

**Veritas Professional Group LLC
2727 W Second St Ste 422
Hastings, NE 68901
308-398-4545**

October 11, 2019

CONFIDENTIAL

Prairie Loft Center
PO Box 1731
Hastings, NE 68902

Dear Amy:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Veritas Professional Group LLC

Accepted By: _____

Date: _____

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

-*6250

Prairie Loft Center

Net Asset / Fund Balance at Beginning of Year		<u>1,234,872</u>
Revenue		
Contributions	<u>290,520</u>	
Program service revenue	<u>19,736</u>	
Investment income	<u>532</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>28,494</u>	
Direct expenses	<u>33,204</u>	
Net income	<u>-4,710</u>	
Other income	<u>18,048</u>	
Total revenue		<u>324,126</u>
Expenses		
Program services	<u>77,415</u>	
Management and general	<u>78,372</u>	
Fundraising	<u>13,258</u>	
Total expenses		<u>169,045</u>
Excess / (deficit)		<u>155,081</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>1,389,953</u></u>

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Reconciliation of Revenue	
Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>324,126</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>169,045</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,259,971</u>	<u>1,409,658</u>	
Liabilities	<u>25,099</u>	<u>19,705</u>	
Net assets	<u><u>1,234,872</u></u>	<u><u>1,389,953</u></u>	<u>155,081</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/19

Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2018, or tax year beginning _____, and ending _____

-*6250

Prairie Loft Center

Income and deductions reflect Form 990-T page 1

Income

Gross profit	452	
Capital gain / loss	0	
All other income	223	
Total income		675

Deductions

Officer compensation	1,808	
Salaries	0	
All other deductions	0	
Total deductions		1,808

Adjustments

Income from additional activities	1,133	
Disallowed fringe benefits		
Net operating loss (prior to 2018)		
Specific deduction	1,000	
Total adjustments		133

Unrelated business taxable income 0

Taxes / Credits / Payments

Regular tax		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities		
Tax		
Foreign tax credit and other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		
Other taxes		
Total tax		
Estimated tax payments and Tax withheld		
Paid with extension		
Other credits / payments		
Estimated tax penalty		
Overpayment applied to next year's tax		
Payments / penalty / application		
Net tax due		

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due

Refund

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Number of Sch M Units	
Amended return	
Return / extended due date	05/15/19

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 2018, and ending 20

**u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.**

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Prairie Loft Center

Employer identification number

**** - ***6250**

Name and title of officer

**Amy Sandeen
Executive Director**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>324,126</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Veritas Professional Group LLC to enter my PIN 56250 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 10/11/19

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } Julie Moller, CPA

Date } 10/11/19

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 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 \$ **365,032**

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) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u www.prairieloft.org**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2004** **M** State of legal domicile: **NE**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO TEACH AGRICULTURAL APPRECIATION, OUTDOOR EDUCATION, CULTURAL CONNECTIONS, AND THE WISE USE OF NATURAL RESOURCES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	9
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	11
	6 Total number of volunteers (estimate if necessary)	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	1,368
b Net unrelated business taxable income from Form 990-T, line 38	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 227,352 Current Year: 290,520
	9 Program service revenue (Part VIII, line 2g)	Prior Year: 19,580 Current Year: 19,736
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year: 184 Current Year: 532
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Prior Year: 21,995 Current Year: 13,338
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year: 269,111 Current Year: 324,126
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Current Year: 0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	Current Year: 0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	Current Year: 83,820
	16a Professional fundraising fees (Part IX, column (A), line 11e)	Current Year: 0
	b Total fundraising expenses (Part IX, column (D), line 25) u 13,258	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Current Year: 67,643
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	Current Year: 151,463	
19 Revenue less expenses. Subtract line 18 from line 12	Current Year: 117,648	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,259,971 End of Year: 1,409,658
	21 Total liabilities (Part X, line 26)	Beginning of Current Year: 25,099 End of Year: 19,705
	22 Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year: 1,234,872 End of Year: 1,389,953

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: **10/11/19** 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.: **308-398-4545**

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 \$ **77,415** including grants of \$) (Revenue \$ **19,942**)

PRAIRIE LOFT PROVIDES EXPERIENTIAL PLACE-BASED EDUCATION PROGRAMS FOR STUDENTS, TEACHERS, FAMILIES, AND GROUPS INVOLVING ACTIVE EXPLORATION TO LEARN ABOUT INTERACTIONS AND SYSTEMS IN AN AGRICULTURAL LANDSCAPE. THE BOARD OF DIRECTORS AND STAFF ARE RESPONSIBLE FOR PROGRAM DEVELOPMENT AND IMPLEMENTATION, STRATEGIC PLANNING, FUNDRAISING, OUTREACH, AND COMMUNITY ENGAGEMENT. APPROXIMATELY 300 VOLUNTEERS ANNUALLY ASSIST WITH PROGRAMS AND FACILITY UPKEEP. MORE THAN 10,000 VISITORS PER YEAR ATTEND FIELD TRIPS, COMMUNITY EVENTS, CAMPS, WORKSHOPS, AND OTHER ACTIVITIES.

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

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

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

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

4e Total program service expenses **u 77,415**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26	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>		X
27	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>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	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>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	6
1b	0

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 **u**

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) Lindsey Stout Director	1.00 0.00	X					0	0	0	
(2) Jan Herbek Director	1.00 0.00	X					0	0	0	
(3) Rich Olson Director	1.00 0.00	X					0	0	0	
(4) Tim Overmiller Director	0.00 0.00	X					0	0	0	
(5) Ryan Samuelson Director	1.00 0.00	X					0	0	0	
(6) Amy Sandeen Executive Director	40.00 0.00			X			50,115	0	10,165	
(7) Joseph Billesbach Co-Chair	2.00 0.00			X			0	0	0	
(8) Dr. Stephanie Furrer Co-Chair	2.00 0.00			X			0	0	0	
(9) Will Vrooman Treasurer	2.00 0.00			X			0	0	0	
(10) Jessica Allen-Pickett Secretary	2.00 0.00			X			0	0	0	
(11)										

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	13,071				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	277,449				
	g Noncash contributions included in lines 1a-1f: \$		6,981				
	h Total. Add lines 1a-1f	u	290,520				
Program Service Revenue	2a FIELDTRIP & WORKSHOP REVENUES	Busn. Code	12,381	12,381			
	b GRAIN SALES	900099	5,795	5,795			
	c PASTURE RENT	611710	1,560	1,560			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	19,736				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	532			532
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	24,274				
		(ii) Personal					
b Less: rental exps.			6,884				
c Rental inc. or (loss)			17,390				
d Net rental income or (loss)		u	17,390		916	16,474	
7a Gross amount from sales of assets other than inventory		(i) Securities					
		(ii) Other					
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ 13,071 of contributions reported on line 1c). See Part IV, line 18		a	28,494				
		b Less: direct expenses	b	33,204			
	c Net income or (loss) from fundraising events	u	-4,710			-4,710	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a	1,270					
	b Less: cost of goods sold	b	818				
	c Net income or (loss) from sales of inventory	u	452		452		
Miscellaneous Revenue	11a MISCELLANEOUS	Busn. Code	206	206			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	206				
12 Total revenue. See instructions.	u	324,126	19,942	1,368	12,296		

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,280	23,104	25,624	11,552
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	31,642	25,135	6,507	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	6,158	1,923	4,235	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,774		4,774	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	985		985	
13 Office expenses	7,124	606	5,307	1,211
14 Information technology				
15 Royalties				
16 Occupancy	20,950	4,484	16,415	51
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	532	39	493	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,580	17,580		
23 Insurance	12,140		12,140	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES - PROGRAM	4,213	4,038	73	102
b CONTINGENCY	958		958	
c DUES & SUBSCRIPTIONS	799		799	
d MISCELLANEOUS FEES	652	291	62	299
e All other expenses	258	215		43
25 Total functional expenses. Add lines 1 through 24e	169,045	77,415	78,372	13,258
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash—non-interest bearing	225,676	1	113,261
	2 Savings and temporary cash investments	30,951	2	22,248
	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	232	8	876
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,438,728		
	b Less: accumulated depreciation	10b 165,843	10c 1,002,769	1,272,885
	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	343	15	388
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,259,971	16	1,409,658	
Liabilities	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	20,443	23	15,316
	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	4,656	25	4,389
	26 Total liabilities. Add lines 17 through 25	25,099	26	19,705
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,029,362	27	1,293,302
	28 Temporarily restricted net assets	205,510	28	96,651
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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 Total net assets or fund balances	1,234,872	33	1,389,953	
34 Total liabilities and net assets/fund balances	1,259,971	34	1,409,658	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	324,126
2	Total expenses (must equal Part IX, column (A), line 25)	2	169,045
3	Revenue less expenses. Subtract line 2 from line 1	3	155,081
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,234,872
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,389,953

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.		
2a	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	X	
2b	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		X
2c	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.		
3a	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?		X
3b	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.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u Go to 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	282,872	237,619	273,836	227,352	290,520	1,312,199
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 Total. Add lines 1 through 3	282,872	237,619	273,836	227,352	290,520	1,312,199
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)						172,340
6 Public support. Subtract line 5 from line 4						1,139,859

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	282,872	237,619	273,836	227,352	290,520	1,312,199
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,279	16,423	17,455	23,930	17,006	95,093
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.)	43,795	27,632	30,912	33,561	28,494	164,394
11 Total support. Add lines 7 through 10						1,571,686

12 Gross receipts from related activities, etc. (see instructions) 12 89,392

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 2018 (line 6, column (f) divided by line 11, column (f))	14	72.52%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	68.67%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** 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—2017.** 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c 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>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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>		
b 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 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 Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 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 Total annual distributions. 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

\$ 164,394

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Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization

Employer identification number

Prairie Loft Center

**** - ***6250**

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.

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Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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

Prairie Loft Center

Employer identification number

**** - ***6250**

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	HASTINGS COMMUNITY FOUNDATION 800 WEST 3RD STREET #232 HASTINGS NE 68901	\$ 36,876	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	KITTY M PERKINS FOUNDATION 304 NELSON CAMBRIDGE NE 69022	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CENTENNIAL PLASTICS 1830 CENTENNIAL AVENUE HASTINGS NE 68901	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Matt & Stephanie Pershing PO Box 1731 Hastings NE 68901	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Peter Kiewit Foundation 1125 S 103rd St, Ste 500 Omaha NE 68124	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Prairie Loft Center

Employer identification number

**** - ***6250**

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	Union Pacific Foundation 1400 Douglas Street Omaha NE 68179	\$ 13,300	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

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2018

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		111,962	34,039	77,923
c Leasehold improvements		1,262,123	97,994	1,164,129
d Equipment		64,643	33,810	30,833
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **1,272,885**

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

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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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

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) PAYROLL TAXES PAYABLE	2,331	
(3) SALES TAX PAYABLE	1,258	
(4) DEPOSIT PAYABLE	800	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	4,389	

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 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

2018

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.

Open to Public Inspection

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

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						
Total						

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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 & ALE AUC</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	21,513	20,052	41,565
	2	Less: Contributions		13,071	13,071
	3	Gross income (line 1 minus line 2)	21,513	6,981	28,494
Direct Expenses	4	Cash prizes			
	5	Noncash prizes		6,981	6,981
	6	Rent/facility costs			
	7	Food and beverages	5,470		5,470
	8	Entertainment	9,061		9,061
	9	Other direct expenses	11,692		11,692
	10	Direct expense summary. Add lines 4 through 9 in column (d)			33,204
11	Net income summary. Subtract line 10 from line 3, column (d)			-4,710	

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))
Revenue	1	Gross revenue			
Direct Expenses	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: _____

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

Prairie Loft Center

Employer identification number

**** - ***6250**

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.**

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Form **990-T**

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

OMB No. 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c) (3)</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>Print or Type Prairie Loft Center</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>PO Box 1731</p> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>Hastings NE 68902</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p>** - *** 6250</p> <p>E Unrelated business activity code (See instructions.)</p> <p>531110</p>
<p>C Book value of all assets at end of year</p> <p>1,409,658</p>	<p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <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 Enter the number of the organization's unrelated trades or businesses. **u 1** Describe the only (or first) unrelated trade or business here
u RENTAL HOUSE AND SALE OF MISCELLANEOUS INVENTORY ITEMS. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

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

J The books are in care of **u Amy Sandeen** Telephone number **u 402-463-0565**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,270			
b	Less returns and allowances			
c Balance u		1c		
		1,270		
2	Cost of goods sold (Schedule A, line 7)	2	818	
3	Gross profit. Subtract line 2 from line 1c	3	452	452
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnership and S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	1,669	223
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	2,344	1,669
				675

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		1,808
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	2,881
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	2,881
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	1,808
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,133
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-1,133

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	50g	
51	Total payments. Add lines 50a through 50g	51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed u	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid u	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax u Refunded u	55	

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

56	At any time during the 2018 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 u	Yes	No
57	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.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

Sign Here

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

u _____ **u Executive Director**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
---	------------------------------	--

Paid Preparer Use Only	Print/Type preparer's name Julie Moller, CPA	Preparer's signature Julie Moller, CPA	Date 10/11/19	Check <input type="checkbox"/> 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. } 308-398-4545			

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u** **Cost Method**

1 Inventory at beginning of year	1	232	6 Inventory at end of year	6	876
2 Purchases	2	1,462	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	818
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional sec. 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5	1,694			X

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

(see instructions)

1. Description of property

(1) N/A
(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)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

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

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		
		Stmt 1 (a) Straight line depreciation (attach schedule)	Stmt 2 (b) Other deductions (attach schedule)	
(1) HOUSE	7,800	2,881	4,003	
(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) 20,035	82,629	24.25 %	1,892	1,669
(2)		%		
(3)		%		
(4)		%		
See Statement 3 See Statement 4			Enter here and on page 1, Part I, line 7, column (A). 1,892	Enter here and on page 1, Part I, line 7, column (B). 1,669
Totals		u	1,892	1,669
Total dividends-received deductions included in column 8		u		

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) N/A					
(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)				
Totals			u	u

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) N/A				
(2)				
(3)				
(4)				
Totals		u		

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) N/A						
(2)						
(3)						
(4)						
Totals		u				

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) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ..		u				

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) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
	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.
Totals, Part II (lines 1-5) u						

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) Amy Sandeen	Executive Director	3.00 %	1,808
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	1,808

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Form 990-T	Schedule M Charitable Contribution and Loss Calculation Description Unrelated Business Activity	2018
Name Prairie Loft Center		Taxpayer Identification Number ** - *** 6250
Unincorporated Business Income Tax Code: 531110 Activity: Lessors of residential buildings		

Worksheet 1 Activity Charitable Contribution Deduction		
1 Activity Income (Schedule M, Line 13, col C)	1	675
2 Activity Expense (does not include amount needed for Line 20)	2	1,808
3 Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4 Current activity contribution limit (Multiplier used is 10%)	4	
5 Current year contributions	5	0
6 Prior year contributions (corporations only)	6	
7 Total available contributions (Add lines 5 and 6)	7	
8 Take the lesser of Line 4 or 7; Enter here and on Line 20 (Form 990T or Sch M)	8	
9 Remaining contributions (subtract line 8 from line 7)	9	
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts		
1 Activity losses (do not include amounts before 2018)	1	
2 Amount of loss used in the current year	2	0
3 Prior year losses carried over to next year	3	
4 Losses generated by current year activity	4	1,133
5 Total loss carried forward to 2019	5	1,133

Worksheet 3 Activity Charitable Contribution Carryforward					
Prior Tax Years	Prior Year			Current Year	Next Year
	Contributions	Used	Carryover	Amount Used	Carryover
5th 12/31/13					
4th 12/31/14					
3rd 12/31/15					
2nd 12/31/16					
1st 12/31/17					
Charitable Contribution Carryover To Current Year			0		
Current Year Amount			0		0
Charitable Contribution Carryover Available To Next Year					0

-*6250

Federal Statements

FYE: 12/31/2018

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

Description	Deduction
HOUSE	
HOUSE-FOUNDATION	128
HOUSE-MOVING COSTS	163
HOUSE-GRADING	69
HOUSE-PATIO/SIDEWALKS	23
HOUSE-WATER HEATER	10
HOUSE-FURNACE	68
HOUSE	2,193
HOUSE-WIRING/HEAT PUMP	64
HOUSE-CABINETS	34
HOUSE & GARAGE ROOF	129
Total	<u><u>2,881</u></u>

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

Description	Deduction
HOUSE	
Interest	1,018
Repairs	2,201
Taxes	784
Total	<u><u>4,003</u></u>

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

Description	Deduction
HOUSE	
Sum of Debt Outstanding at First of Each Month	240,420
Divided by Total Number of Months Property Held	<u>12</u>
Average Acquisition Debt	<u><u>20,035</u></u>

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

Description	Deduction
HOUSE	
Adjusted Basis on First Day Property Was Held	84,069
Adjusted Basis on Last Day Property Was Held	<u>81,188</u>
	165,257
Divided by 2	<u>2</u>
Average Adjusted Basis	<u><u>82,629</u></u>

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

Name(s) shown on return

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.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,580

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 <input type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	17,580
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

DAA

There are no amounts for Page 2

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

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

OMB No. 1545-0172

2018

Attachment Sequence No. **179**

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.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	2,881

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
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 <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,881
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

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Federal Asset Report

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	FENCING	5/24/06	1,100			1,100	40 MO S/L	320	27
4	WELL	5/24/07	16,479			16,479	40 MO S/L	4,377	412
5	SEPTIC SYSTEM	7/11/07	4,330			4,330	40 MO S/L	1,133	108
10	RED BARN	5/24/06	22,248			22,248	40 MO S/L	6,466	556
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000			2,000	40 MO S/L	196	50
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025			105,025	40 MO S/L	24,287	2,626
16	LOFT BARN-CEMENT	7/12/08	1,983			1,983	40 MO S/L	471	50
17	LOFT BARN -DESIGN	8/02/08	800			800	40 MO S/L	188	20
18	WIRING AND TRENCHING	12/23/08	2,682			2,682	40 MO S/L	603	67
19	WEST BARN WINDOWS	3/11/10	3,849			3,849	40 MO S/L	754	96
20	WEST BARN KITCHEN CEILING	6/28/10	2,800			2,800	40 MO S/L	525	70
21	PAVILION WINDOWS	6/07/10	867			867	40 MO S/L	164	22
22	PAVILION ROOF	9/27/10	34,315			34,315	40 MO S/L	6,220	858
23	PAVILION OVERHEAD DOORS	9/27/10	9,180			9,180	40 MO S/L	1,664	229
24	PAVILION WINDOWS	9/27/10	3,759			3,759	40 MO S/L	681	94
25	PAVILION PAINT	10/15/10	3,090			3,090	40 MO S/L	560	77
26	PAVILION WINDOWS	11/22/10	2,951			2,951	40 MO S/L	523	73
27	RED BARN DOOR	11/22/10	442			442	40 MO S/L	78	11
28	HEATING UNITS	3/16/11	4,950			4,950	40 MO S/L	2,599	124
29	BATHROOM FLOOR	5/19/11	7,820			7,820	40 MO S/L	1,287	196
30	BATHROOM	7/06/11	7,274			7,274	40 MO S/L	1,182	182
31	PLUMBING	10/17/11	17,215			17,215	40 MO S/L	2,654	430
32	INSULATION	12/01/11	2,930			2,930	40 MO S/L	446	73
33	BATHROOM DUCT WORK	12/28/11	10,405			10,405	40 MO S/L	1,561	260
34	IMPROVEMENTS	7/11/11	53,599			53,599	40 MO S/L	8,710	1,340
35	CABINETS	10/13/11	1,950			1,950	40 MO S/L	305	48
36	FENCE	7/14/11	1,071			1,071	40 MO S/L	536	26
37	ELECTRICAL WORK	7/11/11	2,000			2,000	40 MO S/L	325	50
38	BATHROOM DUCTS	2/06/12	1,000			1,000	40 MO S/L	148	25
39	PAVILION CABINETS, ETC	3/06/12	4,158			4,158	40 MO S/L	606	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	685	121
43	RED BARN ROOF	6/15/12	5,361			5,361	40 MO S/L	748	134
44	INTERIOR SURFACE FIRE COAT	9/05/12	5,601			5,601	40 MO S/L	747	140
45	FIRE DOOR LOFT BARN	12/17/12	4,995			4,995	40 MO S/L	624	125
46	LOFT BARN WINDOWS	3/11/13	1,316			1,316	40 MO S/L	159	33
47	STAGE ROOF	6/21/13	2,038			2,038	40 MO S/L	229	51
48	CONCRETE WORK	7/11/13	40,478			40,478	40 MO S/L	4,554	1,012
49	PORCH & PERGOLA	12/30/13	44,207			44,207	40 MO S/L	4,421	1,105
50	PERGOLA ADDITIONAL COSTS	1/30/14	7,906			7,906	40 MO S/L	774	198
51	WHITE STONE PATHWAYS	7/24/14	5,000			5,000	20 MO S/L	854	250
52	3 TABLES & 2 BENCHES	5/06/14	3,532			3,532	10 MO S/L	1,295	353
53	HOUSE-NEW DECK	8/01/14	1,382			1,382	40 MO S/L	118	35
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	2,273	120
58	MOWER	8/30/10	7,385			7,385	10 MO S/L	5,416	738
59	SECURITY CAMERA	11/22/10	2,558			2,558	10 MO S/L	1,812	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	1,859	0
62	ALARM SYSTEM	1/01/14	40,971			40,971	15 MO S/L	10,926	2,731
63	CHAIRS & CARTS	1/25/13	3,135			3,135	10 MO S/L	1,541	314
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876			2,876	5 MO S/L	1,965	576
65	PORTABLE PA SYSTEM	9/04/14	1,372			1,372	5 MO S/L	914	275
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	572	572
69	WALLS AND CEILING MAINT SHOP	1/01/17	5,500			5,500	40 MO S/L	138	137
70	WORKSHOP EAST ADDITION	12/31/17	122,485			122,485	0 -- Memo	0	0
71	DOWN PYMT ON EXHAUST HOOD	12/28/18	10,008			10,008	0 -- Memo	0	0
72	PHASE 1 IMPROVEMENTS	1/18/18	57,298			57,298	0 -- Memo	0	0
73	PHASE 2 IMPROVEMENTS	11/06/18	215,282			215,282	0 -- Memo	0	0
74	DOWN PYMT ON KITCHEN APPLIANC	12/26/18	3,413			3,413	0 -- Memo	0	0
75	DOWN PYMT ON GARDEN SHED	7/10/18	4,577			4,577	0 -- Memo	0	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		<u>1,323,567</u>			<u>1,323,567</u>		<u>114,288</u>	<u>17,580</u>
	Total ACRS and Other Depreciation		<u>1,323,567</u>			<u>1,323,567</u>		<u>114,288</u>	<u>17,580</u>
	Grand Totals		1,323,567			1,323,567		114,288	17,580
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,323,567</u>			<u>1,323,567</u>		<u>114,288</u>	<u>17,580</u>

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Federal Asset Report HOUSE

FYE: 12/31/2018

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
2	HOUSE-FOUNDATION	1/08/07	5,120			5,120	40 MO S/L	1,403	128
3	HOUSE-MOVING COSTS	2/08/07	6,500			6,500	40 MO S/L	1,767	163
6	HOUSE-GRADING	12/03/07	2,740			2,740	40 MO S/L	688	69
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893			893	40 MO S/L	229	23
8	HOUSE-WATER HEATER	7/11/07	426			426	40 MO S/L	112	10
9	HOUSE-FURNACE	5/24/07	2,715			2,715	40 MO S/L	721	68
11	HOUSE	10/13/06	87,714			87,714	40 MO S/L	24,578	2,193
13	HOUSE-WIRING/HEAT PUMP	5/24/07	2,529			2,529	40 MO S/L	672	64
15	HOUSE-CABINETS	8/29/11	1,365			1,365	40 MO S/L	216	34
41	HOUSE & GARAGE ROOF	6/18/12	5,164			5,164	40 MO S/L	710	129
	Total Other Depreciation		<u>115,166</u>			<u>115,166</u>		<u>31,096</u>	<u>2,881</u>
	Total ACRS and Other Depreciation		<u>115,166</u>			<u>115,166</u>		<u>31,096</u>	<u>2,881</u>
	Grand Totals		115,166			115,166		31,096	2,881
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>115,166</u>			<u>115,166</u>		<u>31,096</u>	<u>2,881</u>

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Depreciation Adjustment Report

FYE: 12/31/2018

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: 12/31/19**

FYE: 12/31/2018

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	FENCING	5/24/06	1,100	28	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	557	0
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000	50	0
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025	2,625	0
16	LOFT BARN-CEMENT	7/12/08	1,983	49	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	857	0
23	PAVILION OVERHEAD DOORS	9/27/10	9,180	230	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	74	0
27	RED BARN DOOR	11/22/10	442	11	0
28	HEATING UNITS	3/16/11	4,950	123	0
29	BATHROOM FLOOR	5/19/11	7,820	195	0
30	BATHROOM	7/06/11	7,274	182	0
31	PLUMBING	10/17/11	17,215	431	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	49	0
36	FENCE	7/14/11	1,071	27	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	197	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	34	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	0	0
58	MOWER	8/30/10	7,385	739	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	313	0
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876	335	0
65	PORTABLE PA SYSTEM	9/04/14	1,372	183	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	138	0
70	WORKSHOP EAST ADDITION	12/31/17	122,485	0	0
71	DOWN PYMT ON EXHAUST HOOD	12/28/18	10,008	0	0
72	PHASE 1 IMPROVEMENTS	1/18/18	57,298	0	0
73	PHASE 2 IMPROVEMENTS	11/06/18	215,282	0	0
74	DOWN PYMT ON KITCHEN APPLIANCES	12/26/18	3,413	0	0
75	DOWN PYMT ON GARDEN SHED	7/10/18	4,577	0	0

Future Depreciation Report FYE: 12/31/19

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		<u>1,323,567</u>	<u>17,128</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,323,567</u>	<u>17,128</u>	<u>0</u>
	Grand Totals		<u>1,323,567</u>	<u>17,128</u>	<u>0</u>

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Future Depreciation Report**FYE: 12/31/19**

FYE: 12/31/2018

HOUSE

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
2	HOUSE-FOUNDATION	1/08/07	5,120	128	0
3	HOUSE-MOVING COSTS	2/08/07	6,500	162	0
6	HOUSE-GRADING	12/03/07	2,740	68	0
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893	22	0
8	HOUSE-WATER HEATER	7/11/07	426	11	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	63	0
15	HOUSE-CABINETS	8/29/11	1,365	34	0
41	HOUSE & GARAGE ROOF	6/18/12	5,164	129	0
	Total Other Depreciation		<u>115,166</u>	<u>2,878</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>115,166</u>	<u>2,878</u>	<u>0</u>
	Grand Totals		<u>115,166</u>	<u>2,878</u>	<u>0</u>

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Net Operating Loss Carryover Worksheet for Pre-2018 Losses

Form **990-T**

2018

For calendar year 2018, 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 Prior Carryover	
20th 12/30/98					
19th 12/30/99					
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08					
9th 12/31/09					
8th 12/31/10					
7th 12/31/11					
6th 12/31/12	90				
5th 12/31/13	-217		217		217
4th 12/31/14	-128		128		128
3rd 12/31/15	-649		649		649
2nd 12/31/16	-685		685		685
1st 12/31/17	-1,976		1,976		1,976
NOL carryover available to current year			3,655		
Current year	0			-1,000	
NOL carryover available to next year					3,655

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Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name **Prairie Loft Center** Taxpayer Identification Number **** - *** 6250**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	227,352	290,520	63,168
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	19,580	19,736	156
	5. Investment income	184	532	348
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-428	-4,710	-4,282
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	246	452	206
	11. Other revenue	22,177	17,596	-4,581
	12. Total revenue. Add lines 1 through 11	269,111	324,126	55,015
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	56,512	60,280	3,768
	16. Salaries, other compensation, and employee benefits	27,308	37,800	10,492
	17. Professional fundraising fees			
	18. Other professional fees	3,625	4,774	1,149
	19. Occupancy, rent, utilities, and maintenance	21,443	20,950	-493
	20. Depreciation and Depletion	17,887	17,580	-307
	21. Other expenses	24,688	27,661	2,973
	22. Total expenses. Add lines 13 through 21	151,463	169,045	17,582
	23. Excess or (Deficit). Subtract line 22 from line 12	117,648	155,081	37,433
Other Information	24. Total exempt revenue	269,111	324,126	55,015
	25. Total unrelated revenue	-1,552	1,368	2,920
	26. Total excludable revenue	43,311	32,238	-11,073
	27. Total assets	1,259,971	1,409,658	149,687
	28. Total liabilities	25,099	19,705	-5,394
	29. Retained earnings	1,234,872	1,389,953	155,081
	30. Number of voting members of governing body	11	9	
	31. Number of independent voting members of governing body	11	9	
	32. Number of employees	7	11	
	33. Number of volunteers	400	300	

Form 990T	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning _____, ending _____		

Name **Prairie Loft Center** Taxpayer Identification Number **** - *** 6250**

		2017	2018	Differences
Revenue	1. Gross profit/loss on business activities	246	452	206
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)	-527	223	750
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	11. Total trade or business income. Combine lines 1 through 10	-281	675	956
Expenses	12. Compensation of officers, directors, and trustees	1,695	1,808	113
	13. Other salaries and wages			
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses			
	18. Charitable contributions			
	19. Depreciation and Depletion			
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs			
	22. Other deductions			
	23. Total deductions. Add lines 12 through 22	1,695	1,808	113
	24. Net income on Page 1; Subtract line 23 from 11	-1,976	-1,133	843
	25. Unrelated business taxable income from all trades	-1,976		1,976
	26. Disallowed employee fringe benefits			
	27. Net operating loss (pre-2018)			
	28. Taxable income after NOL loss			
	29. Specific deduction		1,000	1,000
	30. Unrelated business taxable income.			
Tax & Credits	31. Income tax (corporate or trust)			
	32. Proxy tax			
	33. Other taxes			
	34. Total taxes			
	35. Other credits			
	36. General business credit			
	37. Credit for prior year minimum tax			
	38. Total credits			
	39. Net tax after credits			
	40. Recapture taxes and 965 tax			
	41. Total Taxes			
Due/Refund	42. Prior year overpayment and estimated tax payments			
	43. Payment made with extension			
	44. Backup withholding and foreign withholding			
	45. Other payments			
	46. Total payments			
	47. Balance due/(Overpayment)			
	48. Overpayment applied to next year			
	49. Penalties			
	50. Total due/(Refund)			

Form 990	Tax Return History	2018
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Name Prairie Loft Center	Employer Identification Number **-***6250
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants			273,836	227,352	290,520	
Membership dues						
Program service revenue			17,934	19,580	19,736	
Capital gain or loss						
Investment income			3	184	532	
Fundraising revenue (income/loss)			-11,384	-428	-4,710	
Gaming revenue (income/loss)						
Other revenue			20,087	22,423	18,048	
Total revenue			300,476	269,111	324,126	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			52,220	56,512	60,280	
Other compensation			19,977	27,308	37,800	
Professional fees			10,021	3,625	4,774	
Occupancy costs			21,683	21,443	20,950	
Depreciation and depletion			17,503	17,887	17,580	
Other expenses			24,510	24,688	27,661	
Total expenses			145,914	151,463	169,045	
Excess or (Deficit)			154,562	117,648	155,081	
Total exempt revenue			300,476	269,111	324,126	
Total unrelated revenue			2,500	-1,552	1,368	
Total excludable revenue			24,140	43,311	32,238	
Total Assets			1,145,474	1,259,971	1,409,658	
Total Liabilities			28,250	25,099	19,705	
Net Fund Balances			1,117,224	1,234,872	1,389,953	

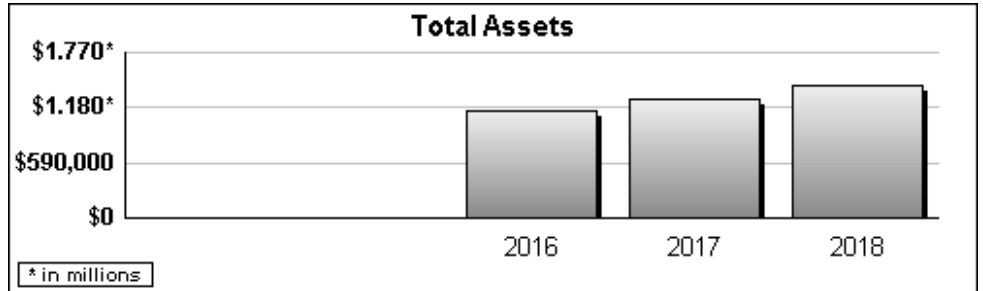
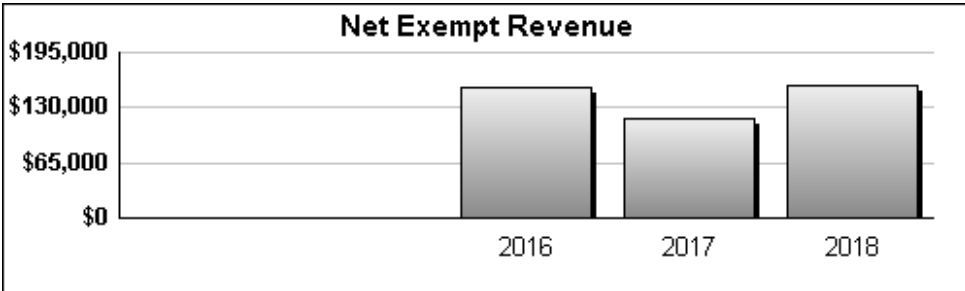
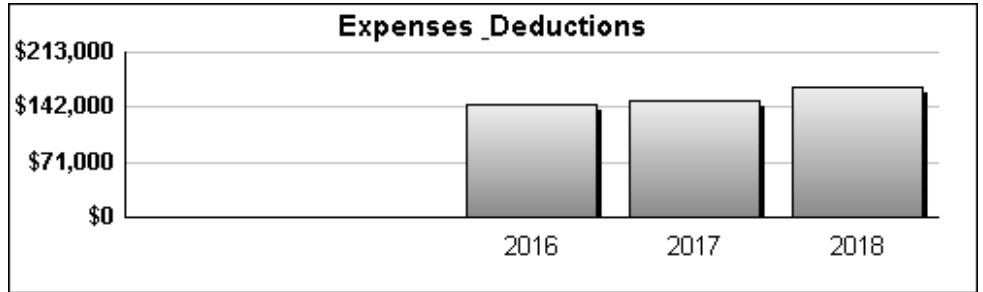
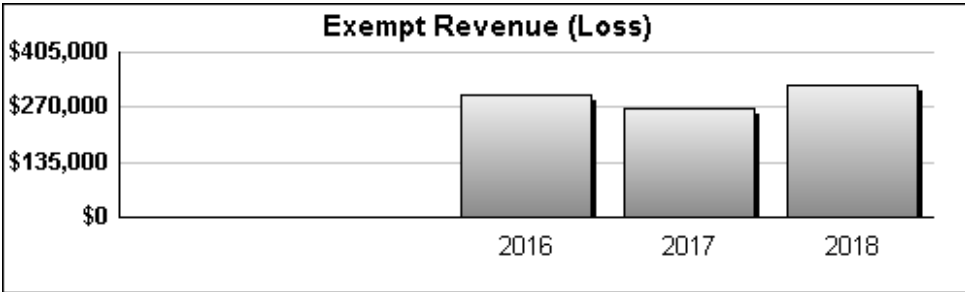
Form 990T	Tax Return History	2018
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Name **Prairie Loft Center** Employer Identification Number ****_***6250**

* Income shown net of expenses

	2014	2015	2016	2017	2018	2019
Business activity profit/loss			88	246	452	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*			794	-527	223	
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.			882	-281	675	
Compensation of officers, ect.			1,567	1,695	1,808	
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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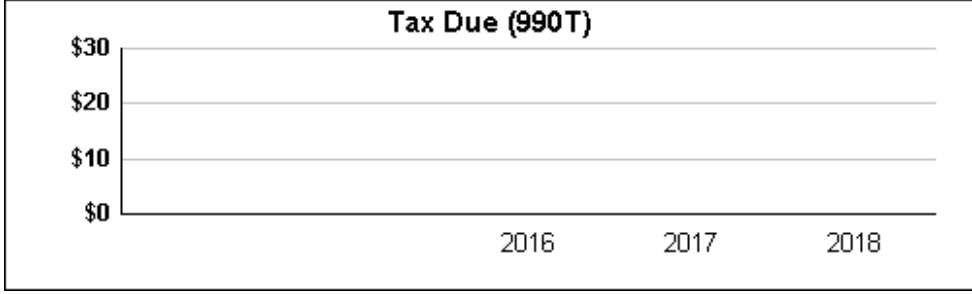
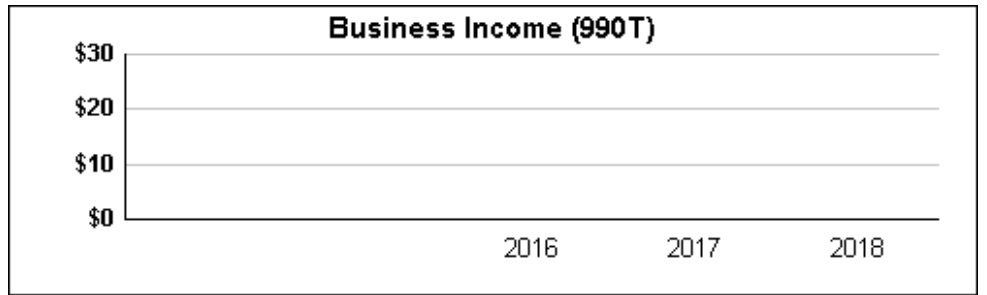
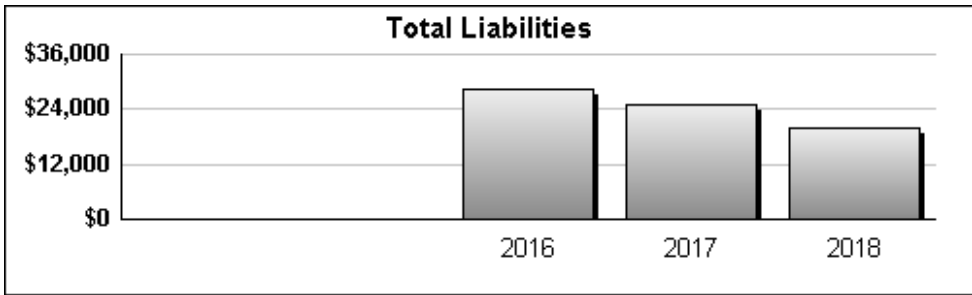


Form 990T	Tax Return History	2018
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Name Prairie Loft Center	Employer Identification Number ** - *** 6250
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	2014	2015	2016	2017	2018	2019
Other deductions						
Net income (990T/first activity)			-685	-1,976	-1,133	
UBTI from all trades	0	0	0	0	0	
Taxable employee fringe benefits						
Net operating loss deduction						
Specific deduction					1,000	
Income after expense and deductions						
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

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Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 532		14			
Total	<u>\$ 532</u>					

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Federal Statements

FYE: 12/31/2018

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
FARM EXPENSES	\$ 132	\$ 132	\$	\$
PERMITS	126	83		43
Total	<u>\$ 258</u>	<u>\$ 215</u>	<u>\$ 0</u>	<u>\$ 43</u>

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Federal Statements

FYE: 12/31/2018

Schedule A, Part II, Line 1(e)

Description	Amount
Other	\$ 51,073
HASTINGS COMMUNITY FOUNDATION Cash Contribution	36,876
KITTY M PERKINS FOUNDATION Cash Contribution	10,000
LEROY & JEAN THOM & T-L FOUNDATION Cash Contribution	5,100
CENTENNIAL PLASTICS Cash Contribution	15,000
ANONYMOUS Cash Contribution	25,000
NEBRASKA CORN BOARD Cash Contribution	5,000
Heartland Bank Cash Contribution	5,100
Nebraska Community Foundation Cash Contribution	5,000
Matt & Stephanie Pershing Cash Contribution	6,000
Peter Kiewit Foundation Cash Contribution	100,000
Union Pacific Foundation Cash Contribution	13,300
STEAK & ALE AUCTION Cash Contribution	6,090
Noncash Contribution	6,981
Total	<u>\$ 290,520</u>

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Federal Statements

FYE: 12/31/2018

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST	\$ 532
FACILITY RENTAL	16,474
Total	\$ <u>17,006</u>

Schedule A, Part II, Line 9(e)

Description	Amount
MERCHANDISE SALES	\$ 452
STEAK & ALE AUCTION	
EVENT REVENUE	-4,710
HOUSE	223
Less: Deductions	<u>-1,000</u>
Total	\$ <u>-5,035</u>

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Schedule A, Part II, Line 12 - Current year

Description	Amount
GRAIN SALES	\$ 5,795
FIELDTRIP & WORKSHOP REVENUES	12,381
PASTURE RENT	1,560
MISCELLANEOUS	206
Total	\$ <u>19,942</u>

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Federal Statements

FYE: 12/31/2018

EVENT REVENUE**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 4,220
LODGING	2,527
SECURITY	800
SOUND	2,500
ADVERTISING	1,645
Total	<u>\$ 11,692</u>

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