

Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning _____, and ending _____

20-1556250

Prairie Loft Center

Net Asset / Fund Balance at Beginning of Year 1,652,893

Revenue

Contributions	<u>134,533</u>
Program service revenue	<u>52,058</u>
Investment income	<u>2,121</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>112</u>

Total revenue 188,824

Expenses

Program services	<u>195,792</u>
Management and general	<u>145,638</u>
Fundraising	<u>9,393</u>

Total expenses 350,823

Excess / (deficit) -161,999

Changes

Net Asset / Fund Balance at End of Year 1,490,894

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>188,824</u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>350,823</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,660,222</u>	<u>1,497,051</u>	
Liabilities	<u>7,329</u>	<u>6,157</u>	
Net assets	<u>1,652,893</u>	<u>1,490,894</u>	<u>-161,999</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/24
 Failure to file penalty _____

Form 990	Two Year Comparison Report	2022 & 2023
For calendar year 2023, or tax year beginning _____, ending _____		

Name _____ Taxpayer Identification Number _____

Prairie Loft Center

20-1556250

		2022	2023	Differences	
Revenue	1. Contributions, gifts, grants	241,132	103,547	-137,585	
	2. Membership dues and assessments				
	3. Government contributions and grants	99,000	30,986	-68,014	
	4. Program service revenue	52,714	52,058	-656	
	5. Investment income		2,121	2,121	
	6. Proceeds from tax exempt bonds				
	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events				
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory				
	11. Other revenue		112	112	
	12. Total revenue. Add lines 1 through 11		392,846	188,824	-204,022
Expenses	13. Grants and similar amounts paid				
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.	58,830	41,632	-17,198	
	16. Salaries, other compensation, and employee benefits	109,848	137,246	27,398	
	17. Professional fundraising fees				
	18. Other professional fees	3,991	23,154	19,163	
	19. Occupancy, rent, utilities, and maintenance	9,956	12,564	2,608	
	20. Depreciation and Depletion	48,486	53,208	4,722	
	21. Other expenses	108,741	83,019	-25,722	
	22. Total expenses. Add lines 13 through 21		339,852	350,823	10,971
	23. Excess or (Deficit). Subtract line 22 from line 12		52,994	-161,999	-214,993
Other Information	24. Total exempt revenue	392,846	188,824	-204,022	
	25. Total unrelated revenue				
	26. Total excludable revenue	52,714	54,291	1,577	
	27. Total assets	1,660,222	1,497,051	-163,171	
	28. Total liabilities	7,329	6,157	-1,172	
	29. Retained earnings	1,652,893	1,490,894	-161,999	
	30. Number of voting members of governing body	10	7		
	31. Number of independent voting members of governing body	10	7		
32. Number of employees	9	10			
33. Number of volunteers	300	189			

Form **990**

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning , and ending

B Check if applicable:	C Name of organization Prairie Loft Center	D Employer identification number 20-1556250
<input type="checkbox"/> Address change	Doing business as	E Telephone number 402-463-0565
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 1731	G Gross receipts \$ 188,824
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code Hastings NE 68902	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Final return/terminated	F Name and address of principal officer: Sarah Hoops PO Box 1371 Hastings NE 68902	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return		If "No," attach a list. See instructions
<input type="checkbox"/> Application pending		H(c) Group exemption number

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To teach agricultural appreciation, outdoor education, cultural connections, and the wise use of natural resources.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	189
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 340,132	Current Year 134,533
	9 Program service revenue (Part VIII, line 2g)	52,714	52,058
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,121
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		112
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	392,846	188,824
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	168,678	178,878
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	9,393	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	171,174	171,945
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	339,852	350,823	
19 Revenue less expenses. Subtract line 18 from line 12	52,994	-161,999	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,660,222	End of Year 1,497,051
	21 Total liabilities (Part X, line 26)	7,329	6,157
	22 Net assets or fund balances. Subtract line 21 from line 20	1,652,893	1,490,894

Part II Signature Block

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

Sign Here	Signature of officer Megan Arrington-Williams	Date
	Type or print name and title Executive Director	

Paid Preparer Use Only	Print/Type preparer's name Jamie Clemans, CPA	Preparer's signature	Date 04/25/24	Check <input type="checkbox"/> if self-employed	PTIN P00953628
	Firm's name AMGL, PC	Firm's EIN 47-0589915			
	Firm's address PO Box 1407 Grand Island, NE 68802-1407	Phone no. 308-381-1810			

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 \$ **195,792** including grants of \$) (Revenue \$ **52,058**)

Experiential place-based education programs for students, teachers, families, individuals and groups involve active exploration to learn about interactions and systems in an agricultural landscape. Each year, more than 8,000 people of all ages experience field trips, community events, camps, workshops, private gatherings, and other activities. The staff and board of directors are responsible for strategic planning, fundraising, program development and implementation, outreach, and community engagement. Approximately 200 volunteers assist annually with programs and site upkeep.

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 **195,792**

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 Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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 Rev. Proc. 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. See instructions</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties? (See the 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included on 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?		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			<input checked="" type="checkbox"/>
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).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			<input checked="" type="checkbox"/>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			<input checked="" type="checkbox"/>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			<input checked="" type="checkbox"/>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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.

Megan Arrington-Williams

PO Box 1731

Hastings

NE 68902

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Megan Arrington-Williams Executive Director	60.00 0.00			X				41,632	0	960
(2) Joseph Billesbach Member	1.00 0.00	X						0	0	0
(3) Mark DeDiana Treasurer	2.00 0.00	X		X				0	0	0
(4) Audra Espinoza Secretary	2.00 0.00	X		X				0	0	0
(5) Jan Herbek Co-Chair	3.00 0.00	X		X				0	0	0
(6) Sarah Hoops Co-Chair	3.00 0.00	X		X				0	0	0
(7) Rhesa Ledbetter Member	1.00 0.00	X						0	0	0
(8) Nate Myers Member	1.00 0.00	X						0	0	0
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal							41,632		960	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							41,632		960	

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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
5 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,986				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	103,547				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			134,533			
Program Service Revenue			Business Code				
	2a Concession sales		23,247	23,247			
	b Education programs		19,085	19,085			
	c Rent income		7,501	7,501			
	d Farm income		2,225	2,225			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			52,058				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,121			2,121	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
			(ii) Personal				
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities				
			(ii) Other				
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11a Other Income		112			112	
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			112				
12 Total revenue. See instructions			188,824	52,058	0	2,233	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	41,632	16,653	20,816	4,163
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	111,564	67,605	40,462	3,497
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	13,184	7,251	5,274	659
10 Payroll taxes	12,498	6,874	4,999	625
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,352		7,352	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,802		15,802	
12 Advertising and promotion	904		904	
13 Office expenses	1,865		1,865	
14 Information technology				
15 Royalties				
16 Occupancy	12,564	5,654	6,910	
17 Travel	90	36	54	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,341		5,341	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,208	39,906	13,302	
23 Insurance	20,469	15,352	5,117	
24 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.)				
a Supplies	34,248	29,033	5,215	
b Repairs and maintenance	9,943	4,474	5,469	
c Dues and subscriptions	4,987	50	4,488	449
d Telephone	4,006	1,803	2,203	
e All other expenses	1,166	1,101	65	
25 Total functional expenses. Add lines 1 through 24e	350,823	195,792	145,638	9,393
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	294,836	1	78,197
	2	Savings and temporary cash investments		2	100,182
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,716,487		
	10b	Less: accumulated depreciation	397,815	10c	1,318,672
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,660,222	16	1,497,051	
Liabilities	17	Accounts payable and accrued expenses	7,329	17	6,157
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,329	26	6,157
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,553,831	27	1,389,711
	28	Net assets with donor restrictions	99,062	28	101,183
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,652,893	32	1,490,894
33	Total liabilities and net assets/fund balances	1,660,222	33	1,497,051	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	188,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	350,823
3	Revenue less expenses. Subtract line 2 from line 1	3	-161,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,652,893
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,490,894

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified cash</u> If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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		X
c 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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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)

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.

2023

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 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	260,424	220,251	307,906	340,132	134,533	1,263,246
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	260,424	220,251	307,906	340,132	134,533	1,263,246
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						1,263,246

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	260,424	220,251	307,906	340,132	134,533	1,263,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,604	5,631	9,941		2,121	33,297
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						1,296,543

12 Gross receipts from related activities, etc. (see instructions) 12 104,772

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 97.43 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 77.74 %

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 — 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests — 2023. 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 — 2022. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
b		Yes	No
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Yes	No
b		Yes	No

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

Area with horizontal dotted lines for supplemental information.

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2023

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.

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

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

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

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

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	Peter Kiewit Foundation 1125 S. 103rd St., Suite 500 Omaha NE 68124	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Claire M. Hubbard Foundation 4532 S 163rd St. Omaha NE 68135	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Dorothy Jean & Jarod Rogers 3503 Lake Park Lane Hastings NE 68901	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Hastings YMCA 2525 W. 2nd St, Hastings NE 68901	\$ 7,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Platte River Recovery Implementation Program 4111 4th Avenue, Suite 6 Kearney NE 68845	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	The LeRoy Thom, Jan Thom, & T-L Irrigation Foundation PO Box 1386 Hastings NE 68902	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Prairie Loft Center

Employer identification number

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	US Department of Health and Human Services 200 Independence Ave, S.W. Washington DC 20201	\$ 30,986	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

Prairie Loft Center

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 at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements

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

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

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.

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

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

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

- a** Board designated or quasi-endowment%
- 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:

- (i) Unrelated organizations?
- (ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,394,787	274,287	1,120,500
c Leasehold improvements				
d Equipment		165,795	92,089	73,706
e Other		155,905	31,439	124,466
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,318,672

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

The board of directors reviews and approves Form 990 before it is filed.

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 must sign the conflict of interest policy annually.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Documents are made available upon request.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

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	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. 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	53,208

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 2023	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 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	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	53,208
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** (2023)

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	Per Conv Meth	Prior	Current
Prior MACRS:									
20	MOWER	8/30/10	7,385		X	3,692	10 HY 200DB	7,385	0
27	SECURITY CAMERA	11/22/10	2,558		X	0	10 HY 200DB	2,558	0
29	LAPTOP	5/11/11	2,095		X	0	5 HY 200DB	2,095	0
46	COMPUTER	7/13/12	1,859		X	929	5 HY 200DB	1,859	0
59	APPLE MACBOOK PRO 15IN.	8/01/14	2,876		X	1,438	5 HY 200DB	2,876	0
61	PORTABLE PA SYSTEM	9/04/14	1,372		X	686	5 HY 200DB	1,372	0
			<u>18,145</u>			<u>6,745</u>		<u>18,145</u>	<u>0</u>
Other Depreciation:									
1	20 WORKSHOP WINDOWS	7/01/01	8,000			8,000	40 MO S/L	800	200
2	FENCING	5/24/06	1,100			1,100	40 MO S/L	457	27
3	RED BARN	5/24/06	22,248			22,248	40 MO S/L	9,247	556
4	HOUSE	10/13/06	87,714			87,714	40 MO S/L	35,543	2,193
5	HOUSE - FOUNDATION	1/08/07	5,120			5,120	40 MO S/L	2,043	128
6	HOUSE - MOVING COSTS	2/08/07	6,500			6,500	40 MO S/L	2,580	162
7	HOUSE - FURNACE	5/24/07	2,715			2,715	40 MO S/L	1,060	68
8	HOUSE - WIRING/HEAT PUMP	5/24/07	2,529			2,529	40 MO S/L	988	63
9	WELL	5/24/07	16,479			16,479	40 MO S/L	6,437	412
10	HOUSE - WATER HEATER	7/11/07	426			426	40 MO S/L	166	10
11	SEPTIC SYSTEM	7/11/07	4,330			4,330	40 MO S/L	1,673	109
12	HOUSE - PATIO/SIDEWALKS	11/05/07	893			893	40 MO S/L	340	23
13	HOUSE - GRADING	12/03/07	2,740			2,740	40 MO S/L	1,031	68
14	LOFT BARN - CEMENT	7/12/08	1,983			1,983	40 MO S/L	720	49
15	LOFT BARN - DESIGN	8/02/08	800			800	40 MO S/L	288	20
16	LOFT & WEST BARN ROOFS	9/25/08	105,025			105,025	40 MO S/L	37,416	2,625
17	WIRING & TRENCHING	12/23/08	2,682			2,682	40 MO S/L	938	67
18	26 WORKSHOP WINDOWS	3/11/10	1,925			1,925	40 MO S/L	617	48
19	PAVILION - WINDOWS	6/07/10	867			867	40 MO S/L	274	21
21	PAVILION - OVERHEAD DOORS	9/27/10	9,180			9,180	40 MO S/L	2,811	229
22	PAVILION - ROOF	9/27/10	34,315			34,315	40 MO S/L	10,509	858
23	PAVILION - WINDOWS	9/27/10	3,759			3,759	40 MO S/L	1,151	94
24	PAVILION - PAINT	10/15/10	3,090			3,090	40 MO S/L	946	78
25	PAVILION - WINDOWS	11/22/10	2,951			2,951	40 MO S/L	892	74
26	RED BARN DOOR	11/22/10	442			442	40 MO S/L	133	11
28	HEATING UNITS	3/16/11	4,950			4,950	40 MO S/L	3,218	124
30	BATHROOM FLOOR	5/19/11	7,820			7,820	40 MO S/L	2,265	195
31	BATHROOM	7/06/11	7,274			7,274	40 MO S/L	2,092	182
32	ELECTRICAL WORK	7/11/11	2,000			2,000	40 MO S/L	575	50
33	IMPROVEMENTS	7/11/11	53,599			53,599	40 MO S/L	15,410	1,340
34	FENCE	7/14/11	1,071			1,071	40 MO S/L	670	27
35	HOUSE - CABINETS	8/29/11	1,365			1,365	40 MO S/L	387	34
36	CABINETS	10/13/11	1,950			1,950	40 MO S/L	549	49
37	PLUMBING	10/17/11	17,215			17,215	40 MO S/L	4,805	431
38	INSULATION	12/01/11	2,930			2,930	40 MO S/L	811	74
39	BATHROOM DUCT WORK	12/28/11	10,405			10,405	40 MO S/L	2,861	260
40	BATHROOM DUCTS	2/06/12	1,000			1,000	40 MO S/L	273	25
41	PAVILION - CABINETS	3/06/12	4,158			4,158	40 MO S/L	1,126	104
42	LOFT BARN - EGRESS DOORS	4/27/12	4,836			4,836	40 MO S/L	1,290	121
43	RED BARN ROOF	6/15/12	5,361			5,361	40 MO S/L	1,418	134
44	HOUSE & GARAGE ROOF	6/18/12	5,164			5,164	40 MO S/L	1,355	129
45	HOUSE - DOORS & BAY WINDOW	6/18/12	967			967	40 MO S/L	96	24
47	INTERIOR SURFACE FIRE COAT	9/05/12	5,601			5,601	40 MO S/L	1,447	140
48	LOFT BARN - FIRE DOOR	12/17/12	4,995			4,995	40 MO S/L	1,249	125
49	CHAIRS & CARTS	1/25/13	3,135			3,135	10 MO S/L	3,109	26
50	LOFT BARN - WINDOWS	3/11/13	1,316			1,316	40 MO S/L	324	33
51	STAGE ROOF	6/21/13	2,038			2,038	40 MO S/L	484	51
52	CONCRETE WORK	7/11/13	40,478			40,478	40 MO S/L	9,614	1,012
53	PORCH & PERGOLA	12/30/13	44,207			44,207	40 MO S/L	9,946	1,105
54	ALARM SYSTEM	1/01/14	40,971			40,971	15 MO S/L	24,582	2,732
55	CONCRETE WORK - ADDITIONAL	1/16/14	2,000			2,000	40 MO S/L	446	50
56	PERGOLA - ADDITIONAL COSTS	1/30/14	7,906			7,906	40 MO S/L	1,763	197
57	3 TABLES & 2 BENCHES	5/06/14	3,532			3,532	10 MO S/L	3,061	353
58	WHITE STONE PATHWAYS	7/24/14	5,000			5,000	20 MO S/L	2,104	250
60	HOUSE - NEW DECK	8/01/14	1,382			1,382	40 MO S/L	292	34
62	SMOKE ALARM SYSTEM - PHONE LIN	1/01/17	8,579			8,579	15 MO S/L	3,432	572
63	MAINTENANCE SHOP - WALLS & CEIL	1/01/17	5,500			5,500	40 MO S/L	825	137
64	ARCHITECT	1/01/19	18,939			18,939	40 MO S/L	1,893	474

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
65	ARCHITECT FEES - PHASE 1	1/01/19	47,759			47,759	40 MO S/L	4,776	1,194
66	GARDEN SHED	1/01/19	4,577			4,577	40 MO S/L	457	115
67	IMPROVEMENTS - PHASE 1	1/01/19	57,298			57,298	40 MO S/L	5,729	1,433
68	WORKSHOP - EAST ADDITION	1/01/19	122,485			122,485	40 MO S/L	12,248	3,062
69	WORKSHOP - PHASE 1	1/01/19	179,015			179,015	40 MO S/L	17,901	4,476
70	WORKSHOP - PHASE 2	1/01/19	126,176			126,176	40 MO S/L	12,617	3,155
71	PAVILION & LOFT - ACCESS PATIO	7/01/19	9,782			9,782	15 MO S/L	2,608	652
72	BATHROOM FIGURES	7/01/19	3,645			3,645	15 MO S/L	851	243
73	EPOXY KITCHEN & HALLWAY	7/01/19	5,688			5,688	10 MO S/L	1,991	569
74	EXHAUST HOOD	7/01/19	20,016			20,016	10 MO S/L	7,006	2,001
75	KITCHEN APPLIANCES	7/01/19	34,029			34,029	10 MO S/L	11,910	3,403
76	KITCHEN - CABINETS/EXTRAS	7/01/19	42,369			42,369	40 MO S/L	3,707	1,059
77	WORKSHOP - NORTH END	7/01/19	207,282			207,282	40 MO S/L	18,151	5,182
78	WORKSHOP - SECURITY SYSTEM	7/01/19	4,881			4,881	15 MO S/L	1,138	326
79	ARCHITECT FEES - PHASE 2	12/27/19	2,476			2,476	40 MO S/L	0	0
80	ARCHITECT FEES - PHASE 3	12/31/20	15,005			15,005	40 MO S/L	0	0
81	IMPROVEMENTS	12/31/21	55,488			55,488	40 MO S/L	0	0
82	PROPANE LINE INSTALLED TO HOUSE	9/13/22	1,618			1,618	15 MO S/L	36	108
83	LAPTOP	3/18/22	2,996			2,996	5 MO S/L	449	600
84	CONCERT TABLES	3/18/22	2,457			2,457	10 MO S/L	184	246
85	LAPTOP	11/18/22	1,282			1,282	5 MO S/L	21	257
86	LAPTOP	12/19/22	3,209			3,209	5 MO S/L	0	642
87	SECURITY SYSTEM	1/18/22	4,247			4,247	5 MO S/L	779	849
88	OFFICE FURNITURE	6/23/22	1,204			1,204	10 MO S/L	60	121
89	HOUSE RENOVATIONS	11/04/22	3,182			3,182	15 MO S/L	35	212
90	FLOORING AT HOUSE	2/18/22	3,496			3,496	10 MO S/L	291	350
91	PARKING LOT	10/21/22	72,231			72,231	20 MO S/L	602	3,611
92	GARDEN FENCING	6/22/22	2,500			2,500	15 MO S/L	83	167
93	TABLE, 3 CHAIRS-OFFICE FURN	3/16/23	5,172			5,172	10 MO S/L	0	388
94	2 STORAGE CABINETS	12/18/23	1,322			1,322	10 MO S/L	0	0
	Total Other Depreciation		<u>1,698,344</u>			<u>1,698,344</u>		<u>326,462</u>	<u>53,208</u>
	Total ACRS and Other Depreciation		<u>1,698,344</u>			<u>1,698,344</u>		<u>326,462</u>	<u>53,208</u>
	Grand Totals		1,716,489			1,705,089		344,607	53,208
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,716,489</u>			<u>1,705,089</u>		<u>344,607</u>	<u>53,208</u>

16878 Prairie Loft Center
20-1556250
FYE: 12/31/2023

Bonus Depreciation Report

Form 990, Page 1

04/25/2024 8:55 AM
Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
20	MOWER	8/30/10	7,385		0	0	3,693	3,692
27	SECURITY CAMERA	11/22/10	2,558		0	0	2,558	0
29	LAPTOP	5/11/11	2,095		0	0	2,095	0
46	COMPUTER	7/13/12	1,859		0	0	930	929
59	APPLE MACBOOK PRO 15IN.	8/01/14	2,876		0	0	1,438	1,438
61	PORTABLE PA SYSTEM	9/04/14	1,372		0	0	686	686
Grand Total			<u>18,145</u>		<u>0</u>	<u>0</u>	<u>11,400</u>	<u>6,745</u>

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>
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
20	MOWER	8/30/10	7,385	0	0
27	SECURITY CAMERA	11/22/10	2,558	0	0
29	LAPTOP	5/11/11	2,095	0	0
46	COMPUTER	7/13/12	1,859	0	0
59	APPLE MACBOOK PRO 15IN.	8/01/14	2,876	0	0
61	PORTABLE PA SYSTEM	9/04/14	1,372	0	0
			<u>18,145</u>	<u>0</u>	<u>0</u>

Other Depreciation:

1	20 WORKSHOP WINDOWS	7/01/01	8,000	200	0
2	FENCING	5/24/06	1,100	28	0
3	RED BARN	5/24/06	22,248	557	0
4	HOUSE	10/13/06	87,714	2,193	0
5	HOUSE - FOUNDATION	1/08/07	5,120	128	0
6	HOUSE - MOVING COSTS	2/08/07	6,500	163	0
7	HOUSE - FURNACE	5/24/07	2,715	68	0
8	HOUSE - WIRING/HEAT PUMP	5/24/07	2,529	64	0
9	WELL	5/24/07	16,479	412	0
10	HOUSE - WATER HEATER	7/11/07	426	11	0
11	SEPTIC SYSTEM	7/11/07	4,330	108	0
12	HOUSE - PATIO/SIDEWALKS	11/05/07	893	22	0
13	HOUSE - GRADING	12/03/07	2,740	69	0
14	LOFT BARN - CEMENT	7/12/08	1,983	50	0
15	LOFT BARN - DESIGN	8/02/08	800	20	0
16	LOFT & WEST BARN ROOFS	9/25/08	105,025	2,626	0
17	WIRING & TRENCHING	12/23/08	2,682	67	0
18	26 WORKSHOP WINDOWS	3/11/10	1,925	48	0
19	PAVILION - WINDOWS	6/07/10	867	22	0
21	PAVILION - OVERHEAD DOORS	9/27/10	9,180	230	0
22	PAVILION - ROOF	9/27/10	34,315	858	0
23	PAVILION - WINDOWS	9/27/10	3,759	94	0
24	PAVILION - PAINT	10/15/10	3,090	77	0
25	PAVILION - WINDOWS	11/22/10	2,951	73	0
26	RED BARN DOOR	11/22/10	442	11	0
28	HEATING UNITS	3/16/11	4,950	123	0
30	BATHROOM FLOOR	5/19/11	7,820	196	0
31	BATHROOM	7/06/11	7,274	182	0
32	ELECTRICAL WORK	7/11/11	2,000	50	0
33	IMPROVEMENTS	7/11/11	53,599	1,340	0
34	FENCE	7/14/11	1,071	26	0
35	HOUSE - CABINETS	8/29/11	1,365	34	0
36	CABINETS	10/13/11	1,950	48	0
37	PLUMBING	10/17/11	17,215	430	0
38	INSULATION	12/01/11	2,930	73	0
39	BATHROOM DUCT WORK	12/28/11	10,405	260	0
40	BATHROOM DUCTS	2/06/12	1,000	25	0
41	PAVILION - CABINETS	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	HOUSE & GARAGE ROOF	6/18/12	5,164	129	0
45	HOUSE - DOORS & BAY WINDOW	6/18/12	967	25	0
47	INTERIOR SURFACE FIRE COAT	9/05/12	5,601	140	0
48	LOFT BARN - FIRE DOOR	12/17/12	4,995	125	0
49	CHAIRS & CARTS	1/25/13	3,135	0	0
50	LOFT BARN - WINDOWS	3/11/13	1,316	33	0
51	STAGE ROOF	6/21/13	2,038	51	0
52	CONCRETE WORK	7/11/13	40,478	1,012	0
53	PORCH & PERGOLA	12/30/13	44,207	1,106	0
54	ALARM SYSTEM	1/01/14	40,971	2,731	0
55	CONCRETE WORK - ADDITIONAL	1/16/14	2,000	50	0
56	PERGOLA - ADDITIONAL COSTS	1/30/14	7,906	198	0
57	3 TABLES & 2 BENCHES	5/06/14	3,532	118	0
58	WHITE STONE PATHWAYS	7/24/14	5,000	250	0
60	HOUSE - NEW DECK	8/01/14	1,382	35	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
62	SMOKE ALARM SYSTEM - PHONE LINES	1/01/17	8,579	572	0
63	MAINTENANCE SHOP - WALLS & CEILING	1/01/17	5,500	138	0
64	ARCHITECT	1/01/19	18,939	473	0
65	ARCHITECT FEES - PHASE 1	1/01/19	47,759	1,194	0
66	GARDEN SHED	1/01/19	4,577	114	0
67	IMPROVEMENTS - PHASE 1	1/01/19	57,298	1,432	0
68	WORKSHOP - EAST ADDITION	1/01/19	122,485	3,062	0
69	WORKSHOP - PHASE 1	1/01/19	179,015	4,475	0
70	WORKSHOP - PHASE 2	1/01/19	126,176	3,154	0
71	PAVILION & LOFT - ACCESS PATIO	7/01/19	9,782	652	0
72	BATHROOM FIXTURES	7/01/19	3,645	243	0
73	EPOXY KITCHEN & HALLWAY	7/01/19	5,688	568	0
74	EXHAUST HOOD	7/01/19	20,016	2,002	0
75	KITCHEN APPLIANCES	7/01/19	34,029	3,403	0
76	KITCHEN - CABINETS/EXTRAS	7/01/19	42,369	1,060	0
77	WORKSHOP - NORTH END	7/01/19	207,282	5,182	0
78	WORKSHOP - SECURITY SYSTEM	7/01/19	4,881	325	0
79	ARCHITECT FEES - PHASE 2	12/27/19	2,476	0	0
80	ARCHITECT FEES - PHASE 3	12/31/20	15,005	0	0
81	IMPROVEMENTS	12/31/21	55,488	0	0
82	PROPANE LINE INSTALLED TO HOUSE	9/13/22	1,618	108	0
83	LAPTOP	3/18/22	2,996	599	0
84	CONCERT TABLES	3/18/22	2,457	246	0
85	LAPTOP	11/18/22	1,282	256	0
86	LAPTOP	12/19/22	3,209	642	0
87	SECURITY SYSTEM	1/18/22	4,247	849	0
88	OFFICE FURNITURE	6/23/22	1,204	120	0
89	HOUSE RENOVATIONS	11/04/22	3,182	213	0
90	FLOORING AT HOUSE	2/18/22	3,496	349	0
91	PARKING LOT	10/21/22	72,231	3,612	0
92	GARDEN FENCING	6/22/22	2,500	167	0
93	TABLE, 3 CHAIRS-OFFICE FURN	3/16/23	5,172	517	0
94	2 STORAGE CABINETS	12/18/23	1,322	132	0
Total Other Depreciation			<u>1,698,344</u>	<u>53,207</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>1,698,344</u>	<u>53,207</u>	<u>0</u>
Grand Totals			<u>1,716,489</u>	<u>53,207</u>	<u>0</u>

Form 990	Tax Return History	2023
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Name Prairie Loft Center	Employer Identification Number 20-1556250
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants				340,132	134,533	
Membership dues						
Program service revenue				52,714	52,058	
Capital gain or loss						
Investment income					2,121	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue					112	
Total revenue				392,846	188,824	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.				58,830	41,632	
Other compensation				109,848	137,246	
Professional fees				3,991	23,154	
Occupancy costs				9,956	12,564	
Depreciation and depletion				48,486	53,208	
Other expenses				108,741	83,019	
Total expenses				339,852	350,823	
Excess or (Deficit)				52,994	-161,999	
Total exempt revenue				392,846	188,824	
Total unrelated revenue						
Total excludable revenue				52,714	54,291	
Total Assets				1,660,222	1,497,051	
Total Liabilities				7,329	6,157	
Net Fund Balances				1,652,893	1,490,894	

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 Income	\$ <u>2,121</u>		14			
Total	\$ <u><u>2,121</u></u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Consulting	\$ 15,802	\$	\$ 15,802	\$
Total	\$ 15,802	\$ 0	\$ 15,802	\$ 0

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Property tax	\$ 978	\$ 978	\$	\$
Miscellaneous	188	123	65	
Total	\$ 1,166	\$ 1,101	\$ 65	\$ 0

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Other	\$ 53,247
Peter Kiewit Foundation Cash Contribution	15,000
Claire M. Hubbard Foundation Cash Contribution	7,500
Dorothy Jean & Jarod Rogers Cash Contribution	10,000
Hastings YMCA Cash Contribution	7,800
Platte River Recovery Implementation Cash Contribution	5,000
The LeRoy Thom, Jan Thom, & T-L Cash Contribution	5,000
US Department of Health Cash Contribution	30,986
Total	<u>\$ 134,533</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest Income	\$ 2,121
Total	<u>\$ 2,121</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
Other Income	\$ 112
Less: Deductions	-1,000
Total	<u>\$ -888</u>

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Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Education programs	\$ 19,085
Concession sales	23,247
Farm income	2,225
Rent income	7,501
Total	<u>\$ 52,058</u>