

**Veritas Professional Group LLC  
2727 W Second St Ste 422  
Hastings, NE 68901  
402-902-4535**

November 5, 2020

**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: \_\_\_\_\_

A handwritten signature in black ink, appearing to read "Amy Sade", is written over a horizontal line.

Date: 11.9.2020

## Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

20-1556250

### Prairie Loft Center

**Net Asset / Fund Balance at Beginning of Year** 1,389,953

**Revenue**

Contributions	260,424
Program service revenue	21,937
Investment income	164
Capital gain / loss	-3,705
Fundraising / Gaming:	
Gross revenue	33,867
Direct expenses	40,120
Net income	-6,253
Other income	17,374

**Total revenue** 289,941

**Expenses**

Program services	126,235
Management and general	94,357
Fundraising	6,394

**Total expenses** 226,986

**Excess / (deficit)** 62,955

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 1,452,908

CLIENT COPY

**Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<b>289,941</b>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<b>226,986</b>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	1,409,658	1,607,599	
Liabilities	19,705	154,691	
Net assets	1,389,953	1,452,908	62,955

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/20  
 Failure to file penalty \_\_\_\_\_

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or fiscal year beginning . . . . . 2019, and ending . . . . . 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2019

Name of exempt organization

**Prairie Loft Center**

Employer identification number

**20-1556250**

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.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>289,941</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

## 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 2019 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 2019 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 2019 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

**Amy Sandeen, Executive Director**

Date **09/01/20**

## 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.

**47262824535**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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

**09/01/20**

**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** (2019)

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

OMB No. 1545-0047

**2019**  
Open to Public Inspection

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

**A For the 2019 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Prairie Loft Center</b>		<b>D</b> Employer identification number <b>20-1556250</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 1731</b>		<b>E</b> Telephone number <b>402-463-0565</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Hastings NE 68902</b>		<b>G</b> Gross receipts\$ <b>339,940</b>
	<b>F</b> Name and address of principal officer: <b>Amy Sandeen</b> <b>401 Ringland Road</b> <b>Hastings NE 68901</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>www.prairieloft.org</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>2004</b>
			<b>M</b> State of legal domicile: <b>NE</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO TEACH AGRICULTURAL APPRECIATION, OUTDOOR EDUCATION, CULTURAL CONNECTIONS, AND THE WISE USE OF NATURAL RESOURCES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>7</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>250</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,934</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>290,520</b>	<b>260,424</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,736</b>	<b>21,937</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>532</b>	<b>-3,541</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>13,338</b>	<b>11,121</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>324,126</b>	<b>289,941</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>98,080</b>	<b>101,717</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>6,394</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>70,965</b>	<b>125,269</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>169,045</b>	<b>226,986</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>155,081</b>	<b>62,955</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,409,658</b>	<b>1,607,599</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>19,705</b>	<b>154,691</b>
		<b>1,389,953</b>	<b>1,452,908</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	<b>Amy Sandeen</b> Type or print name and title		<b>Executive Director</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN self-employed
	<b>Julie Moller, CPA</b>	<b>Julie Moller, CPA</b>	<b>11/05/20</b>	<b>P00408212</b>
	Firm's name ▶ <b>Veritas Professional Group LLC</b>	Firm's EIN ▶ <b>47-4846876</b>		
Firm's address ▶ <b>2727 W Second St Ste 422 Hastings, NE 68901</b>		Phone no. <b>402-902-4535</b>		

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **126,235** including grants of\$ ) (Revenue \$ **18,232** )

**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.**

CLIENT COPY

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

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

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses ► **126,235**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		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)? If "Yes," complete Schedule R, Part V, line 2		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	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?		

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.	<b>11</b>	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent	<b>11</b>	
<b>2</b>	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?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 on Schedule O.		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	Other officers or key employees of the organization		<b>X</b>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	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 **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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Amy Sandeen**

**Hastings** **PO Box 1731**

**NE 68901 402-463-0565**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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) Amy Sandeen ..... Executive Director	40.00 0.00			X			51,720	0	10,154	
(2) Mark DeDiana ..... Director	1.00 0.00	X					0	0	0	
(3) Dr. Stephanie Furrer ..... Director	1.00 0.00	X					0	0	0	
(4) Jan Herbek ..... Director	1.00 0.00	X					0	0	0	
(5) Rich Olson ..... Director	1.00 0.00	X					0	0	0	
(6) Tim Overmiller ..... Director	1.00 0.00	X					0	0	0	
(7) Kayla Perry ..... Director	1.00 0.00	X					0	0	0	
(8) Ryan Samuelson ..... Director	1.00 0.00	X					0	0	0	
(9) Joseph Billesbach ..... Co-Chair	2.00 0.00			X			0	0	0	
(10) Jessica Allen-Pickett ..... Secretary	2.00 0.00			X			0	0	0	
(11) Lindsey Stout ..... Co-Chair	2.00 0.00			X			0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Will Vrooman	2.00									
Treasurer	0.00			X			0	0	0	
<b>1b Subtotal</b> .....							<b>51,720</b>		<b>10,154</b>	
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							<b>51,720</b>		<b>10,154</b>	

CLIENT COPY

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	16,241				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	31,500				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	212,683				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,304				
	<b>h Total.</b> Add lines 1a-1f		260,424				
<b>Program Service Revenue</b>	<b>2a</b> FIELDTRIP & WORKSHOP REVENUES	Business Code	111000	11,659	11,659		
	<b>b</b> GRAIN SALES		900099	8,718	8,718		
	<b>c</b> PASTURE RENT		611710	1,560	1,560		
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		21,937				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		164			164	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	22,265				
		(ii) Personal					
		<b>6b</b> Less: rental expenses	4,505				
	<b>6c</b> Rental inc. or (loss)	17,760					
	<b>d</b> Net rental income or (loss)		17,760		2,320	15,440	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>7b</b> Less: cost or other basis and sales exps.	3,705				
	<b>7c</b> Gain or (loss)	-3,705					
	<b>d</b> Net gain or (loss)		-3,705	-3,705			
	<b>8a</b> Gross income from fundraising events (not including \$ 16,241 of contributions reported on line 1c). See Part IV, line 18		33,867				
<b>8b</b> Less: direct expenses		40,120					
<b>c</b> Net income or (loss) from fundraising events			-6,253			-6,253	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		1,283					
	<b>b</b> Less: cost of goods sold	1,669					
	<b>c</b> Net income or (loss) from sales of inventory		-386		-386		
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions		289,941	18,232	1,934	9,351		

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>61,874</b>	<b>23,977</b>	<b>31,903</b>	<b>5,994</b>
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>33,341</b>	<b>32,041</b>	<b>1,300</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	<b>6,502</b>	<b>2,457</b>	<b>4,045</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>3,708</b>		<b>3,708</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 7				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>802</b>	<b>80</b>	<b>722</b>	
<b>13</b> Office expenses	<b>10,109</b>		<b>9,709</b>	<b>400</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>52,497</b>	<b>26,367</b>	<b>26,130</b>	
<b>17</b> Travel	<b>65</b>	<b>65</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>603</b>	<b>190</b>	<b>413</b>	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>38,124</b>	<b>38,124</b>		
<b>23</b> Insurance	<b>12,138</b>		<b>12,138</b>	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUPPLIES - PROGRAM</b>	<b>3,115</b>	<b>2,134</b>	<b>981</b>	
<b>b</b> <b>DUES &amp; SUBSCRIPTIONS</b>	<b>1,764</b>	<b>99</b>	<b>1,665</b>	
<b>c</b> <b>CONTINGENCY</b>	<b>1,090</b>		<b>1,090</b>	
<b>d</b> <b>MISCELLANEOUS FEES</b>	<b>799</b>	<b>269</b>	<b>530</b>	
<b>e</b> All other expenses	<b>455</b>	<b>432</b>	<b>23</b>	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	<b>226,986</b>	<b>126,235</b>	<b>94,357</b>	<b>6,394</b>
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>113,261</b>	<b>1</b>	<b>246,871</b>
	<b>2</b> Savings and temporary cash investments	<b>22,248</b>	<b>2</b>	<b>22,412</b>
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>876</b>	<b>8</b>	<b>335</b>
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>1,541,080</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>203,495</b>	<b>1,272,885</b>	<b>10c</b> <b>1,337,585</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>388</b>	<b>15</b>	<b>396</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>1,409,658</b>	<b>16</b>	<b>1,607,599</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>15,316</b>	<b>23</b>	<b>11,050</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	<b>4,389</b>	<b>25</b>	<b>143,641</b>
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>19,705</b>	<b>26</b>	<b>154,691</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>1,293,302</b>	<b>27</b>	<b>1,294,363</b>
	<b>28</b> Net assets with donor restrictions	<b>96,651</b>	<b>28</b>	<b>158,545</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>1,389,953</b>	<b>32</b>	<b>1,452,908</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>1,409,658</b>	<b>33</b>	<b>1,607,599</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>289,941</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>226,986</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>62,955</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,389,953</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>1,452,908</b>

**Part XII Financial Statements and Reporting**

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

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

**2019**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization

**Prairie Loft Center**

Employer identification number

**20-1556250**

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	237,619	273,836	227,352	290,520	260,424	1,289,751
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	237,619	273,836	227,352	290,520	260,424	1,289,751
<b>5</b> 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)						337,264
<b>6 Public support.</b> Subtract line 5 from line 4						952,487

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4	237,619	273,836	227,352	290,520	260,424	1,289,751
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,423	17,455	23,930	17,006	15,604	90,418
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27,632	30,912	33,561	28,494	33,867	154,466
<b>11 Total support.</b> Add lines 7 through 10						1,534,635
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	93,000

**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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	62.07%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14	<b>15</b>	72.52%

**16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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

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

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

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

**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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 .....			
<b>b</b> From 2015 .....			
<b>c</b> From 2016 .....			
<b>d</b> From 2017 .....			
<b>e</b> From 2018 .....			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015 .....			
<b>b</b> Excess from 2016 .....			
<b>c</b> Excess from 2017 .....			
<b>d</b> Excess from 2018 .....			
<b>e</b> Excess from 2019 .....			

**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**

\$ 154,466

CLIENT COPY

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2019**

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

Name of the organization

Employer identification number

**Prairie Loft Center**

**20-1556250**

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.

CLIENT COPY

**General Rule**

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

**Special Rules**

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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

**20-1556250**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HASTINGS COMMUNITY FOUNDATION 800 WEST 3RD STREET #232 HASTINGS NE 68901	\$ 30,535	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COOPER FOUNDATION 1248 E O STREET LINCOLN NE 68508	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LEROY & JEAN THOM & T-L FOUNDATION PO BOX 1047 HASTINGS NE 68902-1047	\$ 7,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CENTENNIAL PLASTICS 1830 CENTENNIAL AVENUE HASTINGS NE 68901	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Adams County Imprest Fund PO Box 1731 Hastings NE 68901	\$ 31,500	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

**20-1556250**

**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		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	The Sherwood Foundation PO Box 1371 Hastings NE 68901	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLIENT COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Prairie Loft Center

Employer identification number

20-1556250

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 of funds, aggregate values, and compliance questions.

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 easements, monitoring policy, and expenses.

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 reporting requirements for 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 make 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 program
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c</b>
<b>d</b> Additions during the year .....	<b>1d</b>
<b>e</b> Distributions during the year .....	<b>1e</b>
<b>f</b> Ending balance .....	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

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

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ ..... %
- b** Permanent endowment ▶ ..... %
- c** Term endowment ▶ ..... %

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

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

	Yes	No
<b>(i)</b> Unrelated organizations .....	<b>3a(i)</b>	
<b>(ii)</b> Related organizations .....	<b>3a(ii)</b>	

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		<b>116,539</b>	<b>36,952</b>	<b>79,587</b>
<b>c</b> Leasehold improvements .....		<b>1,308,245</b>	<b>127,866</b>	<b>1,180,379</b>
<b>d</b> Equipment .....		<b>116,296</b>	<b>38,677</b>	<b>77,619</b>
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **1,337,585**

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>INSURANCE PROCEEDS</b>	<b>140,792</b>
(3) <b>PAYROLL TAXES PAYABLE</b>	<b>2,445</b>
(4) <b>DEPOSIT PAYABLE</b>	<b>400</b>
(5) <b>SALES TAX PAYABLE</b>	<b>4</b>
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>143,641</b>

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



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

CLIENT COPY

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

**Prairie Loft Center**

Employer identification number

**20-1556250**

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

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

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

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

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

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

CLIENT COPY

**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
		<b>STEAK &amp; ALE AUC</b> (event type)	<b>EVENT REVENUE</b> (event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts	29,545	20,563		50,108
	<b>2</b> Less: Contributions	16,241			16,241
	<b>3</b> Gross income (line 1 minus line 2)	13,304	20,563		33,867
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes	13,304			13,304
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages	2,647	4,618		7,265
	<b>8</b> Entertainment		9,690		9,690
	<b>9</b> Other direct expenses	435	9,426		9,861
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				40,120
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				-6,253	

**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	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> 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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

**Prairie Loft Center**

Employer identification number

**20-1556250**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**PRAIRIE LOFT SHALL SUBMIT THE FORM 990 TO ITS BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990. WHILE NEITHER THE APPROVAL OF THE FORM OR A REVIEW OF THE 990 IS REQUIRED UNDER FEDERAL LAW, THE CORPORATION'S FORM 990 SHALL BE SUBMITTED TO EACH MEMBER OF THE BOARD OF DIRECTORS (HARD COPY OR EMAIL) AT LEAST 14 DAYS BEFORE THE FORM 990 IS FILED WITH THE IRS.**

**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. BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY ANNUALLY.**

**CLIENT COPY**

**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.**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

Name(s) shown on return

**Prairie Loft Center**

Identifying number

**20-1556250**

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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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	<b>38,124</b>

**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 2019	17	<b>0</b>
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"/>	

**Section B—Assets Placed in Service During 2019 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 2019 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	<b>Total.</b> 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	<b>38,124</b>
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** (2019)

DAA

**There are no amounts for Page 2**

Form **4562**  
 Department of the Treasury  
 Internal Revenue Service (99)

**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

**2019**

Attachment Sequence No. **179**

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**Prairie Loft Center**

Identifying number

**20-1556250**

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	<b>1,020,000</b>
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	<b>2,550,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 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 2020. 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	<b>2,936</b>

**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 2019	17	<b>0</b>
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"/>	

**Section B—Assets Placed in Service During 2019 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 2019 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	<b>Total.</b> 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	<b>2,936</b>
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** (2019)

DAA

**There are no amounts for Page 2**

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	FENCING	5/24/06	1,100				1,100	40	MO S/L	347	28
4	WELL	5/24/07	16,479				16,479	40	MO S/L	4,789	412
5	SEPTIC SYSTEM	7/11/07	4,330				4,330	40	MO S/L	1,241	108
10	RED BARN	5/24/06	22,248				22,248	40	MO S/L	7,022	557
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000				2,000	40	MO S/L	246	50
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025				105,025	40	MO S/L	26,913	2,625
16	LOFT BARN-CEMENT	7/12/08	1,983				1,983	40	MO S/L	521	49
17	LOFT BARN -DESIGN	8/02/08	800				800	40	MO S/L	208	20
18	WIRING AND TRENCHING	12/23/08	2,682				2,682	40	MO S/L	670	67
19	26 WORKSHOP WINDOWS	3/11/10	1,925				1,925	40	MO S/L	425	48
20	WEST BARN KITCHEN CEILING	6/28/10	2,800				2,800	40	MO S/L	595	0
	Sold/Scrapped: 1/01/19										
21	PAVILION WINDOWS	6/07/10	867				867	40	MO S/L	186	22
22	PAVILION ROOF	9/27/10	34,315				34,315	40	MO S/L	7,078	857
23	PAVILION OVERHEAD DOORS	9/27/10	9,180				9,180	40	MO S/L	1,893	230
24	PAVILION WINDOWS	9/27/10	3,759				3,759	40	MO S/L	775	94
25	PAVILION PAINT	10/15/10	3,090				3,090	40	MO S/L	637	77
26	PAVILION WINDOWS	11/22/10	2,951				2,951	40	MO S/L	596	74
27	RED BARN DOOR	11/22/10	442				442	40	MO S/L	89	11
28	HEATING UNITS	3/16/11	4,950				4,950	40	MO S/L	2,723	123
29	BATHROOM FLOOR	5/19/11	7,820				7,820	40	MO S/L	1,483	195
30	BATHROOM	7/06/11	7,274				7,274	40	MO S/L	1,364	182
31	PLUMBING	10/17/11	17,215				17,215	40	MO S/L	3,084	431
32	INSULATION	12/01/11	2,930				2,930	40	MO S/L	519	73
33	BATHROOM DUCT WORK	12/28/11	10,405				10,405	40	MO S/L	1,821	260
34	IMPROVEMENTS	7/11/11	53,599				53,599	40	MO S/L	10,050	1,340
35	CABINETS	10/13/11	1,950				1,950	40	MO S/L	353	49
36	FENCE	7/14/11	1,071				1,071	40	MO S/L	562	27
37	ELECTRICAL WORK	7/11/11	2,000				2,000	40	MO S/L	375	50
38	BATHROOM DUCTS	2/06/12	1,000				1,000	40	MO S/L	173	25
39	PAVILION CABINETS, ETC	3/06/12	4,158				4,158	40	MO S/L	710	104
42	LOFT BARN EGRESS DOORS	4/27/12	4,836				4,836	40	MO S/L	806	121
43	RED BARN ROOF	6/15/12	5,361				5,361	40	MO S/L	882	134
44	INTERIOR SURFACE FIRE COAT	9/05/12	5,601				5,601	40	MO S/L	887	140
45	FIRE DOOR LOFT BARN	12/17/12	4,995				4,995	40	MO S/L	749	125
46	LOFT BARN WINDOWS	3/11/13	1,316				1,316	40	MO S/L	192	33
47	STAGE ROOF	6/21/13	2,038				2,038	40	MO S/L	280	51
48	CONCRETE WORK	7/11/13	40,478				40,478	40	MO S/L	5,566	1,012
49	PORCH & PERGOLA	12/30/13	44,207				44,207	40	MO S/L	5,526	1,105
50	PERGOLA ADDITIONAL COSTS	1/30/14	7,906				7,906	40	MO S/L	972	197
51	WHITE STONE PATHWAYS	7/24/14	5,000				5,000	20	MO S/L	1,104	250
52	3 TABLES & 2 BENCHES	5/06/14	3,532				3,532	10	MO S/L	1,648	353
54	ARCHITECT FEES	1/01/19	47,759				47,759	40	MO S/L	0	1,194
55	WORKSHOP PHASE 1	1/01/19	126,176				126,176	40	MO S/L	0	3,154
57	APPLE COMPUTER	7/03/08	2,393				2,393	10	MO S/L	2,393	0
	Sold/Scrapped: 1/01/19										
58	MOWER	8/30/10	7,385				7,385	10	MO S/L	6,154	739
59	SECURITY CAMERA	11/22/10	2,558				2,558	10	MO S/L	2,068	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	13,657	2,731
63	CHAIRS & CARTS	1/25/13	3,135				3,135	10	MO S/L	1,855	313
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876				2,876	5	MO S/L	2,541	335
65	PORTABLE PA SYSTEM	9/04/14	1,372				1,372	5	MO S/L	1,189	183
66	WORKSHOP PHASE I	1/01/19	179,015				179,015	40	MO S/L	0	4,475
67	ARCHITECT	1/01/19	18,939				18,939	40	MO S/L	0	473
68	PHONE LINES FOR SMOKE ALARM SY	1/01/17	8,579				8,579	15	MO S/L	1,144	572
69	WALLS AND CEILING MAINT SHOP	1/01/17	5,500				5,500	40	MO S/L	275	138
70	WORKSHOP EAST ADDITION	1/01/19	122,485				122,485	40	MO S/L	0	3,062
71	EXHAUST HOOD	7/01/19	20,016				20,016	10	MO S/L	0	1,001
72	PHASE 1 IMPROVEMENTS	1/01/19	57,298				57,298	40	MO S/L	0	1,432
73	WORKSHOP NORTH END	7/01/19	207,282				207,282	40	MO S/L	0	2,591
74	KITCHEN APPLIANCES	7/01/19	34,029				34,029	10	MO S/L	0	1,701
75	GARDEN SHED	1/01/19	4,577				4,577	40	MO S/L	0	114
76	EPOXY KITCHEN & HALLWAY	7/01/19	5,688				5,688	10	MO S/L	0	284
77	WORKSHOP SECURITY SYSTEM	7/01/19	4,881				4,881	15	MO S/L	0	163
78	KITCHEN CABINETS & EXTRAS	7/01/19	42,369				42,369	40	MO S/L	0	530
79	BATHROOM FIXTURES	7/01/19	3,645				3,645	15	MO S/L	0	122

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
80	ACCESS PATIO - PAVILLION & LOFT E	7/01/09	9,782			9,782	15 MO S/L	0	652
81	ARCHITECT FEES-PHASE 3	12/27/19	2,479			2,479	0 -- Memo	0	0
82	26 WORKSHOP WINDOWS	3/11/10	1,925			1,925	40 MO S/L	425	0
	Sold/Scrapped: 1/01/19								
83	20 WORKSHOP WINDOWS	7/01/01	8,000			8,000	40 MO S/L	0	200
	<b>Total Other Depreciation</b>		<u>1,430,686</u>			<u>1,430,686</u>		<u>131,715</u>	<u>38,124</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,430,686</u>			<u>1,430,686</u>		<u>131,715</u>	<u>38,124</u>
	<b>Grand Totals</b>		1,430,686			1,430,686		131,715	38,124
	<b>Less: Dispositions and Transfers</b>		7,118			7,118		3,413	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>1,423,568</u>			<u>1,423,568</u>		<u>128,302</u>	<u>38,124</u>

CLIENT COPY

**Federal Asset Report**

**HOUSE**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
2	HOUSE-FOUNDATION	1/08/07	5,120			5,120	40 MO S/L	1,531	128
3	HOUSE-MOVING COSTS	2/08/07	6,500			6,500	40 MO S/L	1,930	162
6	HOUSE-GRADING	12/03/07	2,740			2,740	40 MO S/L	757	68
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893			893	40 MO S/L	252	22
8	HOUSE-WATER HEATER	7/11/07	426			426	40 MO S/L	122	11
9	HOUSE-FURNACE	5/24/07	2,715			2,715	40 MO S/L	789	68
11	HOUSE	10/13/06	87,714			87,714	40 MO S/L	26,771	2,193
13	HOUSE-WIRING/HEAT PUMP	5/24/07	2,529			2,529	40 MO S/L	736	63
15	HOUSE-CABINETS	8/29/11	1,365			1,365	40 MO S/L	250	34
40	DOORS & BAY WINDOW	6/18/12	967			967	40 MO S/L	0	24
41	HOUSE & GARAGE ROOF	6/18/12	5,164			5,164	40 MO S/L	839	129
53	HOUSE-NEW DECK	8/01/14	1,382			1,382	40 MO S/L	153	34
<b>Total Other Depreciation</b>			<u>117,515</u>			<u>117,515</u>		<u>34,130</u>	<u>2,936</u>
<b>Total ACRS and Other Depreciation</b>			<u>117,515</u>			<u>117,515</u>		<u>34,130</u>	<u>2,936</u>
<b>Grand Totals</b>			117,515			117,515		34,130	2,936
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>117,515</u>			<u>117,515</u>		<u>34,130</u>	<u>2,936</u>

CLIENT COPY

# Depreciation Adjustment Report

## All Business Activities

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

CLIENT COPY

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	FENCING	5/24/06	1,100	27	0
4	WELL	5/24/07	16,479	412	0
5	SEPTIC SYSTEM	7/11/07	4,330	108	0
10	RED BARN	5/24/06	22,248	556	0
12	ADDITIONAL CONCRETE WORK	1/16/14	2,000	50	0
14	LOFT AND WEST BARN ROOFS	9/25/08	105,025	2,626	0
16	LOFT BARN-CEMENT	7/12/08	1,983	50	0
17	LOFT BARN -DESIGN	8/02/08	800	20	0
18	WIRING AND TRENCHING	12/23/08	2,682	67	0
19	26 WORKSHOP WINDOWS	3/11/10	1,925	48	0
21	PAVILION WINDOWS	6/07/10	867	22	0
22	PAVILION ROOF	9/27/10	34,315	858	0
23	PAVILION OVERHEAD DOORS	9/27/10	9,180	229	0
24	PAVILION WINDOWS	9/27/10	3,759	94	0
25	PAVILION PAINT	10/15/10	3,090	78	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	124	0
29	BATHROOM FLOOR	5/19/11	7,820	196	0
30	BATHROOM	7/06/11	7,274	182	0
31	PLUMBING	10/17/11	17,215	430	0
32	INSULATION	12/01/11	2,930	73	0
33	BATHROOM DUCT WORK	12/28/11	10,405	260	0
34	IMPROVEMENTS	7/11/11	53,599	1,340	0
35	CABINETS	10/13/11	1,950	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
42	LOFT BARN EGRESS DOORS	4/27/12	4,836	121	0
43	RED BARN ROOF	6/15/12	5,361	134	0
44	INTERIOR SURFACE FIRE COAT	9/05/12	5,601	140	0
45	FIRE DOOR LOFT BARN	12/17/12	4,995	125	0
46	LOFT BARN WINDOWS	3/11/13	1,316	33	0
47	STAGE ROOF	6/21/13	2,038	51	0
48	CONCRETE WORK	7/11/13	40,478	1,012	0
49	PORCH & PERGOLA	12/30/13	44,207	1,105	0
50	PERGOLA ADDITIONAL COSTS	1/30/14	7,906	198	0
51	WHITE STONE PATHWAYS	7/24/14	5,000	250	0
52	3 TABLES & 2 BENCHES	5/06/14	3,532	354	0
54	ARCHITECT FEES	1/01/19	47,759	1,194	0
55	WORKSHOP PHASE 1	1/01/19	126,176	3,155	0
58	MOWER	8/30/10	7,385	492	0
59	SECURITY CAMERA	11/22/10	2,558	234	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	2,732	0
63	CHAIRS & CARTS	1/25/13	3,135	314	0
64	APPLE MACBOOK PRO 15 INCH	8/01/14	2,876	0	0
65	PORTABLE PA SYSTEM	9/04/14	1,372	0	0
66	WORKSHOP PHASE 1	1/01/19	179,015	4,476	0
67	ARCHITECT	1/01/19	18,939	474	0
68	PHONE LINES FOR SMOKE ALARM SYSTE	1/01/17	8,579	572	0
69	WALLS AND CEILING MAINT SHOP	1/01/17	5,500	137	0
70	WORKSHOP EAST ADDITION	1/01/19	122,485	3,062	0
71	EXHAUST HOOD	7/01/19	20,016	2,001	0
72	PHASE 1 IMPROVEMENTS	1/01/19	57,298	1,433	0
73	WORKSHOP NORTH END	7/01/19	207,282	5,182	0
74	KITCHEN APPLIANCES	7/01/19	34,029	3,403	0
75	GARDEN SHED	1/01/19	4,577	115	0
76	EPOXY KITCHEN & HALLWAY	7/01/19	5,688	569	0
77	WORKSHOP SECURITY SYSTEM	7/01/19	4,881	325	0
78	KITCHEN CABINETS & EXTRAS	7/01/19	42,369	1,059	0
79	BATHROOM FIXTURES	7/01/19	3,645	243	0
80	ACCESS PATIO - PAVILLION & LOFT BARN	7/01/09	9,782	652	0
81	ARCHITECT FEES-PHASE 3	12/27/19	2,479	0	0
83	20 WORKSHOP WINDOWS	7/01/01	8,000	200	0

**Future Depreciation Report**

**FYE: 12/31/20**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>1,423,568</u>	<u>43,737</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,423,568</u>	<u>43,737</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,423,568</u>	<u>43,737</u>	<u>0</u>

CLIENT COPY

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
2	HOUSE-FOUNDATION	1/08/07	5,120	128	0
3	HOUSE-MOVING COSTS	2/08/07	6,500	163	0
6	HOUSE-GRADING	12/03/07	2,740	69	0
7	HOUSE-PATIO/SIDEWALKS	11/05/07	893	22	0
8	HOUSE-WATER HEATER	7/11/07	426	11	0
9	HOUSE-FURNACE	5/24/07	2,715	67	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	35	0
40	DOORS & BAY WINDOW	6/18/12	967	24	0
41	HOUSE & GARAGE ROOF	6/18/12	5,164	129	0
53	HOUSE-NEW DECK	8/01/14	1,382	35	0
	<b>Total Other Depreciation</b>		<u>117,515</u>	<u>2,939</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>117,515</u>	<u>2,939</u>	<u>0</u>
	<b>Grand Totals</b>		<u>117,515</u>	<u>2,939</u>	<u>0</u>

CLIENT COPY

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2018 &amp; 2019</b>
For calendar year 2019, or tax year beginning _____, ending _____		

Name **Prairie Loft Center** Taxpayer Identification Number **20-1556250**

		2018	2019	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	290,520	228,924	-61,596
	2. Membership dues and assessments			
	3. Government contributions and grants		31,500	31,500
	4. Program service revenue	19,736	21,937	2,201
	5. Investment income	532	164	-368
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		-3,705	-3,705
	8. Net income or (loss) from fundraising events	-4,710	-6,253	-1,543
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	452	-386	-838
	11. Other revenue	17,596	17,760	164
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>324,126</b>	<b>289,941</b>	<b>-34,185</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	60,280	61,874	1,594
	16. Salaries, other compensation, and employee benefits	37,800	39,843	2,043
	17. Professional fundraising fees			
	18. Other professional fees	4,774	3,708	-1,066
	19. Occupancy, rent, utilities, and maintenance	20,950	52,497	31,547
	20. Depreciation and Depletion	17,580	38,124	20,544
	21. Other expenses	27,661	30,940	3,279
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>169,045</b>	<b>226,986</b>	<b>57,941</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>155,081</b>	<b>62,955</b>	<b>-92,126</b>
<b>Other Information</b>	24. Total exempt revenue	324,126	289,941	-34,185
	25. Total unrelated revenue	1,368	1,934	566
	26. Total excludable revenue	32,238	27,583	-4,655
	27. Total assets	1,409,658	1,607,599	197,941
	28. Total liabilities	19,705	154,691	134,986
	29. Retained earnings	1,389,953	1,452,908	62,955
	30. Number of voting members of governing body	9	11	
	31. Number of independent voting members of governing body	9	11	
	32. Number of employees	11	7	
	33. Number of volunteers	300	250	

**Two Year Comparison Report**

Form **990T** **2018 & 2019**

For calendar year 2019, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name **Prairie Loft Center** Taxpayer Identification Number **20-1556250**

		2018	2019	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	452	-386	-838
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rent income (net of expense)			
	5. Unrelated debt-financed income (net of expense)	223	442	219
	6. Income from controlled organizations (net of expense)			
	7. Section 501(c)(7)(9)(17) organization income (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>675</b>	<b>56</b>	<b>-619</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	1,808		-1,808
	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			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>1,808</b>		<b>-1,808</b>
	<b>24. Net income (990T/first activity);</b> Subtract line 23 from 11	<b>-1,133</b>	<b>56</b>	<b>1,189</b>
	25. Number of unrelated business activities for this return	1	1	
26. Unrelated business taxable income from all trades	-1,133	56	1,189	
27. Disallowed employee fringe benefits				
28. Charitable contributions				
<b>29. Taxable income before NOL loss</b>		<b>56</b>	<b>56</b>	
30. Net operating loss (pre-2018)		56	56	
31. Specific deduction	1,000	1,000		
<b>32. Unrelated business taxable income.</b>				
<b>Tax &amp; Credits</b>	33. Income tax (corporate or trust)			
	34. Proxy tax			
	35. Other taxes			
	<b>36. Total taxes</b>			
	37. Other credits			
	38. General business credit			
	39. Credit for prior year minimum tax			
	<b>40. Total credits</b>			
	<b>41. Net tax after credits</b>			
	42. Recapture taxes and 965 tax			
	<b>43. Total Taxes</b>			
<b>Due/Refund</b>	44. Prior year overpayment and estimated tax payments			
	45. Payment made with extension			
	46. Backup withholding and foreign withholding			
	47. Other payments			
	<b>48. Total payments</b>			
	<b>49. Balance due/(Overpayment)</b>			
	50. Overpayment applied to next year			
	<b>51. Penalties</b>			
<b>52. Total due/(Refund)</b>				

Form <b>990</b>	<b>Tax Return History</b>	<b>2019</b>
-----------------	---------------------------	-------------

Name <b>Prairie Loft Center</b>	Employer Identification Number <b>20-1556250</b>
------------------------------------	---

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants		273,836	227,352	290,520	260,424	
Membership dues						
Program service revenue		17,934	19,580	19,736	21,937	
Capital gain or loss					-3,705	
Investment income		3	184	532	164	
Fundraising revenue (income/loss)		-11,384	-428	-4,710	-6,253	
Gaming revenue (income/loss)						
Other revenue		20,087	22,423	18,048	17,374	
<b>Total revenue</b>		<b>300,476</b>	<b>269,111</b>	<b>324,126</b>	<b>289,941</b>	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.		52,220	56,512	60,280	61,874	
Other compensation		19,977	27,308	37,800	39,843	
Professional fees		10,021	3,625	4,774	3,708	
Occupancy costs		21,683	21,443	20,950	52,497	
Depreciation and depletion		17,503	17,887	17,580	38,124	
Other expenses		24,510	24,688	27,661	30,940	
<b>Total expenses</b>		<b>145,914</b>	<b>151,463</b>	<b>169,045</b>	<b>226,986</b>	
<b>Excess or (Deficit)</b>		<b>154,562</b>	<b>117,648</b>	<b>155,081</b>	<b>62,955</b>	
<b>Total exempt revenue</b>		<b>300,476</b>	<b>269,111</b>	<b>324,126</b>	<b>289,941</b>	
Total unrelated revenue		2,500	-1,552	1,368	1,934	
Total excludable revenue		24,140	43,311	32,238	27,583	
Total Assets		1,145,474	1,259,971	1,409,658	1,607,599	
Total Liabilities		28,250	25,099	19,705	154,691	
Net Fund Balances		1,117,224	1,234,872	1,389,953	1,452,908	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
------------------	---------------------------	-------------

Name <b>Prairie Loft Center</b>	Employer Identification Number <b>20-1556250</b>
------------------------------------	---

\* Income shown net of expenses

	2015	2016	2017	2018	2019	2020
Business activity profit/loss .....		88	246	452	-386	
Capital gains/losses .....						
Partner and S Corp gain/loss .....						
Rental income* .....						
Debt-financed income* .....		794	-527	223	442	
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....		882	-281	675	56	
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 .....						

CLIENT COPY

Form <b>990T</b>	<b>Tax Return History</b>	<b>2019</b>
------------------	---------------------------	-------------

Name <b>Prairie Loft Center</b>	Employer Identification Number <b>20-1556250</b>
------------------------------------	---

	2015	2016	2017	2018	2019	2020
Other deductions						
<b>Net income (990T/first activity)</b>		-685	-1,976	-1,133	56	
UBTI from all trades	0	0	0	0	56	
Taxable employee fringe benefits						
Charitable contributions						
Net operating loss deduction					56	
Specific deduction				1,000	1,000	
<b>Income after expense and deductions</b>						
Income tax (corporate or trust)						
Other taxes						
<b>Total taxes</b>						
General business credit						
Other credits						
<b>Net tax after credits</b>						
Estimated tax payments						
Other payments						
<b>Balance due/Overpayment</b>						

CLIENT COPY

### 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	\$ 164			14		
Total	<u>\$ 164</u>					

CLIENT COPY

### Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
FARM EXPENSES	\$ 432	\$ 432	\$	\$
PERMITS	23		23	
Total	<u>\$ 455</u>	<u>\$ 432</u>	<u>\$ 23</u>	<u>\$ 0</u>

CLIENT COPY

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

Description	Amount
Other	\$ 69,898
ANONYMOUS	
Cash Contribution	20,000
HASTINGS COMMUNITY FOUNDATION	
Cash Contribution	30,535
KITTY M PERKINS FOUNDATION	
Cash Contribution	5,000
COOPER FOUNDATION	
Cash Contribution	10,000
LEROY & JEAN THOM & T-L FOUNDATION	
Cash Contribution	7,100
CENTENNIAL PLASTICS	
Cash Contribution	10,000
ANONYMOUS	
Cash Contribution	5,000
Nebraska Community Foundation	
Cash Contribution	5,000
Adams County Imprest Fund	
Cash Contribution	31,500
Morrison Foundation	
Cash Contribution	5,000
Martin & Judy Hoch	
Cash Contribution	5,150
Anonymous	
Cash Contribution	20,000
The Sherwood Foundation	
Cash Contribution	20,000
STEAK & ALE AUCTION	
Cash Contribution	2,937
Noncash Contribution	13,304
Total	<u>\$ 260,424</u>

CLIENT COPY

### Federal Statements

#### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST	\$ 164
FACILTY RENTAL	15,440
Total	<u>\$ 15,604</u>

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

<u>Description</u>	<u>Amount</u>
MERCHANDISE SALES	\$ -386
STEAK & ALE AUCTION	-3,082
EVENT REVENUE	-3,171
HOUSE	442
Less: Deductions	-1,000
Total	<u>\$ -7,197</u>

CLIENT COPY

## Federal Statements

### STEAK & ALE AUCTION

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 435
Total	\$ 435

CLIENT COPY

## Federal Statements

### EVENT REVENUE

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
SUPPLIES	\$ 2,590
LODGING	1,764
SECURITY	893
SOUND	2,000
ADVERTISING	2,179
Total	<u>\$ 9,426</u>

CLIENT COPY