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Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All her organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public

-	_		The organization may have to use a copy or this return to satisfy ste		<i>an criter</i>	10.	127
A		or tne eck if		d ending	D Emple	was ida	ntification number
	app	olicable			D Empire	yei iuc	nuncauon number
Ĺ		Address change	Use IRS CARE PROVIDERS OF MINNESOTA FOUNDATION	,			
[Name change	print or INC.				38651
[$\neg \neg$	Initial return	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telep	hone nu	mber
Ī		Termin- ated	Specific 7851 METRO PARKWAY	200	(9	52)	854-2844
Ī		Amende	Instruc-		F Group	Exemp	tion
Ī		return Applicatio pending	BLOOMINGTON, MN 55425-1524		-	er 🕨	
			on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete	ed G Accoun			Cash X Accrual
		OCCL	Schedule A (Form 990 or 990-EZ).		specify)]		
-	14/	- haita	N/A	H Check			organization is not
١.							B (Form 990, 990-EZ, or 990-PF)
K	Cn	eck 🕨				an pzo,	300. A FOITH 330-EZ 01
_			Form 990 return is not required, but if the organization chooses to file a return, be sure to		urn.	r	63,019.
L			5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of	OC (Coa the restri	untiono fo	- \$	
L	Par			es (see the instru	ictions it	$\overline{}$	
			Contributions, gifts, grants, and similar amounts received	• •	<u> </u>	1	39,289.
		2 P	Program service revenue including government fees and contracts		<u> </u>	2	
		3 N	Membership dues and assessments	-	_	3	
		4 la	nvestment income			4	1,545.
2010		5a G	Gross amount from sale of assets other than inventory . 5a			The state of the s	
~		b L	ess; cost or other basis and sales expenses		133		
ക		c 0	Sain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
SEP 2	:	6 9	Special events and activities (complete applicable parts of Schedule G). If any amount is from gam	ing, check here ►			
<u>م</u> ۾	;	a (Gross revenue (not including \$ 20,417. of contributions		1	44E	
S			eported on line 1) 6a	22,1	85 🗟	100 mg	
	.		ess: direct expenses other than fundraising expenses 6b	21,8			
SCANNED			let income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	344.
Z			Gross sales of inventory, less returns and allowances	•	3	EGE.	
Z			ess: cost of goods sold 7b				
S			Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	····		7c	
Ĭ.	- 1		Other revenue (describe	•	\ <u> </u>	8	
	- 1		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	·	<u>~</u> ′ ├	9	41,178.
_	\dashv		Arms and	<u> </u>		10	34,000.
	- 1		DEOE	- .		11	32,0000
	- 1				· -	12	28,241.
xnenxes	3		Salaries, other compensation, and employee benefits			13	16,224.
Ž	5		Professional fees and other payments to integendent contractors occupancy, rent, utilities, and maintenance A AUG 25 2010	•		14	10,224.
Ž			Occupancy, rent, utilities, and maintenance A AUG 25 2010	•			2,085.
_			Printing, publications, postage, and shipping	a measterim	- ⊢	15	
				ATEMENT	—′⊢	16	3,526.
	-		Total expenses. Add lines 10 through 16			17	84,076.
U			Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-42,898.
to to			Net assets or fund balances at beginning of year (from line 27, column (A))			10 P	462 747
Not Accete	8	,	must agree with end-of-year figure reported on prior year's return)			19	463,747.
ģ			,	ATEMENT	—	20	83,990.
_			Net assets or fund balances at end of year. Combine lines 18 through 20			21	504,839.
	På	rt-II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form			EZ.	
			(See the instructions for Part II.)	(A) Beginning of	-	<u> </u>	(B) End of year
	22	Cash	, savings, and investments	88,	655.	22	106,383.
	23		and buildings			23	
	24	Other	assets (describe ► MUTUAL FUNDS)	382,			433,121.
	25		assets	470,			539,504.
	26		liabilities (describe ► ACCOUNTS PAYABLE)		195.		34,665.
~	27	Net a	assets or fund balances (line 27 of column (B) must agree with line 21)	463,	747.	27	504,839.
	13217	10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)

Fori	ກ 990-EZ (2009) INC .			41-	-13386	51 Page 2
P	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		Ε	xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	· 6				or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur	-	ise manner desc	nhe		4) organizations and
	services provided, the number of persons benefited, and other relevan			1100	for others)	7(a)(1) trusts, optional
	TO PROMOTE AND ENCOURAGE QUALITY CA				1	
28					ii	
	FACILITIES, INCLUDING GRANTING EDUC		SUILS WIN			
	PERFORMING RESEARCH REGARDING LONG					
	(Grants \$ 34,000.) If this amount includes foreign of	grants, check here	<u>.</u> >	·	28a	34,000.
29					1 1	
]]	
				_		
	(Grants \$) If this amount includes foreign of	arante check here			29a	
30	Totalis #	grants, crieck ricic			 	
30						
						
					 	
	(Grants \$) If this amount includes foreign of	grants, check here	<u> </u>	·	30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign of	grants, check here		· []	31a	
32	Total program service expenses (add lines 28a through 31a)			•	32	34,000.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
		1			ontributions	,
		(b) Title and average hours	(c) Compensation	to	employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred	other allowances
==	A	D0155 0111 T5		COIII	pensation	
		BOARD CHAIR			_	_
	RKWAY, BLOOMINGTON, MN 55425	0.25	0.	·	0.	0.
	M ALGOO, 7851 METRO PARKWAY,	DIRECTOR AT L	ARGE			
$\overline{\mathrm{BI}}$	OOMINGTON, MN 55425	0.25	0.		0.	0.
KA	THY BIRCHEM, 7851 METRO PARKWAY,	DIRECTOR AT L	ARGE			
	OOMINGTON, MN 55425	0.25	0.		0.	0.
	IRIS BOLDT, 7851 METRO PARKWAY,	DIRECTOR AT L		+		<u> </u>
	OOMINGTON, MN 55425	0.25	0.		0.	0.
		PRESIDENT/CEO		4		·
	ATTI CULLEN, CAE, 7851 METRO	•			^	1
_	RKWAY, BLOOMINGTON, MN 55425	0.25	0,	4	0.	0.
	NDA DOERR, 7851 METRO PARKWAY,	DIRECTOR AT L		1	_	_
	OOMINGTON, MN 55425	0.25	0.	•	0.	0.
LE	S GRANT, 7851 METRO PARKWAY,	DIRECTOR AT L	ARGE	1		
BI	OOMINGTON, MN 55425	0.25	0.	.	0.	0.
PE	CARL A. LEMIEUX, 7851 METRO	DIRECTOR AT L	ARGE	1		
	RKWAY, BLOOMINGTON, MN 55425	0.25	0.	.	0.	0.
	NDA M NELSON, 7851 METRO PARKWAY,	BOARD VICE CH		+		
	OOMINGTON, MN 55425	0.25	0.		0.	0.
	DREW D. OPSAHL, 7851 METRO	SECRETARY & T		' 		· ·
	ARKWAY, BLOOMINGTON, MN 55425	0.25	O.		0.	
				' 		0.
	THAN D. PEARSON, 7851 METRO	DIRECTOR AT L			•	1
PP	ARKWAY, BLOOMINGTON, MN 55425	0.25	0.	·	0.	0.
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Page 3

Very No No Ver	Pa	rt V. Other Information (Note the statement requirements in the instructions for Part V.)			
Were any changes made to the organizing or governing documents? If 'res,' attach a conformed copy of the changes 31 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-1, attach as statement evaluation with the organization of hor report the income on Form 990-1. 3 but the organization have unreliated business gross income of \$1,000 or more or was it subject to section 6033(4) notice, reporting, and proxy tax requirements? 3 but the organization undergoa a begudation, desolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Sch. N 37 a. Enter amount of political expenditures, direct or indirect, as described in the instructions. 30 but the organization file form 1128-P0L for the year? 31 but the organization file form 1128-P0L for the year? 32 but the organization file form 1128-P0L for the year? 33 but the organization file form 1128-P0L for the year? 34 but the organization file form 1128-P0L for the year? 35 but the organization file form 1128-P0L for the year? 36 but the organization file form 1128-P0L for the year? 37 but the organization file form 1128-P0L for the year? 38 but the organization file form 1128-P0L for the year? 39 but the organization file form 1128-P0L for the year? 30 but the organization file form 1128-P0L for the year? 31 but the organization file form 1128-P0L for the year? 32 but the organization file form 1128-P0L for the year? 33 but the organization file form 1128-P0L for the year? 34 but the organization file form 1128-P0L for the year? 35 but the organization file form 1128-P0L for the year? 36 but the organization file form 1128-P0L for the year? 37 but the organization file form 1128-P0L for the year? 38 but the organization file form 1128-P0L for the year? 39 but the organization file form 1128-P0L for the year? 30 but the organization file form 1128-P0L for the year? 30 but the organization				Yes	No
18 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-7, attach a statement explaining why the organization did not report the amone on Form 990-1. 28 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 36 Did the organization berow from 65 Did. 37 Either amount of political expendedures, direct or indirect, as described in the instructions. 38 Did the organization berow from 67 mess and expendedures, direct or indirect, as described in the instructions. 39 Did the organization berow from 67 mess 900 9 mess organization from 87 message in a prior year and still outstanding at the end of the period covered by this return? 39 Different 120 Political expended on 180 period covered by this return? 39 Different 120 period period still and other the total amount anvolved. 39 Different 120 period period on 180 period period period on 180 period period on 180 period period and organizations. Enter amount of tax imposed on organization among the year under science of signal fleed person in an injury period an any other organization self-complete Schedole L, Part 1 39 Different 180 period organizations. Enter amount of tax or line 40c remibused by the organization or period organizations. Enter amount of tax or line 40c remibused by the organization or 180 period person during the expert of the period can be organization period period person during the period person during the period period period person during the period person during the expert of the period period period period period	33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		
reported on Form 990-T, attach a statement explaning why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has if filed a fax return on Form 990-T for this year? Did the organization undergo a laquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of SCh. N 35	34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
a Did the organization have unriebled business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 5 bit if ves, hast filled a tax return on Form 990-T for this year? 5 bit whe organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete appricable parts of Sch. N 5 bit whe organization or the form 1120-PGL for this year? 5 bit wes principle parts of Sch. N 5 bit wes provided a property of the period covered by the return? 5 bit wes, complete specified in the end of the period covered by this return? 5 bit wes, complete Schedule L, Part II and enter the total amount involved 5 bit wes, complete Schedule L, Part II and enter the total amount involved 5 bit wes, complete Schedule L, Part II and enter the total amount involved 5 bit wes, complete Schedule L, Part II and enter the total amount involved on the 9 bit of considerable, included on line 9 bit consists, included on line 9 bit of consists of the organization of the organization of the organization during the year under section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4955 excess benefit transaction during the year under sections 4912 ≥ 0 consplete Schedule L, Part II bit of section 501(c)(4) organizations. Dut the organization of tax imposed on organization and program or in a ware that the engaged on an excess benefit transaction with a disqualified person in a prory year, and that the transaction during the year under sections 4912 ≥ 0 consplete Schedule L, Part II bit of section 501(c)(4) organizations. Enter amount of tax included by the organiza	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			e, 193
and proxy tax requirements? 58 1 × x 11 × x 12 ×		reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		ā\$°,	7
b If Yes, 'has it filed a tax return on Form 990-T for this year? 30 but the organization undergo a leguration, desolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Sch. N 31 a Enter amount of political expenditures, direct or indirect, as described in the instructions. b Did the organization file Form 1120-PDL for this year? 32 but the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If Yes, 'complete Schedule I, Part II and enter the total amount involved 33 b If Yes, 'complete Schedule I, Part II and enter the total amount involved 34 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: a intation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. section 4915 ▶ 0. section 4915 ▶ 0. b Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization engage in any section 4958 excess benefit transaction during the year under sections 4912, 4955, and 495 in the section 4915 by the organization and the organization and organization managers or disqualified persons during the year under sections 4912, 4955, and 495 by the organization and that the transaction during the year under sections 4912, 4955, and 495 by the organization and the view of the organization is provided in the organization is provided to the organization is provided in the organization is provided t	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
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37a Enter amount of polifical expenditures, direct or indirect, as described in the instructions. b Did the organization bife Form 1120-PCL for this year? 37b X 37a 37b X 38b N/A 37b X 38b N/A 39b N/A	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
b Did the organization life Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, frustate, or key employee or were any such loans made in a priory year and still outstanding at the end of the period covered by this return? b If Yes, complete Schedule L, Part II and enter the total amount involved 39 Section 501(c/7) organizations. Enter: a Intitation fees and capital contributions included on line 9 30 Section 501(c/8) organizations. Enter: a Intitation fees and capital contributions included on line 9 30 Section 501(c/8) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 · ; section 4912 ▶ 0 · ; section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and solitic/(3) and 501(c/(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c/3) and 501(c/(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 C Section 501(c/3) and 501(c/(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 A Section 501(c/(3) and 501(c/(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 A Section 501(c/(3) and 501(c/(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons of the year year in the year year in the discussion of the year year in the year year in the year year in the year year year year year year year yea		complete applicable parts of Sch. N	36		
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39 Section 501(c)(7) organizations. Enter: a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 .; section 4912 ▶ 0 .; section 4955 ▶ 0 . b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year or is it wave that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If Yes, complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4955 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T 41 List the states with which a copy of this return is filed. ▶ MN 422 The organization's books are in care of ▶ JOE CAVANAUGH Telephone no. ▶ 952-854-2844 424 Located at ▶ 7851 METRO PKWY #200, MINNEAPOLIS, MN 2(P+4 ▶55425 b At any time during the calendar year, did the organization have an interest in or a signiture or other authority over a financial account in a foreign country; ▶ See the instructions for exceptions and filing requirements for Form TDF 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If Yes, enter the name of the foreign country; ▶ Section 4917(a)(1) nonexpert charitable trusts filing form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interests received or accrued during the tax year Pyes No 44		ın a prior year and still outstanding at the end of the period covered by this return?	38a		_X_
a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 38a N/A 39b N	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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Form 990-E	Z (2009) INC.	41-1338	3651	Page 4
Part V Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 4648b and complete the tables for lines 50 and 51. 46 Did the organization engage in detect or indirect political campaign activities on behalf of or in opposition to candidates for public office? (if *Yes,* complete Schedule C, Part II				
46 Did th	e organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for p	ublic	Yes	No
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	-			
		(d) Contribution	ons	
		tion `to employed	e) Expe	
	``		- 1	
	, , , , , , , , , , , , , , , , , , ,		I	Vallees
	NONE	Componious	<u>"'</u>	-
			_	
			 	
51 Comp	plete this table for the organization's five highest compensated independent contractors who each received more than sization. If there is none, enter "None."	3100,000 of comper	isation from th	e
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of	of service	(c) Compensa	tion
				
d Total	number of other independent contractors each receiving over \$100,000		<u> </u>	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Declaration of prepare other than officer) is based on all information of which preparer has any knowledge	t of my knowledge and	pelief, it is true,	
Sign Here	Supradure of officer Culle	Date	010	
Paid Preparer's	Preparer's signature Date 7-27-10 Check if self-employed	Prepare s identifying		r)
Use Only	Hims same (or yours 200 GOLLMIN GLYMIN GMD EDM GILLING 200		46749	
	ii daii daiipiojooji	Phone ▶ ^{no.} 612-:	376-450	0
May the IR	S discuss this return with the preparer shown above? See instructions	. •	X Yes	No
			Form 990-F7	100001

Form 990-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009 Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization CARE PROVIDERS OF MINNESOTA FOUNDATION, 41-1338651 INC. 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 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d L Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (i) Name of supported (ii) EIN organization orgañizátion in col. n col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No

932021 02-08-10

Form 990 or 990-EZ.

Total

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 INC.

41-1338651 Page 2

| Part III | Support Schedule for Organizations Described in Sections 170/b)(1)(A)(iv) and 170/b)(1)(A)(iv)

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.) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (b) 2006 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 169,374. 9,705 880 1,560. 39,289. 220,808. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 169,374 880. 1,560 9,705 39,289 220,808. 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. 24,240. column (f) 196,568. 6 Public support. Subtract line 5 from h Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1,560 169,374 9,705. 39,289 880. 220,808. 7 Amounts from line 4 ... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 11,780. 19,020 31,026. 24,431 1,545. 87,802. and income from similar sources 9 Net income from unrelated business activities, whether or not the 3,796. 11,616. 13,098. 8,859 37,369. business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 345.979. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 56.82 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and \mathbf{X} stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

_	rt III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete only	/ if you che	cked the bo	x on line 9 of Part I.
	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and				:			
	membership fees received. (Do not	İ						
	include any "unusual grants.")				<u> </u>	ļ		
2	Gross receipts from admissions,	1	}	1		1		
	merchandise sold or services per- formed, or facilities furnished in							
	any activity that is related to the							
	organization's tax-exempt purpose				<u> </u>			
3	Gross receipts from activities that	ł	}	1		1	1	
	are not an unrelated trade or bus-							
	iness under section 513				<u> </u>			
4	Tax revenues levied for the organ-	1	1					
	ızatıon's benefit and either paid to	1	}			Ì	ł	
	or expended on its behalf				<u> </u>	<u> </u>		
5	The value of services or facilities						1	
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5					<u> </u>		
7a	Amounts included on lines 1, 2, and					Ì		
	3 received from disqualified persons				ļ	ļ		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that		ĺ		1	ļ	1	
	exceed the greater of \$5,000 or 1% of the						ŀ	
	amount on line 13 for the year		<u> </u>		 	<u> </u>		· ·- · · · · · · · · · · · · · · · · ·
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6)	「世間、ままずままままり		A STATE OF THE STA	Control of the second			·
	ction B. Total Support	т	т					
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
	Amounts from line 6					ļ		
10a	Gross income from interest, dividends, payments received on	1			}	}	l	
	securities loans, rents, royalties							
	and income from similar sources		ļ		 	 		
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses		1			ļ	1	
	acquired after June 30, 1975				ļ	ļ		
-	Add lines 10a and 10b				<u> </u>	1		
11	Net income from unrelated business activities not included in line 10b,					}	1	
	whether or not the business is							
	regularly carned on					ļ		
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV.)			 	<u> </u>	ļ		
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u></u>	<u> </u>	<u> </u>	<u> </u>		··
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(organiza	ition,
	check this box and stop here					_		<u></u> _
	ction C. Computation of Pub							
	Public support percentage for 2009 (column (f))		15		%
	Public support percentage from 2008			···		16		%
_	ction D. Computation of Inve							
17	Investment income percentage for 20	009 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17		%
18			-			18		%
19a	a 33 1/3% support tests - 2009. If the						and line 17	7 is not
	more than 33 1/3%, check this box a	=	-					▶□
t	33 1/3% support tests - 2008. If the	_						nd
	line 18 is not more than 33 1/3%, che							▶Щ
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t				
					~:	hodulo A i	150rm 000	or 990-F7\ 2009

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.

Open To Public 🕾 Inspection

Name of the organization CARE PR	OVIDERS OF MINNESO	ΤA	FOU	NDATION,		Employer ide 41-1338	ntification number 651
	Complete if the organization answer	ered "\	'es" to	Form 990, Part IV,	line 17	. Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate and solicitate art VII) or entity in connection with providuals or entities (fundraisers) pursuits	tion of tion of fundra (includerofess	non-g gover ising ding o ional f	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees (Yes	
(i) Name of individual or entity (fundraiser)	(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody from activity (iv) Gross receipts to (control of control of				to (or	mount paid retained by) indraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total	.						
3 List all states in which the organization	n is registered or licensed to solicit t	funds	or has	been notified it is ex	kempt	from registrati	on or licensing.
LHA For Privacy Act and Paperwork Re	eduction Act Notice, see the Instru	ctions	for F	orm 990 or 990-EZ.	S	chedule G (Forr	n 990 or 990-EZ) 2009

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41-1338651 Page 2

Sch	edu	le G (Form 990 or 990-EZ) 2009 INC.				1338651 Page 2
Pa	ı <u>rt</u>	- T	_		t IV, line 18, or reported	more than \$15,000
		on Form 990-EZ, line 6a. List events with	(a) Event #1	(b) Event #2 SILENT	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF OUTING (event type)	AUCTION (event type)	(total number)	col. (c))
Revenue		Gross receipts	36,972.		(lotal light)	42,602.
æ	1	Gloss receipts				
	2	Less: Charitable contributions	20,417.			20,417.
	3	Gross income (line 1 minus line 2)	16,555.	5,630.	· · · · · · · · · · · · · · · · · · ·	22,185.
	4	Cash prizes				
nses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direc	7	Food and beverages				
	8	Entertainment .				
	9	Other direct expenses	21,841.			21,841.
	10	Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column		-		344.
Pa	111 art		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	<u> </u>
4-7		\$15,000 on Form 990-EZ, line 6a.				
- nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
Ses	2	Cash prizes				
Expens	3	Noncash prizes			-	
Direct Expenses	4	Rent/facility costs .	,			
	5	Other direct expenses				
			Yes %	Yes%	Yes %	The second secon
	6	Volunteer labor	∟_ No	No No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)			()
	8	Net gaming income summary. Combine line 1	I, column (d), and line 7		>	Vec Ne
•	C.	iter the state(s) in which the organization opera	tes gaming activities:			Yes No
9		the organization licensed to operate gaming ac		states?		9a
		"No," explain:				
	_					
40.	- 14/	ere any of the organization's gaming licenses re	evoked suspended or to	erminated during the tax	vear?	10a
		ere any or the organization's garming licenses re "Yes," explain:	evoked, suspended or to	entimated during the tax	your	
	_		<u></u>			
	_		- <u>-</u>			
11		pes the organization operate gaming activities we the organization a grantor, beneficiary or truste		r of a partnership or othe	 er entity formed to	11 3200 320 440
12		the organization a grantor, beneficiary or truste imminister chantable gaming?		. c. a paratoromp or othe		12

Schedule G (Form 990 or 990-EZ) 2009 INC .	41-1	33865	1 Pa	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:		773		79.
a The organization's facility		%		77.3
b An outside facility	,	%		3.3
14 Enter the name and address of the person who prepares the organization's gaming/special events books and it				
THE LINE THE HAME AND ADDRESS OF THE PERSON WHO PROPAGES THE ORGANIZATION S GARMING SPECIAL STORING SECTION AND A				4
11. 				原理
Name		<u> - [발생</u>		
		1	3 50	કર્વે હો
Address >		— [334]		1
				1, 2,742
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	?	15a		ļ
			146. 17.	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount	(E)		5 3
of gaming revenue retained by the third party ▶\$		1		3/35
c If "Yes," enter name and address of the third party:		£ 3		10.54
		3,000		
Name		22020		
		_		1
Address >		45%	1 2	4.8
/\duicos			322	
16 Gaming manager information.		2 TO 10 TO 1	1	
o Garning manager information.		100		
				33. H
Name			***	20
		-400 Eav	蓝红	
Gaming manager compensation > \$				77.75.45 27.75.75.
Description of services provided		_ 198	變生	
		_ 336		
				F .5
Director/officer Employee Independent contractor				4574
17 Mandatory distributions:			到数	
a Is the organization required under state law to make chantable distributions from the gaming proceeds to		2		
retain the state gaming license?		17a		,,,.,
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	pent in the	· Parage	night.	31,77
organization's own exempt activities during the tax year > \$, 	# 100 m		BEG.
organization of offit control during the tax four P				

Schedule.G.(Form.990 or 990-EZ).2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION	RIPTION LIES AND SUBSCRIPTIONS PHONE L TO FORM 990-EZ, LINE 16 1990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCE	AMOUNT
SUPPLIES DUES AND SUBSCRIPT TELEPHONE	IONS	3,486. 25. 15.
TOTAL TO FORM 990-	EZ, LINE 16	3,526.
FORM 990-EZ OTH	ER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON	INVESTMENTS	83,990.
TOTAL TO FORM 990-	EZ, LINE 20	83,990.
	FOOTNOTES	STATEMENT 3

FORM 990-EZ, PART VI, LINE 49A TRANSFERS TO EXEMPT NON-CHARITABLE RELATED ORGANIZATIONS:

TRANSFERS WERE REIMBURSEMENTS FOR DIRECT COSTS OF TIME SPENT ON SERVICES, SUCH AS SECRETARIAL, BOOKKEEPING, PHOTOCOPYING, AND OTHER SERVICES.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT	4
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	r
NURSING SCHOLARSHIPS TO 34 INDIVIDUALS	NONE	34,00	00.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		34,00	00.

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMEN			T 5	
A)	DIRECTLY OF	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	[]] YES	[X]	NO	
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]] YES	[X]	NO	

990-EZ PG 2

STATEMENT

TO PROMOTE QUALITY CARE IN LONG TERM HEALTH CARE FACILITIES THROUGH EDUCATION AND RESEARCH.