105				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-453	, 82	<u>23.</u>		
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 on Schedule O)	9	64	, 23	33.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	-495	,00	05.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Cash Control Control Control Cash Control	0					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
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:						
	Separate basis Consolidated basis Both consolidated and separate basis						
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 separate	basis,					
	consolidated basis, or both:						
	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,		x			
	review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	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 required	red audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>					

Form **990** (2021)

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Attach to Form 990 or Form 990-EZ. ww.irs.gov/Form990 for instructions and the latest information.						
Nan	ne of t	the organizati		do to www.ii3.got			ie latest li		Employer	Inspection identification number	
				RIE CREEK	COMMIINITTY SCI						
Pa	rt I	Reason					nis nart) S	See instruction		2-1530416	
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)											
			-			-		4.\/ & \/;\			
1					on of churches described)(a)011 no	1)(A)(I).			
2					Attach Schedule E (Form						
3											
4	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:									
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in	
		section 170	(b)(1)(A)(iv).(C	Complete Part II.)							
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	Illy receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	unction with a	land-grant	college	
					ulture (see instructions).						
		university:									
10			on that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributio	ns, membersh	ip fees, and	d gross receipts from	
		-		• • • •	t to certain exceptions; a				-	•	
					(less section 511 tax) fro						
				mplete Part III.)	(····;	,		
11					ively to test for public sat	etv See	section 5	09(a)(4)			
12	\square				ively for the benefit of, to				rry out the	nurnoses of one or	
		-	-	-	id in section 509(a)(1) o				-		
					f supporting organization					Sheek the box on	
_		7								aivina	
а				-	upervised, or controlled	• • • •	-		•••••		
			-		gularly appoint or elect a	majority c	or the direc	clors or truste	es or the st	ipporting	
		-		complete Part IV, Se					·· (-)		
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		-		t complete Part IV,							
С			-		g organization operated				ly integrate	d with,	
		¬ · ·	-). You must complete F						
d		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)	
			-		ation generally must sati	-		-	I an attentiv	/eness	
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.										
е			•		written determination from			Туре I, Туре	II, Type III		
		functionally	integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.				
f	f Enter the number of supported organizations										
g				n about the supporte						1	
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized (IV) Is the organized (IV) (IV) (IV) (IV) (IV) (IV) (IV) (IV)	anization listed ing document?	(v) Amount o	-	(vi) Amount of other	
		organization	۱ 		above (see instructions))	Yes	No	support (see i	istructions)	support (see instructions)	

Schedule A	(Form	990	2021
		000	

PRAIRIE CREEK COMMUNITY SCHOOL

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
5	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.						
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is ⁻	10% or
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	
						Schedule A	(Form 990) 2021

PRAIRIE CREEK COMMUNITY SCHOOL Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						<u> </u>
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons						
b	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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
	check this box and stop here						>
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (li	ne 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
13202	23 01-04-22					Schedule A	(Form 990) 2021

16

PRAIRIE CREEK COMMUNITY SCHOOL

1

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

17

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

PRAIRIE CREEK COMMUNITY SCHOOL Schedule A (Form 990) 2021

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI <i>how servicing out the power of the supporting (b)</i> that operated	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>So</u>	supervised, or controlled the supporting organization.	2		
Jei				
_			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
	or management of the supporting organization was vested in the same persons that controlled or managed
	the supported organization(s)

Section D.	All Type II	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-----------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b Schedule A (Form 990) 2021

132025 01-04-22

15241118 131839 053-026680

18

2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

Schedule A		===:		<u> </u>	COMMUNITY	
Part V	Type II	l Non-Fເ	unctionally Integra	ated 509(a	a)(3) Supporting	g Organizations

PRAIRIE	CREEK	COMMUNITY	SCHOOL

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must o	omplet	e Sections A through E.	1
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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

15241118 131839 053-026680

PRAIRIE CREEK COMMUNITY	SCHOOL
-------------------------	--------

42-1530416 Page 7

		COMMUNITY SCH		4	2-1530416	Page 7
Par		a)(3) Supporting Orga	anizations _{(continu}	ued)		
Secti	on D - Distributions				Current Yea	ar
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive	9			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		I	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributabl Amount for 2	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
-	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	PRAIRIE	CREEK	COMMUNI	Y SCHOOL	J	42-1530416 Pag
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.)	. lines 2 and 3: Pa	art IV. Sectioi	n E. lines 1c. 2a.	2b. 3a. and 3b:	Part V. line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V, nal information.
132028 01-04-2	2						Schedule A (Form 990) 2
132028 01-04-2	<u> </u>			21			Schedule A (FUIII 330) 2

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

	PRAIRIE CF	EEK COMMUNITY	SCHOOL	42-1530416
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-F7	X 501(c)(3) (enter number) organiz	zation	

4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2021)

PRAIRIE CREEK COMMUNITY SCHOOL

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1 </u>		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

15241118 131839 053-026680

Employer identification number

42-1530416

Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (c) Description of noncash property given	(b) (c) Description of noncash property given (See instructions.) (b) (c) Description of noncash property given (c) (b) FMV (or estimate) (See instructions.) (See instructions.) (b) (c) Description of noncash property given (c) (b) (c) Description of noncash property given (c) (See instructions.) (c) (b) FMV (or estimate) (See instructions.) (s) (See ins

Schedule B (Form 990) (2021)

$15241118 \ 131839 \ 053-026680$

24 2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

Employer identification number

	B (Form 990) (2021)			Page 4			
Name of o	rganization			Employer identification number			
	IE CREEK COMMUNITY SCHOO			42-1530416			
Part III	from any one contributor. Complete columns (a) through (e) and the following charitable, etc., contributions of \$	a line entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the year panizations pyear. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
·		(e) Transfe					
	Transferee's name, address, a			ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
-	(e) Transfer of gift						
·	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
		(e) Transfe	r of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held			
·	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transferor to transferee			
123454 11-11	1-21			Schedule B (Form 990) (2021)			

15241118 131839 053-026680

25 2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

SCHEDULE [)
------------	---

(Form 9	990)
---------	------

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 10 1 - 20 / 1 0

	PRAIRIE CREEK COMM		42-1530416	
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) Fu	nds 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 v	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor o	0 0	,	
		· · · · · · · · · · · · · · · · · · ·	•	
Par				
1	Purpose(s) of conservation easements held by the organization			-
•	Preservation of land for public use (for example, recrea		a historicall	y important land area
	Protection of natural habitat			istoric structure
	Preservation of open space		a continea i	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	ation easement on the last
~	day of the tax year.			Held at the End of the Tax Year
~			2a	
b	Number of conservation easements on a certified historic structure	ucture included in (e)	·····	
С С	Number of conservation easements included in (c) acquired a			
d				
~	listed in the National Register			
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	i during the tax
	year ▶			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easeme	nts during the year
_	► \$			
8	Does each conservation easement reported on line 2(d) abov			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that des	scribes the
Dor	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	hor Simil	ar Accata
Par				ar Assels.
	Complete if the organization answered "Yes" on Form			
1 a	If the organization elected, as permitted under FASB ASC 95	, 1		
	of art, historical treasures, or other similar assets held for put	, ,		public
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and t	balance shee	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance of pi	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	\$
				· ·
2	If the organization received or held works of art, historical tree	asures, or other similar assets for financia	l gain, provid	le
	the following amounts required to be reported under FASB A	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X		🕨	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21			

20							
1	^	-	^	^	^	-	-

2021.05000 PRAIRIE CREEK COMMUNITY S 053-0261

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assesscontinued. 3 Using the organization sequestion, accession, and other records, check any of the following that make significant use of its a Dealte on times (check all that apply): a a Dealte on times (check all that apply): a b Scholarly research a c Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization solections and explain how they further the organization's accessor of the organization is collection? Yes No PartI Escrow and Custoodial Arrangements. Complete if the organization accessor of the assets not included on norm 980, Part X, Ine 21. Test the organization accessor of the assets not included on form 980, Part X, Ine 21. Yes No b If Yes, 'explain the arrangement in Part XIII and complete the following table: Yes No b If Yes, 'explain the arrangement in Part XIII. Check here if the corganization accessor or custodial account liability? Yes No b Did the organization accessor Complete rife the collowing table: Yes No f Endition that arganization accessor or custodial account liability? Yes	Sche		CREEK COM						42-15	3041	6 Ра	age 2
collection lemis (check all that apply): a b b Scholarly research c Other	Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Simila	r Assets	contin	nued)	
a Public exhibition d Loan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, access	ion, and other record	s, check a	any of the	following that	t make s	ignificant	use of its			
b Scholary research e Other 4 Prevaluation for huture generations 5 Diring the year, did the organization societ or receive donations of art, historical treasures, or other similar assets to be societ or assets to be societ or assets 6 Diring the year, did the organization osciet or receive donations of art, historical treasures, or other similar assets to assets to assets 7 Part M Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. No b If "Yes", explain the arrangement in Part XIII and complete the following table: Amount 1a c Beginning balance Itel Itel 1a a bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Part Organization include an amount on Form 990, Part X, line 21. Inc a Beginning of year balance (a) Current year (b) Prov year Tokin K (u) line vians back (e) four years back Four years back (b) Four years back <th></th> <th>collection items (check all that apply):</th> <th></th>		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they thrhan the organization's exempt purpose in Part XIII. 5 During the year, did the organization solict or receive donations of art, historical treasures, or other similar assets 1 Description of the organization solict or receive donations of art, historical treasures, or other similar assets 1 Description of form 390, Part X, line 21. 1 Is the organization and part, truste, custodian or other intermediary for contributions or other assets not included on Form 390, Part X, line 21. 1 Is the organization and part, truste, custodian or other intermediary for contributions or other assets not included on Form 390, Part X, line 21. 2 Both organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes 2 Doting balance	а	Public exhibition	d	I 🗌 L	oan or exc	change progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Excrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 21. Beginning balance Amount tel deditions during the year tel deditions dedit	b	Scholarly research	e	, 🗌 c	ther							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization asswered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1 Is the organization an agement to a rother intermediary for contributions or other assets not included on Form 990, Part XP. Yes No 1 Is the organization angement in Part XIII and complete the following table: Amount 1 2 Beginning balance 1 1 1 1 1 2 Beginning balance 1	с	Preservation for future generations										
to be sold to raise funds rather than to be maintained as part of the organization a collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability? Intermediary for custodial Arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Intermediary for part XIII. Part V Endowment Funds. Complete If the organization answered 'Yes' on Form 990, Part V, line 10. Intermediary for part XIII. Intermediary for part XIII. Part V Endowment Funds. Complete If the organization answered 'Yes' on Form 990, Part X, line 21. Intermediary for complete and the estimated part of the current year end balance (ine 19, column (a)) held as: 1a Beginning of year balance	4	Provide a description of the organization's c	ollections and explair	n how the	y further tl	he organizatio	on's exer	mpt purpo	se in Part	XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodial an or other intermediary for contributions or other assets not included on Form 990, Part X Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount a dations during the year a dations during the year a Ending balance a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Fruer year balance a Beginning of year balance (e) Fruer years back (d) Fruer years back (d) Fruer year balance (e) Fruer years back (f) Arministrative expenses (h) Current year (h) Prior year (h) Cher exponditures for facilities	5	During the year, did the organization solicit	or receive donations of	of art, hist	orical trea	sures, or othe	er similar	assets				_
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount 1d 1d 1d 1d 1d 1d 1d 1d 1d 2h Ott hor organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a a a 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a a a a a a												No
on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part X Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete (the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back if a Beginning of year balance (a) Current year (b) Prior year (c) Two years back if (d) Three years back if (e) Four years back if a dramts or scholarships e Other expenditures for facilities and programs id id f Administrative expenses id id g End of year balance % % f Peroment endowment \	Par			ete if the o	organizatio	on answered '	"Yes" on	Form 990), Part IV,	line 9, or		
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for co	ontribution	s or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table:				•						Yes		No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back fa Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back fa Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back fa Contributions (f) Three years back (f) Four years back (f) Three years back (f) Four years back fa Contributions (f) Administrative expenditures for facilities (f) Four years back </th <th>b</th> <th></th>	b											
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Four years back 1 Administrative expenses (a) Current year end balance (line 1g, column (a) held as: a Beard designated or quasi-endowment }			·	Ū.						Amoun	t	
d Additions during the year Id e Distributions during the year Id 1 Ending balance It 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Stack (e) Four years back (e) Four years back (e) Four years back (e) Four years back de) and programs and	с	Beginning balance						1c				
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back four ye	d											
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (a) Current year end balance (i) Current year balance (ii) Current year (ii) Administrative expenses (iii) Current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶	f											
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Current year (c) Two years back (d) Three years back c Net investment earnings, gains, and losses (c) Administrative expenses (c) Two years back (d) Three years back g End of year balance (c) Two years back (c) Two years back (c) Two years back (c) Two years back g End of year balance (c) Two years back	2a									Yes		No
(a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Contributions (c) Two years back (d) Three years back (e) Four years back c Contributions (c) Two years back (d) Three years back (e) Four years back c Contributions (c) Two years back (d) Three years back (e) Four years back c Contributions (c) Two years back (c) Two years back (c) Two years back (e) Four years back c Contributions (c) Controphysion (c) Two years back (c) Two years back (e) Four years back c Contributions (c) Controphysion (c) Controphysion (c) Controphysion (c) Controphysion (c) Controphysion (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated (c) Accumulated <td< th=""><td>b</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	b											
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Describe in Part XIII the intended uses of the organizations listed as required on Schedule R? Image: Contributions Image: Contributions Image: Contributions d Describe in Part XIII the intended uses of the organization's endowment funds. Image: Contribution's endowment funds. Image: Contribution's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990,	Par	t V Endowment Funds. Complete	if the organization an	swered "	Yes" on Fo	orm 990, Part	IV, line	10.				
b Contributions			(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	' years	back
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	С	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% c Term endowment ▶% c Term endowment ▶% a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	g	End of year balance										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a	ı)) held as:						
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land (a) Cost or other b Buildings 1, 987, 861. c Leasehold improvements 419, 566. 4 Equipment 211, 320. 6 Other	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land 1, 987, 861. 220, 873. 1, 766, 988. c Leasehold improvements 419, 566. 241, 247. 178, 319. d Equipment 211, 320. 163, 327. 47, 993.	С	Term endowment	_%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Ac			•									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 b Buildings 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993.	3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	nd administer	red for th	ne organiz	ation	1		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation b Buildings 1,987,861. 220,873. 1,766,988. C Leasehold improvements 419,566. 241,247. 178,319. d Equipment 20.0 fter b Buildings 1,987,861. 220,873. 1,766,988. C Leasehold improvements 419,566. 241,247. 178,319. Other 20.0 fter Complete if the organization of property (a) Cost or other (b) Cost or other (c) Acount dots and the depreciation <td< th=""><th></th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Yes</th><th>No</th></td<>		-									Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993.												
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1.987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993.										3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993.	b									3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993.	4			wment fu	nds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par											
basis (investment) basis (other) depreciation 1a Land 1,987,861. 220,873. 1,766,988. b Buildings 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993. e Other		· · ·										
b Buildings 1,987,861. 220,873. 1,766,988. c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993. e Other		Description of property			.,					(d) Boo	k valu	e
c Leasehold improvements 419,566. 241,247. 178,319. d Equipment 211,320. 163,327. 47,993. e Other	1a	Land										
d Equipment 211,320. 163,327. 47,993. e Other												
e Other	с	Leasehold improvements										
	d	Equipment			21	1,320.		163,3	27.	4	7,9	93.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. columr</u>	n (B), line 1	'0c.)	<u></u>			1,99	3,3	00.

Schedule D (Form 990) 2021

Schedule	e D (Form 990) 2021	PRAIRIE CRE	EK COMMUNITY	SCHOOL	42-1530416 Page 3
Part V		Other Securities.			
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line	12.
(a) Desc	cription of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Finar	ncial derivatives				
		s			
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Co	l. (b) must equal Form 99	90, Part X, col. (B) line 12.) 🕨			
Part V	III Investments -	Program Related.			
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line	13.
	(a) Description c	of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	I. (b) must equal Form 99	90, Part X, col. (B) line 13.) 🕨			
Part I)		, , , , , , , , , , , , , , , , , , ,	•	•	
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line	15.
		(a)	Description		(b) Book value
(1) I	DEFERRED PEN	ISION OUTFLOWS			589,339.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	olumn (b) must equal F	Form 990. Part X. col. (B) line	e 15.)		▶ 589,339.
Part X		es.			· · ·
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part)	X, line 25.
1.	(a) [Description of liability			(b) Book value
(1) F	ederal income taxes				
(2) 1	NET PENSION	LIABILITY			884,048.
(3) I	DEFERRED PEN	ISION INFLOWS			1,447,615.
(4) E	RIGHT TO USE	E LEASE			1,806,238.
(5)					
(6)					
(7)					
(8)					
(9)					
	olumn (b) must equal P	Form 990 Part X col (R) line	e 25)		▲,137,901.
			-	o the organization's financial stat	

I, p organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 PRAIRIE CREEK COMMUNITY SC	HOOL		42-2	1530416 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		*
	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	2,384,777.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,384,777.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,384,777.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returr	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,448,359.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	214,564.		
е	Add lines 2a through 2d			2e	214,564.
3	Subtract line 2e from line 1			3	2,233,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	256,397.		
с	Add lines 4a and 4b			4c	256,397.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,490,192.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CAPITALIZED EXPENDITURES	24,849.
PAYMENTS ON LONG-TERM LEASES	189,715.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	214,564.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
DEPRECIATION EXPENSE	32,969.
AMORTIZATION EXPENSE	223,428.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	256,397.

29

Schedule D	(Form §	990)	2021	

Part XIII Supplemental Information (continued)	
	Schedule D (Form 990) 2021

SC	HEDULE E	Schools		OMB No.	1545-004	47
(For	m 990)	Complete if the organization answered "Yes" on Form 990,		20	21	1
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		ZU		
	ment of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to		ic
	Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspect		
Name	e of the organization		Employer i			mber
	41	PRAIRIE CREEK COMMUNITY SCHOOL	42	-1530	416	
Pa	πι				YES	NO
	Deep the evention	tion have a vacially nandiagriminatory policy toward students by statement in its shorter			TES	NO
1	•	tion have a racially nondiscriminatory policy toward students by statement in its charter, erning instrument, or in a resolution of its governing body?		1	х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broc				
-	•	her written communications with the public dealing with student admissions, programs, and	-	s? 2	х	
3	•	on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	ļ			
	homepage at all tir	nes during its taxable year in a manner reasonably expected to be noticed by visitors to the				
	homepage, or thro	ugh newspaper or broadcast media during the period of solicitation for students, or during th	ne			
	• .	if it has no solicitation program, in a way that makes the policy known to all parts of the gen				
		es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
		Y IS CONTAINED IN THE REGISTRATION AND SOLICITA	ATION	_		
	MATERIALS	•		_		
				_		
				-		
4	Deep the exercise	tion maintain the following?		-		
4	-	tion maintain the following? I the racial composition of the student body, faculty, and administrative staff?		4a	х	
		I the racial composition of the student body, faculty, and administrative staff?		<u>4a</u> 4b	X	
		ogues, brochures, announcements, and other written communications to the public dealing	lory basis:			
		ssions, programs, and scholarships?		4c	х	
d		rial used by the organization or on its behalf to solicit contributions?			Х	
		Jo" to any of the above, please explain. If you need more space, use Part II.				
	-					
				_		
				_		
				_		
5		tion discriminate by race in any way with respect to:				
		privileges?		<u>5a</u>		X
b	Admissions policie	s?		<u>5b</u>		X
		culty or administrative staff?				X
		her financial assistance?				X
		25?				X
		?				X
		lar activities?				X
		/es" to any of the above, please explain. If you need more space, use Part II.				
	·· , · · · · · · · · · · · · · · · ·					
				_		
	U U	tion receive any financial aid or assistance from a governmental agency?			Х	
b	Has the organizati	on's right to such aid ever been revoked or suspended?		6b		X
	lf you answered "ነ	′es" on either line 6a or line 6b, explain on Part II.				
7	-	tion certify that it has complied with the applicable requirements of sections 4.01 through				
	4.05 of Rev. Proc.	75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	<u></u>	7	Х	

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

Schedule E (Form 990) 2021

132061 10-18-21

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.

Schedule E (Form 990) 2021

132062 10-18-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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 Form 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.



42-1530416

PRAIRIE CREEK COMMUNITY SCHOOL

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 1A:

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, AND THE BOARD OF 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: AT LEAST ONE FROM THE PARENT COMMUNITY, AT LEAST TWO FROM THE FACULTY, AND AT LEAST ONE UNRELATED MEMBER FROM THE COMMUNITY AT LARGE. THE MEMBERS ELECT THE BOARD BY BALLOT IN THE SPRING OF EACH YEAR.

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

 THE SCHOOL DIRECTOR AND THE CFO REVIEW THE FORM 990 PRIOR TO SIGNING AND

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

 132211 11-11-21

 $15241118 \ 131839 \ 053-026680$

33

FILING WITH THE IRS. THE OTHER BOARD MEMBERS WILL HAVE IT AVAILABLE TO

PRAIRIE CREEK COMMUNITY SCHOOL

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

Schedule O (Form 990) 2021

Name of the organization

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 2020.

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

Page 2 Name of the organization Employer identification number PRAIRIE CREEK COMMUNITY SCHOOL Employer identification number 42-1530416 42-1530416 THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING AS
THE SCHOOL FOLLOWS A MODIFIED ACCRUAL METHOD OF ACCOUNTING AS
PRESCRIBED BY THE MINNESOTA DEPARTMENT OF EDUCATION. THE SCHOOL-WIDE
FINANCIAL STATEMENTS ARE REPORTED USING THE ECONOMIC RESOURCES
MEASUREMENT FOCUS AND THE ACCRUAL BASIS OF ACCOUNTING. GRANTS AND
SIMILAR ITEMS ARE RECOGNIZED WHEN ALL ELIGIBILITY REQUIREMENTS IMPOSED
BY THE PROVIDER HAVE BEEN MET.
FORM 990, PART XII, LINE 2C:
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT ACCOUNT HAS
NOT CHANGED FROM THE PRIOR YEAR.