

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**  
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** , and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **PRAIRIE LOFT CENTER**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 1731**  
 City or town, state or province, country, and ZIP or foreign postal code  
**HASTINGS NE 68902**

**D** Employer identification number: **\*\* - \*\*\* 6250**  
**E** Telephone number: **402-463-0565**  
**G** Gross receipts \$: **312,033**

**F** Name and address of principal officer:  
**AMY SANDEEN**  
**401 RINGLAND ROAD**  
**HASTINGS NE 68901**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.PRAIRIELOFT.ORG** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2004** **M** State of legal domicile: **NE**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO TEACH AGRICULTURAL APPRECIATION, OUTDOOR EDUCATION, CULTURAL CONNECTIONS, AND THE WISE USE OF NATURAL RESOURCES.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)		<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	<b>400</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	<b>-1,552</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	<b>-1,976</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	<b>273,836</b>	Current Year <b>227,352</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>17,934</b>	<b>19,580</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>3</b>	<b>184</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>8,703</b>	<b>21,995</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>300,476</b>	<b>269,111</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)			<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>72,197</b>	<b>83,820</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,783</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>73,717</b>	<b>67,643</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>145,914</b>	<b>151,463</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>154,562</b>	<b>117,648</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	<b>1,145,474</b>	End of Year <b>1,259,971</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>28,250</b>	<b>25,099</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>1,117,224</b>	<b>1,234,872</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **AMY SANDEEN** Date: \_\_\_\_\_  
 Type or print name and title: **EXECUTIVE DIRECTOR**

**Paid Preparer Use Only**

Print/Type preparer's name: **JULIE MOLLER, CPA** Preparer's signature: **JULIE MOLLER, CPA** Date: **09/27/18** Check  if self-employed PTIN: **\*\*\*\*\***

Firm's name ▶ **VERITAS PROFESSIONAL GROUP LLC** Firm's EIN ▶ **\*\* - \*\*\* 6876**  
 Firm's address ▶ **2727 W SECOND ST STE 422 HASTINGS, NE 68901** Phone no. **402-902-4535**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part 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:

TO TEACH AGRICULTURAL APPRECIATION, OUTDOOR EDUCATION, CULTURAL CONNECTIONS, AND THE WISE USE OF NATURAL RESOURCES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

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 \$ 73,886 including grants of \$ ) (Revenue \$ 19,580 )

PRAIRIE LOFT PROVIDES PLACE-BASED EXPERIENTIAL LEARNING OPPORTUNITIES FOR STUDENTS, FAMILIES, TEACHERS, COMMUNITY ORGANIZATIONS AND BUSINESSES. CURRENTLY, APPROXIMATELY 40% OF PRAIRIE LOFT'S OVERALL OPERATING INCOME COMES FROM EARNED REVENUE SUCH AS EDUCATION ACTIVITY FEES, FACILITY RENTAL FEES, EVENT REVENUE, AND FARM INCOME. THE REMAINING 60% OF OPERATING INCOME IS PROVIDED THROUGH SUPPORT FROM INDIVIDUAL DONORS, CORPORATIONS, FOUNDATIONS AND BUSINESSES. MORE THAN 11,000 PEOPLE OF ALL AGES PARTICIPATE IN ACTIVITIES ON SITE EACH YEAR. THE BOARD OF DIRECTORS AND STAFF ARE RESPONSIBLE FOR PROGRAM DEVELOPMENT AND IMPLEMENTATION, STRATEGIC PLANNING, FUNDRAISING, OUTREACH, AND COLLABORATION WITH OTHER ORGANIZATIONS. APPROXIMATELY 400 VOLUNTEERS ASSIST WITH PROGRAMS AND

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 73,886

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> 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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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)		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	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		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question ID, question text, and Yes/No response boxes. Includes rows 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, and governance procedures.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

AMY SANDEEN
HASTINGS

PO BOX 1731

NE 68901

402-463-0565

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA ALLEN- PICKETT	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) DAVE BERENS	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) JAN HERBEK	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) RICH OLSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) TIM OVERMILLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) DOUG SAATHOFF	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) JUSTIN STEIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) AMY SANDEEN	40.00									
EXECUTIVE DIRECTOR	0.00			X			47,446	0	9,066	
(9) JOSEPH BILLESBACH	2.00									
CO-CHAIR	0.00			X			0	0	0	
(10) DR. STEPHANIE FURRER	2.00									
CO-CHAIR	0.00			X			0	0	0	
(11) LINDSEY STOUT	2.00									
SECRETARY	0.00			X			0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>WILL VROOMAN</b>										
<b>TREASURER</b>	2.00 0.00			X				0	0	
<b>1b Sub-total</b>							<b>47,446</b>		<b>9,066</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>47,446</b>		<b>9,066</b>	

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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	18,377				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	208,975				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		7,323				
	<b>h Total.</b> Add lines 1a-1f		227,352				
	<b>Program Service Revenue</b>	<b>2a</b> FIELDTRIP & WORKSHOP REVENUES	Busn. Code 111000	10,883	10,883		
<b>b</b> GRAIN SALES		900099	6,029	6,029			
<b>c</b> PASTURE RENT		611710	1,560	1,560			
<b>d</b> GOVERNMENT AG PROGRAM PAYMENT		531390	1,108	1,108			
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			19,580				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		184			184
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	29,721				
		(ii) Personal					
		<b>b</b> Less: rental exps.	7,773				
	<b>c</b> Rental inc. or (loss)	21,948					
	<b>d</b> Net rental income or (loss)		21,948		-1,798	23,746	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis & sales exps.					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ 18,377 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	33,561				
		<b>b</b> Less: direct expenses	33,989				
<b>c</b> Net income or (loss) from fundraising events			-428			-428	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	1,406					
	<b>b</b> Less: cost of goods sold	1,160					
	<b>c</b> Net income or (loss) from sales of inventory		246		246		
<b>11a</b> MISCELLANEOUS	Busn. Code 713990		229	229			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		229				
<b>12 Total revenue.</b> See instructions.		269,111	19,809	-1,552	23,502		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	56,512	22,604	28,257	5,651
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	22,003	19,672	2,331	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	5,305	1,497	3,808	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	3,625		3,485	140
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	735	665	70	
<b>13</b> Office expenses	5,333		4,783	550
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	21,443	4,924	16,519	
<b>17</b> Travel	166		166	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	482	120	362	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	17,887	17,887		
<b>23</b> Insurance	9,978		9,978	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES - PROGRAM</b>	4,813	4,813		
<b>b</b> <b>FARM EXPENSES</b>	1,332	1,332		
<b>c</b> <b>MISCELLANEOUS FEES</b>	765	288	35	442
<b>d</b> <b>DUES &amp; SUBSCRIPTIONS</b>	637		637	
<b>e</b> All other expenses	447	84	363	
<b>25</b> Total functional expenses. Add lines 1 through 24e	151,463	73,886	70,794	6,783
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	178,045	1	225,676
	2	Savings and temporary cash investments	65,767	2	30,951
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	392	8	232
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,148,151		
	b	Less: accumulated depreciation	10b 145,382	10c 901,049	1,002,769
	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	221	15	343
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,145,474	16	1,259,971	
<b>Liabilities</b>	17	Accounts payable and accrued expenses		17	
	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	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,034	23	20,443
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,216	25	4,656
	26	<b>Total liabilities.</b> Add lines 17 through 25	28,250	26	25,099
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	911,487	27	1,029,362
	28	Temporarily restricted net assets	205,737	28	205,510
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	1,117,224	33	1,234,872	
34	<b>Total liabilities and net assets/fund balances</b>	1,145,474	34	1,259,971	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>269,111</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>151,463</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>117,648</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>1,117,224</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>1,234,872</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

**PRAIRIE LOFT CENTER**

Employer identification number

**\*\*-\*\*\*6250**

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	189,240	282,872	237,619	273,836	227,352	1,210,919
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						
4 <b>Total.</b> Add lines 1 through 3	189,240	282,872	237,619	273,836	227,352	1,210,919
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)						181,447
6 <b>Public support.</b> Subtract line 5 from line 4.						1,029,472

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	189,240	282,872	237,619	273,836	227,352	1,210,919
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,131	20,279	16,423	17,455	23,930	102,218
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.)	50,018	43,795	27,632	30,912	33,561	185,918
11 <b>Total support.</b> Add lines 7 through 10						1,499,055

12 Gross receipts from related activities, etc. (see instructions) 12 87,366

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**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	68.67%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	69.73%

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2016.** 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—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2016.** 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 VI how the 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

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.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
4c	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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> 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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> 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 <b>Part VI</b> 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>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	<b>Total annual distributions.</b> Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017:			
a				
b	From 2013			
c	From 2014 .....			
d	From 2015 .....			
e	From 2016 .....			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014 .....			
c	Excess from 2015 .....			
d	Excess from 2016 .....			
e	Excess from 2017 .....			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 185,918

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▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b>  <b>PRAIRIE LOFT CENTER</b>	<b>Employer identification number</b>  <b>** - *** 6250</b>
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Organization type (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                     501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

Name of organization <b>PRAIRIE LOFT CENTER</b>	Employer identification number <b>** - ***6250</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HASTINGS COMMUNITY FOUNDATION 800 WEST 3RD STREET #232 HASTINGS NE 68901	\$ 42,118	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COOPER FOUNDATION 1248 E O STREET LINCOLN NE 68508	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PINNACLE BANK 530 NORTH BURLINGTON HASTINGS NE 68901	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JOHN & CATHERINE PERSHING 1213 PERSHING ROAD HASTINGS NE 68901	\$ 25,377	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>PRAIRIE LOFT CENTER</b>	Employer identification number <b>** - ***6250</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEBRASKA CORN BOARD 301 CENTENNIAL MALL SOUTH, 4TH FLOOR LINCOLN NE 68509	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

PRAIRIE LOFT CENTER

Employer identification number

\*\* - \*\*\* 6250

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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's 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.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 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 IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ ..... %
  - b** Permanent endowment ▶ ..... %
  - c** Temporarily restricted 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:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 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	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		<b>111,962</b>	<b>31,240</b>	<b>80,722</b>
<b>c</b> Leasehold improvements .....		<b>971,546</b>	<b>85,341</b>	<b>886,205</b>
<b>d</b> Equipment .....		<b>64,643</b>	<b>28,801</b>	<b>35,842</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>1,002,769</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PAYROLL TAXES PAYABLE</b>	<b>2,456</b>
(3) <b>SALES TAX PAYABLE</b>	<b>1,400</b>
(4) <b>DEPOSIT PAYABLE</b>	<b>800</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>4,656</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row identifier (2a-2d, 4a-4b), and total line number (1-5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row identifier (2a-2d, 4a-4b), and total line number (1-5).

Part 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.

Dotted lines for providing supplemental information.

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Open to Public Inspection

Name of the organization

**PRAIRIE LOFT CENTER**

Employer identification number

**\*\* - \*\*\* 6250**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>EVENT REVENUE</u> (event type)	<u>STEAK &amp; ALE AUC</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	26,238	25,700		51,938
2 Less: Contributions		18,377		18,377
3 Gross income (line 1 minus line 2)	26,238	7,323		33,561
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes		7,323		7,323
6 Rent/facility costs				
7 Food and beverages	3,566	2,851		6,417
8 Entertainment	9,709			9,709
9 Other direct expenses	10,099	441		10,540
10 Direct expense summary. Add lines 4 through 9 in column (d)				33,989
11 Net income summary. Subtract line 10 from line 3, column (d)				-428

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	<b>Revenue</b>			
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a %
b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name
Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
c If "Yes," enter name and address of the third party:

Name
Address

16 Gaming manager information:
Name
Gaming manager compensation \$
Description of services provided
Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**PRAIRIE LOFT CENTER**

Employer identification number

**\*\* - \*\*\*6250**

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

**FACILTIY UPKEEP EACH YEAR.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE RETURN IS REVIEWED PRIOR TO FILING BY THE TREASURER AND THE EXECUTIVE  
DIRECTOR.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**ANY CONFLICTS OF INTEREST ARE DISCUSSED AT MONTHLY BOARD MEETINGS AND  
RECORDED IN THE BOARD MINUTES.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND  
TAX RETURNS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.**

**CLIENT COPY**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2017**

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Open to Public Inspection for  
501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section</p> <p><input checked="" type="checkbox"/> 501( <b>C</b> ) ( <b>3</b> )</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)</p> <p><b>Print or Type</b> <b>PRAIRIE LOFT CENTER</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p><b>PO BOX 1731</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p><b>HASTINGS NE 68902</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)</p> <p align="center"><b>** - *** 6250</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)</p> <p><b>531110   452000</b></p>
<p><b>C</b> Book value of all assets at end of year</p> <p align="center"><b>1,259,971</b></p>	<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

**H** Describe the organization's primary unrelated business activity.  
▶ **RENTAL HOUSE AND SALE OF MISCELLANEOUS INVENTORY ITEMS.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of ▶ **AMY SANDEEN** Telephone number ▶ **402-463-0565**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	1,406			
<b>b</b> Less returns and allowances				
<b>c</b> Balance		<b>1,406</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>1,160</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>246</b>		<b>246</b>
<b>4a</b> Capital gain net income (attach Schedule D)				
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
<b>c</b> Capital loss deduction for trusts				
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)				
<b>6</b> Rent income (Schedule C)				
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>1,749</b>	<b>2,276</b>	<b>-527</b>
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Schedule F)				
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
<b>10</b> Exploited exempt activity income (Schedule I)				
<b>11</b> Advertising income (Schedule J)				
<b>12</b> Other income (See instructions; attach schedule)				
<b>13 Total.</b> Combine lines 3 through 12		<b>1,995</b>	<b>2,276</b>	<b>-281</b>

<b>Part II Deductions Not Taken Elsewhere</b> (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)				<b>1,695</b>
<b>15</b> Salaries and wages				
<b>16</b> Repairs and maintenance				
<b>17</b> Bad debts				
<b>18</b> Interest (attach schedule)				
<b>19</b> Taxes and licenses				
<b>20</b> Charitable contributions (See instructions for limitation rules)				
<b>21</b> Depreciation (attach Form 4562)		<b>2,877</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>2,877</b>		<b>0</b>
<b>23</b> Depletion				
<b>24</b> Contributions to deferred compensation plans				
<b>25</b> Employee benefit programs				
<b>26</b> Excess exempt expenses (Schedule I)				
<b>27</b> Excess readership costs (Schedule J)				
<b>28</b> Other deductions (attach schedule)				
<b>29 Total deductions.</b> Add lines 14 through 28				<b>1,695</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13				<b>-1,976</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)				
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30				<b>-1,976</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)				<b>1,000</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32				<b>-1,976</b>

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Tax on Non-Compliant Facility Income. See instructions 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41b Other credits (see instructions) 41c General business credit. Attach Form 3800 (see instructions) 41d Credit for prior year minimum tax (attach Form 8801 or 8827) 41e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 43 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att. sch.) 44 Total tax. Add lines 42 and 43 45a Payments: A 2016 overpayment credited to 2017 45b 2017 estimated tax payments 45c Tax deposited with Form 8868 45d Foreign organizations: Tax paid or withheld at source (see instructions) 45e Backup withholding (see instructions) 45f Credit for small employer health insurance premiums (Attach Form 8941) 45g Other credits and payments: Form 2439 Form 4136 Other Total 46 Total payments. Add lines 45a through 45g 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name JULIE MOLLER, CPA Preparer's signature JULIE MOLLER, CPA Date 09/27/18 Check self-employed if PTIN \*\*\*\*\* Firm's name VERITAS PROFESSIONAL GROUP LLC Firm's EIN \*\*-\*\*\*6876 Firm's address HASTINGS, NE 68901 Phone no. 402-902-4535

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ► **COST METHOD**

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>392</b>	<b>6</b> Inventory at end of year	<b>6</b>	<b>232</b>
<b>2</b> Purchases	<b>2</b>	<b>1,000</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	<b>1,160</b>
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>				
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	<b>1,392</b>			<b>X</b>

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1) <b>N/A</b>
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		<b>STMT 1</b> (a) Straight line depreciation (attach schedule)	<b>STMT 2</b> (b) Other deductions (attach schedule)	
(1) <b>HOUSE</b>	<b>5,975</b>	<b>2,877</b>	<b>4,896</b>	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) <b>25,034</b>	<b>85,508</b>	<b>29.28 %</b>	<b>1,749</b>	<b>2,276</b>
(2)		%		
(3)		%		
(4)		%		
<b>SEE STATEMENT 3 SEE STATEMENT 4</b>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
<b>Totals</b>			<b>1,749</b>	<b>2,276</b>
<b>Total dividends-received deductions</b> included in column 8				

**Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) <b>N/A</b>					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Totals** .....

**Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).	Enter here and on page 1, Part I, line 9, column (B).	

**Totals** .....

**Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

**Totals** .....

**Schedule J – Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						

**Totals** (carry to Part II, line (5)) .....

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b> .....						

**Schedule K – Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) <b>AMY SANDEEN</b>	<b>EXECUTIVE DIRECTOR</b>	<b>3.00</b> %	<b>1,695</b>
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>1,695</b>

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## Federal Statements

### Statement 1 - Form 990-T, Schedule E, Column 3a - Straight Line Depreciation

Description	Deduction
HOUSE	
HOUSE-FOUNDATION	128
HOUSE-MOVING COSTS	162
HOUSE-GRADING	68
HOUSE-PATIO/SIDEWALKS	22
HOUSE-WATER HEATER	11
HOUSE-FURNACE	68
HOUSE	2,192
HOUSE-WIRING/HEAT PUMP	63
HOUSE-CABINETS	34
HOUSE & GARAGE ROOF	129
TOTAL	2,877

### Statement 2 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
HOUSE	
INTEREST	1,050
INSURANCE	830
REPAIRS	2,266
TAXES	750
TOTAL	4,896

### Statement 3 - Form 990-T, Schedule E, Column 4 - Average Acquisition Debt

Description	Deduction
HOUSE	
SUM OF DEBT OUTSTANDING AT FIRST OF EACH MONTH	300,408
DIVIDED BY TOTAL NUMBER OF MONTHS PROPERTY HELD	12
AVERAGE ACQUISITION DEBT	25,034

### Statement 4 - Form 990-T, Schedule E, Column 5 - Average Adjusted Basis

Description	Deduction
HOUSE	
ADJUSTED BASIS ON FIRST DAY PROPERTY WAS HELD	86,946
ADJUSTED BASIS ON LAST DAY PROPERTY WAS HELD	84,069
	171,015
DIVIDED BY 2	2
AVERAGE ADJUSTED BASIS	85,508

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

PRAIRIE LOFT CENTER

Identifying number

\*\*-\*\*\*6250

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Part I. Line 1: 510,000; Line 2: Total cost; Line 3: 2,030,000; Line 4: Reduction; Line 5: Dollar limitation; Line 6-7: Description and cost of listed property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2018.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) totaling 17,887.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017, totaling 0. Line 18: Grouping election checkbox.

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, Residential rental, and Nonresidential real property.

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class lives.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property amount; Line 22: Total depreciation amount of 17,887; Line 23: Section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

PRAIRIE LOFT CENTER

Identifying number \*\*-\*\*\*6250

Business or activity to which this form relates

HOUSE

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I. Line 1: 510,000; Line 2: Total cost; Line 3: 2,030,000; Line 5: Dollar limitation; Line 7: Listed property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2018.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to section 168(f)(1) election; Line 16: Other depreciation (including ACRS) 2,877.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for Part III. Line 17: MACRS deductions for assets placed in service in tax years beginning before 2017 0; Line 18: If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 12-year and 40-year class life.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total 2,877; Line 23: For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

Year Ending: December 31, 2017

\*\*-\*\*\*6250

Prairie Loft Center  
PO Box 1731  
Hastings, NE 68902

### **NOL Carryback Election**

Under IRC Section 172(b)(3), the taxpayer elects to relinquish the entire carryback period with respect to any regular tax and AMT net operating loss incurred during the current tax year.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	FENCING	5/24/06	1,100			1,100	40 MO S/L	292	28
4	WELL	5/24/07	16,479			16,479	40 MO S/L	3,965	412
5	SEPTIC SYSTEM	7/11/07	4,330			4,330	40 MO S/L	1,024	109
10	RED BARN	5/24/06	22,248			22,248	40 MO S/L	5,910	556
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000			2,000	40 MO S/L	146	50
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025			105,025	40 MO S/L	21,661	2,626
16	LOFT BARN-CEMENT	7/12/08	1,983			1,983	40 MO S/L	421	50
17	LOFT BARN -DESIGN	8/02/08	800			800	40 MO S/L	168	20
18	WIRING AND TRENCHING	12/23/08	2,682			2,682	40 MO S/L	536	67
19	WEST BARN WINDOWS	3/11/10	3,849			3,849	40 MO S/L	658	96
20	WEST BARN KITCHEN CEILING	6/28/10	2,800			2,800	40 MO S/L	455	70
21	PAVILION WINDOWS	6/07/10	867			867	40 MO S/L	143	21
22	PAVILION ROOF	9/27/10	34,315			34,315	40 MO S/L	5,362	858
23	PAVILION OVERHEAD DOORS	9/27/10	9,180			9,180	40 MO S/L	1,434	230
24	PAVILION WINDOWS	9/27/10	3,759			3,759	40 MO S/L	587	94
25	PAVILION PAINT	10/15/10	3,090			3,090	40 MO S/L	483	77
26	PAVILION WINDOWS	11/22/10	2,951			2,951	40 MO S/L	449	74
27	RED BARN DOOR	11/22/10	442			442	40 MO S/L	67	11
28	HEATING UNITS	3/16/11	4,950			4,950	40 MO S/L	2,475	124
29	BATHROOM FLOOR	5/19/11	7,820			7,820	40 MO S/L	1,092	195
30	BATHROOM	7/06/11	7,274			7,274	40 MO S/L	1,000	182
31	PLUMBING	10/17/11	17,215			17,215	40 MO S/L	2,224	430
32	INSULATION	12/01/11	2,930			2,930	40 MO S/L	372	74
33	BATHROOM DUCT WORK	12/28/11	10,405			10,405	40 MO S/L	1,301	260
34	IMPROVEMENTS	7/11/11	53,599			53,599	40 MO S/L	7,370	1,340
35	CABINETS	10/13/11	1,950			1,950	40 MO S/L	256	49
36	FENCE	7/14/11	1,071			1,071	40 MO S/L	509	27
37	ELECTRICAL WORK	7/11/11	2,000			2,000	40 MO S/L	275	50
38	BATHROOM DUCTS	2/06/12	1,000			1,000	40 MO S/L	123	25
39	PAVILION CABINETS, ETC	3/06/12	4,158			4,158	40 MO S/L	502	104
40	DOORS & BAY WINDOW	6/18/12	967			967	0 -- Memo	0	0
42	LOFT BARN EGRESS DOORS	4/27/12	4,836			4,836	40 MO S/L	564	121
43	RED BARN ROOF	6/15/12	5,361			5,361	40 MO S/L	614	134
44	INTERIOR SURFACE FIRE COAT	9/05/12	5,601			5,601	40 MO S/L	607	140
45	FIRE DOOR LOFT BARN	12/17/12	4,995			4,995	40 MO S/L	500	124
46	LOFT BARN WINDOWS	3/11/13	1,316			1,316	40 MO S/L	126	33
47	STAGE ROOF	6/21/13	2,038			2,038	40 MO S/L	178	51
48	CONCRETE WORK	7/11/13	40,478			40,478	40 MO S/L	3,542	1,012
49	PORCH & PERGOLA	12/30/13	44,207			44,207	40 MO S/L	3,316	1,105
50	PERGOLA ADDITIONAL COSTS	1/30/14	7,906			7,906	40 MO S/L	577	197
51	WHITE STONE PATHWAYS	7/24/14	5,000			5,000	20 MO S/L	604	250
52	3 TABLES & 2 BENCHES	5/06/14	3,532			3,532	10 MO S/L	942	353
53	HOUSE-NEW DECK	8/01/14	1,382			1,382	40 MO S/L	84	34
54	WEB DESIGN ARCHITECT	12/04/14	23,880			23,880	0 -- Memo	0	0
55	WORKSHOP PHASE 1	12/30/15	126,176			126,176	0 -- Memo	0	0
56	WEB DESIGN ARCHITECT	12/30/15	23,880			23,880	0 -- Memo	0	0
57	APPLE COMPUTER	7/03/08	2,393			2,393	10 MO S/L	2,034	239
58	MOWER	8/30/10	7,385			7,385	10 MO S/L	4,677	739
59	SECURITY CAMERA	11/22/10	2,558			2,558	10 MO S/L	1,556	256
60	LAPTOP	5/11/11	2,095			2,095	5 MO S/L	2,095	0
61	LAPTOP COMPUTER	7/13/12	1,859			1,859	5 MO S/L	1,673	186
62	ALARM SYSTEM	1/01/14	40,971			40,971	15 MO S/L	8,194	2,732
63	CHAIRS & CARTS	1/25/13	3,135			3,135	10 MO S/L	1,228	313
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876			2,876	5 MO S/L	1,390	575
65	PORTABLE PA SYSTEM	9/04/14	1,372			1,372	5 MO S/L	640	274
66	WORKSHOP PHASE 1	12/31/16	179,015			179,015	0 -- Memo	0	0
67	ARCHITECT	12/31/16	18,939			18,939	0 -- Memo	0	0
68	PHONE LINES FOR SMOKE ALARM SY	1/01/17	8,579			8,579	15 MO S/L	0	572
69	WALLS AND CEILING MAINT SHOP	1/01/17	5,500			5,500	40 MO S/L	0	138
70	WORKSHOP EAST ADDITION	12/31/17	122,485			122,485	0 -- Memo	0	0
<b>Total Other Depreciation</b>			<u>1,032,989</u>			<u>1,032,989</u>		<u>96,401</u>	<u>17,887</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,032,989</u>			<u>1,032,989</u>		<u>96,401</u>	<u>17,887</u>

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Grand Totals</b>		1,032,989			1,032,989		96,401	17,887
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,032,989</u>			<u>1,032,989</u>		<u>96,401</u>	<u>17,887</u>

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## Federal Asset Report HOUSE

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
2	HOUSE-FOUNDATION	1/08/07	5,120			5,120	40 MO S/L	1,275	128
3	HOUSE-MOVING COSTS	2/08/07	6,500			6,500	40 MO S/L	1,605	162
6	HOUSE-GRADING	12/03/07	2,740			2,740	40 MO S/L	620	68
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893			893	40 MO S/L	207	22
8	HOUSE-WATER HEATER	7/11/07	426			426	40 MO S/L	101	11
9	HOUSE-FURNACE	5/24/07	2,715			2,715	40 MO S/L	653	68
11	HOUSE	10/13/06	87,714			87,714	40 MO S/L	22,386	2,192
13	HOUSE-WIRING/HEAT PUMP	5/24/07	2,529			2,529	40 MO S/L	609	63
15	HOUSE-CABINETS	8/29/11	1,365			1,365	40 MO S/L	182	34
41	HOUSE & GARAGE ROOF	6/18/12	5,164			5,164	40 MO S/L	581	129
<b>Total Other Depreciation</b>			<u>115,166</u>			<u>115,166</u>		<u>28,219</u>	<u>2,877</u>
<b>Total ACRS and Other Depreciation</b>			<u>115,166</u>			<u>115,166</u>		<u>28,219</u>	<u>2,877</u>
<b>Grand Totals</b>			115,166			115,166		28,219	2,877
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>115,166</u>			<u>115,166</u>		<u>28,219</u>	<u>2,877</u>

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# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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# Future Depreciation Report    FYE: 12/31/18

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	FENCING	5/24/06	1,100	27	0
4	WELL	5/24/07	16,479	412	0
5	SEPTIC SYSTEM	7/11/07	4,330	108	0
10	RED BARN	5/24/06	22,248	556	0
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000	50	0
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025	2,626	0
16	LOFT BARN-CEMENT	7/12/08	1,983	50	0
17	LOFT BARN -DESIGN	8/02/08	800	20	0
18	WIRING AND TRENCHING	12/23/08	2,682	67	0
19	WEST BARN WINDOWS	3/11/10	3,849	96	0
20	WEST BARN KITCHEN CEILING	6/28/10	2,800	70	0
21	PAVILION WINDOWS	6/07/10	867	22	0
22	PAVILION ROOF	9/27/10	34,315	858	0
23	PAVILION OVERHEAD DOORS	9/27/10	9,180	229	0
24	PAVILION WINDOWS	9/27/10	3,759	94	0
25	PAVILION PAINT	10/15/10	3,090	77	0
26	PAVILION WINDOWS	11/22/10	2,951	73	0
27	RED BARN DOOR	11/22/10	442	11	0
28	HEATING UNITS	3/16/11	4,950	124	0
29	BATHROOM FLOOR	5/19/11	7,820	196	0
30	BATHROOM	7/06/11	7,274	182	0
31	PLUMBING	10/17/11	17,215	430	0
32	INSULATION	12/01/11	2,930	73	0
33	BATHROOM DUCT WORK	12/28/11	10,405	260	0
34	IMPROVEMENTS	7/11/11	53,599	1,340	0
35	CABINETS	10/13/11	1,950	48	0
36	FENCE	7/14/11	1,071	26	0
37	ELECTRICAL WORK	7/11/11	2,000	50	0
38	BATHROOM DUCTS	2/06/12	1,000	25	0
39	PAVILION CABINETS, ETC	3/06/12	4,158	104	0
40	DOORS & BAY WINDOW	6/18/12	967	0	0
42	LOFT BARN EGRESS DOORS	4/27/12	4,836	121	0
43	RED BARN ROOF	6/15/12	5,361	134	0
44	INTERIOR SURFACE FIRE COAT	9/05/12	5,601	140	0
45	FIRE DOOR LOFT BARN	12/17/12	4,995	125	0
46	LOFT BARN WINDOWS	3/11/13	1,316	33	0
47	STAGE ROOF	6/21/13	2,038	51	0
48	CONCRETE WORK	7/11/13	40,478	1,012	0
49	PORCH & PERGOLA	12/30/13	44,207	1,105	0
50	PERGOLA ADDITIONAL COSTS	1/30/14	7,906	198	0
51	WHITE STONE PATHWAYS	7/24/14	5,000	250	0
52	3 TABLES & 2 BENCHES	5/06/14	3,532	353	0
53	HOUSE-NEW DECK	8/01/14	1,382	35	0
54	WEB DESIGN ARCHITECT	12/04/14	23,880	0	0
55	WORKSHOP PHASE 1	12/30/15	126,176	0	0
56	WEB DESIGN ARCHITECT	12/30/15	23,880	0	0
57	APPLE COMPUTER	7/03/08	2,393	120	0
58	MOWER	8/30/10	7,385	738	0
59	SECURITY CAMERA	11/22/10	2,558	256	0
60	LAPTOP	5/11/11	2,095	0	0
61	LAPTOP COMPUTER	7/13/12	1,859	0	0
62	ALARM SYSTEM	1/01/14	40,971	2,731	0
63	CHAIRS & CARTS	1/25/13	3,135	314	0
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876	576	0
65	PORTABLE PA SYSTEM	9/04/14	1,372	275	0
66	WORKSHOP PHASE 1	12/31/16	179,015	0	0
67	ARCHITECT	12/31/16	18,939	0	0
68	PHONE LINES FOR SMOKE ALARM SYSTE	1/01/17	8,579	572	0
69	WALLS AND CEILING MAINT SHOP	1/01/17	5,500	137	0
70	WORKSHOP EAST ADDITION	12/31/17	122,485	0	0
<b>Total Other Depreciation</b>			<u>1,032,989</u>	<u>17,580</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,032,989</u>	<u>17,580</u>	<u>0</u>

**Future Depreciation Report    FYE: 12/31/18**  
**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Grand Totals</b>		<u>1,032,989</u>	<u>17,580</u>	<u>0</u>

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## Future Depreciation Report    FYE: 12/31/18

### HOUSE

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
2	HOUSE-FOUNDATION	1/08/07	5,120	128	0
3	HOUSE-MOVING COSTS	2/08/07	6,500	163	0
6	HOUSE-GRADING	12/03/07	2,740	69	0
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893	23	0
8	HOUSE-WATER HEATER	7/11/07	426	10	0
9	HOUSE-FURNACE	5/24/07	2,715	68	0
11	HOUSE	10/13/06	87,714	2,193	0
13	HOUSE-WIRING/HEAT PUMP	5/24/07	2,529	64	0
15	HOUSE-CABINETS	8/29/11	1,365	34	0
41	HOUSE & GARAGE ROOF	6/18/12	5,164	129	0
	<b>Total Other Depreciation</b>		115,166	2,881	0
	<b>Total ACRS and Other Depreciation</b>		115,166	2,881	0
	<b>Grand Totals</b>		115,166	2,881	0

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## Net Operating Loss Carryover Worksheet

Form **990-T**

**2017**

For calendar year 2017, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

**PRAIRIE LOFT CENTER**

Employer Identification Number  
**\*\* - \*\*\* 6250**

Preceding Taxable Year	Prior Year			Current Year	Next Year Carryover
	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By NOL Carryback / Carryover Utilized	
20th 12/30/97					
19th 12/30/98					
18th 12/30/99					
17th 12/31/00					
16th 12/31/01					
15th 12/31/02					
14th 12/31/03					
13th 12/31/04					
12th 12/31/05					
11th 12/31/06					
10th 12/31/07					
9th 12/31/08					
8th 12/31/09					
7th 12/31/10					
6th 12/31/11					
5th 12/31/12	90				
4th 12/31/13	-217		217		217
3rd 12/31/14	-128		128		128
2nd 12/31/15	-649		649		649
1st 12/31/16	-685		685		685
NOL carryover available to current year			1,679		
Current year	-1,976				1,976
NOL carryover available to next year					3,655

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Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

**PRAIRIE LOFT CENTER****\*\* - \*\*\* 6250**

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 273,836	227,352	-46,484
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4. 17,934	19,580	1,646
	5. Investment income	5. 3	184	181
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -11,384	-428	10,956
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 88	246	158
	11. Other revenue	11. 19,999	22,177	2,178
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 300,476	269,111	-31,365
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 52,220	56,512	4,292
	16. Salaries, other compensation, and employee benefits	16. 19,977	27,308	7,331
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 10,021	3,625	-6,396
	19. Occupancy, rent, utilities, and maintenance	19. 21,683	21,443	-240
	20. Depreciation and Depletion	20. 17,503	17,887	384
	21. Other expenses	21. 24,510	24,688	178
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 145,914	151,463	5,549
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 154,562	117,648	-36,914
<b>Other Information</b>	24. Total exempt revenue	24. 300,476	269,111	-31,365
	25. Total unrelated revenue	25. 2,500	-1,552	-4,052
	26. Total excludable revenue	26. 24,140	43,311	19,171
	27. Total assets	27. 1,145,474	1,259,971	114,497
	28. Total liabilities	28. 28,250	25,099	-3,151
	29. Retained earnings	29. 1,117,224	1,234,872	117,648
	30. Number of voting members of governing body	30. 12	11	
	31. Number of independent voting members of governing body	31. 12	11	
	32. Number of employees	32. 5	7	
	33. Number of volunteers	33. 350	400	

Form **990T****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning , ending

Name

Taxpayer Identification Number

**PRAIRIE LOFT CENTER****\*\* - \*\*\* 6250**

		2016	2017	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1. 88	246	158	
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5. 794	-527	-1,321	
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11. 882</b>	<b>-281</b>	<b>-1,163</b>	
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12. 1,567	1,695	128	
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
		<b>23. Total deductions.</b> Add lines 12 through 22	<b>23. 1,567</b>	<b>1,695</b>	<b>128</b>
		<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24. -685</b>	<b>-1,976</b>	<b>-1,291</b>
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.			
		<b>27. Unrelated business taxable income.</b>	<b>27. -685</b>	<b>-1,976</b>	<b>-1,291</b>
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Other taxes		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
	<b>38. Total Taxes</b>	<b>38.</b>			
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

Form 990

## Tax Return History

2017

Name

PRAIRIE LOFT CENTER

Employer Identification Number  
\*\*-\*\*\*6250

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....				273,836	227,352	
Membership dues .....						
Program service revenue .....				17,934	19,580	
Capital gain or loss .....						
Investment income .....				3	184	
Fundraising revenue (income/loss) .....				-11,384	-428	
Gaming revenue (income/loss) .....						
Other revenue .....				20,087	22,423	
<b>Total revenue</b> .....				300,476	269,111	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				52,220	56,512	
Other compensation .....				19,977	27,308	
Professional fees .....				10,021	3,625	
Occupancy costs .....				21,683	21,443	
Depreciation and depletion .....				17,503	17,887	
Other expenses .....				24,510	24,688	
<b>Total expenses</b> .....				145,914	151,463	
<b>Excess or (Deficit)</b> .....				154,562	117,648	
Total exempt revenue .....				300,476	269,111	
Total unrelated revenue .....				2,500	-1,552	
Total excludable revenue .....				24,140	43,311	
Total Assets .....				1,145,474	1,259,971	
Total Liabilities .....				28,250	25,099	
Net Fund Balances .....				1,117,224	1,234,872	

Form **990T**

**Tax Return History**

**2017**

Name

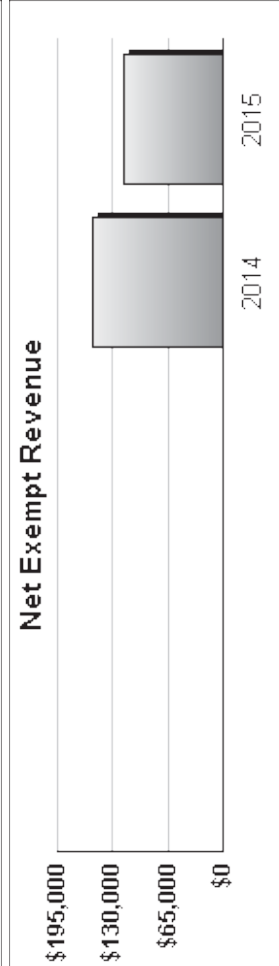
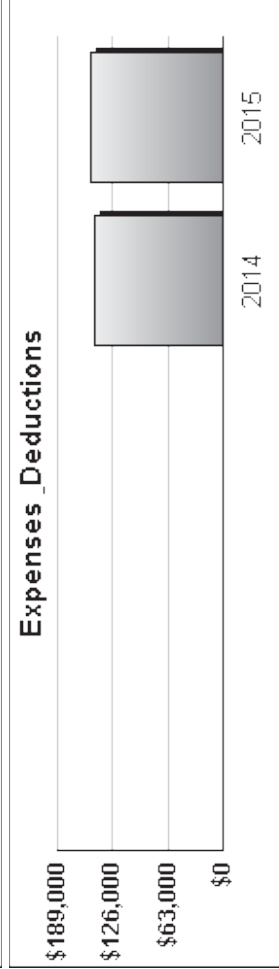
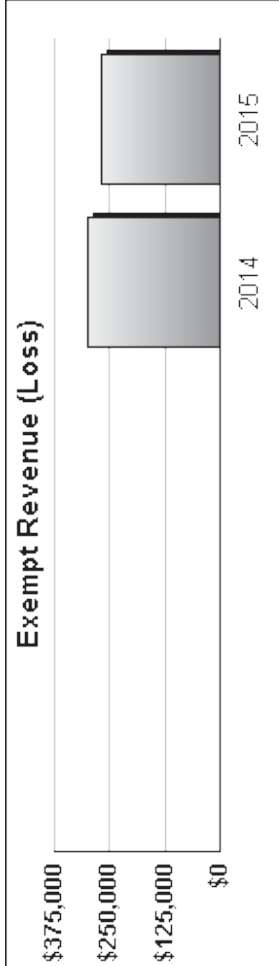
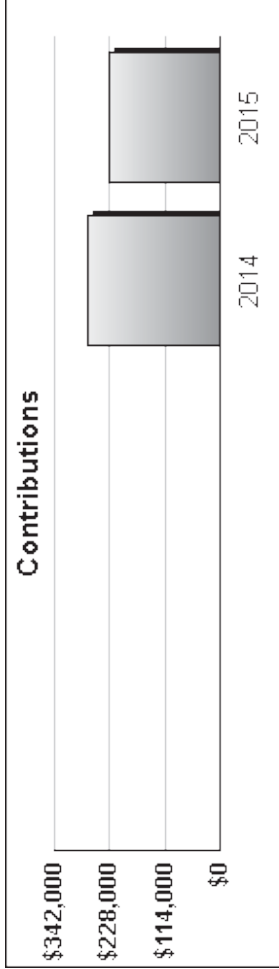
**PRAIRIE LOFT CENTER**

Employer Identification Number

**\*\*\_\*\*\*6250**

	2013	2014	2015	2016	2017	2018
Business activity profit/loss				88	246	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*				794	-527	
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income				882	-281	
<b>Total trade or business income.</b>				1,567	1,695	
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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Form **990T**

**Tax Return History**

**2017**

Name

**PRAIRIE LOFT CENTER**

Employer Identification Number  
**\*\*\_\*\*\*6250**

	2013	2014	2015	2016	2017	2018
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....						
<b>Income after expense and deductions</b> .....				-685	-1,976	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

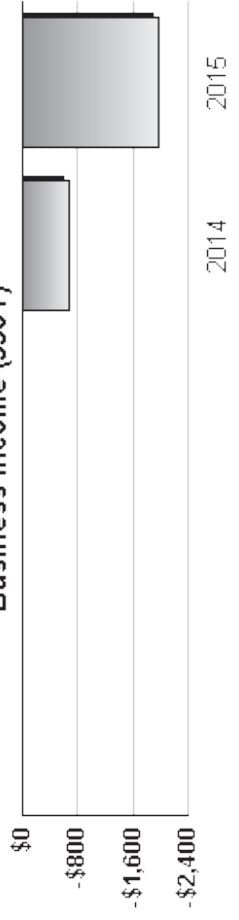
\* Income shown net of expenses

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**Total Assets**



**Business Income (990T)**



**Total Liabilities**



**Tax Due (990T)**



# Federal Statements

## Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ <u>184</u>		14			
TOTAL	\$ <u><u>184</u></u>					

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# Federal Statements

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTINGENCY	\$ 340		\$ 340	
PERMITS	107	84	23	
TOTAL	\$ 447	\$ 84	\$ 363	\$ 0

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 70,880
ANONYMOUS	
CASH CONTRIBUTION	20,000
HASTINGS COMMUNITY FOUNDATION	
CASH CONTRIBUTION	42,118
COOPER FOUNDATION	
CASH CONTRIBUTION	10,000
PINNACLE BANK	
CASH CONTRIBUTION	5,600
JOHN & CATHERINE PERSHING	
CASH CONTRIBUTION	25,377
ANONYMOUS	
CASH CONTRIBUTION	25,000
NEBRASKA CORN BOARD	
CASH CONTRIBUTION	10,000
STEAK & ALE AUCTION	
CASH CONTRIBUTION	11,054
NONCASH CONTRIBUTION	7,323
TOTAL	\$ 227,352

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Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 184
FACILITY RENTAL	23,746
TOTAL	\$ 23,930

# Federal Statements

## Schedule A, Part II, Line 9(e)

Description	Amount
MERCHANDISE SALES	246
STEAK & ALE AUCTION	-3,292
EVENT REVENUE	2,864
HOUSE	-527
LESS: DEDUCTIONS	-1,000
TOTAL	-1,709

## Schedule A, Part II, Line 12 - Current year

Description	Amount
GRAIN SALES	6,029
FIELDTRIP & WORKSHOP REVENUES	10,883
PASTURE RENT	1,560
GOVERNMENT AG PROGRAM PAYMENT	1,108
MERCHANDISE SALES-COOKBOOKS	229
MISCELLANEOUS	
TOTAL	19,809

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STEAK & ALE AUCTION

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 441
TOTAL	\$ <u>441</u>

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EVENT REVENUE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 1,632
LODGING	1,283
SECURITY	800
SOUND	2,500
ADVERTISING	3,884
TOTAL	<u>\$ 10,099</u>

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