** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning SE	EP 1, 2023 and	ending A	UG 31, 2024			
B c	heck if oplicable	C Name of organization			D Employer id	entific	cation number	
	Addres	THE LOFT, INC.						
Name		D MILE LOEW LIMEDADA	CENTER		41-129	7735		
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	Room/suite	E Telephone n	umbei	r	
Final return/		1011 WASHINGTON AVE S, STE 200	,		612-215-	5-2575		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$ 1,989,859.			
	Amend return	MINNEAPOLIS, MN 55415			H(a) Is this a group return			
	Application	F Name and address of principal officer: ANDED	A LITTLE		for subord	inates	? Yes 🗓 No	
	pendin	9 1011 WASHINGTON AVE S, STE 200, MIN	NNEAPOLIS,		H(b) Are all subordi	inates in	cluded? Yes No	
<u>1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	' If "No," att	ach a	list. See instructions	
	Vebsit				H(c) Group exe	mptio	n number	
		g	sociation Other	L Year	of formation: 197	5 N	A State of legal domicile: MN	
Pa		Summary						
ø		Briefly describe the organization's mission or most			CES THE POWER	OF		
Activities & Governance		WRITERS AND READERS TO CRAFT AND SHARI	E STORIES, TO (SEE SCHE	DULE O)				
rne	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its n	et ass	sets.	
ove.		Number of voting members of the governing body					11	
<u>م</u>		Number of independent voting members of the gov					11	
es 8		Total number of individuals employed in calendar y					26	
ĭŧi		Total number of volunteers (estimate if necessary)				6	17	
Acti		Total unrelated business revenue from Part VIII, co				7a	0.	
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			7b	0.	
Revenue					Prior Year		Current Year	
<u>o</u>		Contributions and grants (Part VIII, line 1h)			1,464,	_	860,637.	
enc					849,533.		741,332.	
3ev		11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					179,782.	
_						0.	0.	
			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			334.	1,781,751.	
		, , , , , , , , , , , , , , , , , , , ,				500.	149,000.	
		Benefits paid to or for members (Part IX, column (A			0.		0.	
es		Salaries, other compensation, employee benefits (F			1,195,	_	1,318,910.	
Expenses		Professional fundraising fees (Part IX, column (A), li			12,	825.	19,589.	
Ϋ́		Total fundraising expenses (Part IX, column (D), line			1 224	726	863,326.	
		Other expenses (Part IX, column (A), lines 11a-11d,			1,224,		2,350,825.	
		Total expenses. Add lines 13-17 (must equal Part I)			2,577,046. -143,712.			
S		Revenue less expenses. Subtract line 18 from line	12	Re	eginning of Current		End of Year	
ts o	20	Fotal assets (Part V. line 16)			5,824,		5,974,800.	
Asse Bala	20 ·	Fatal liabilities /Dart V line 00\			3,524,	_	451,956.	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from	lino 20		5,448,		5,522,844.	
	rt II	Signature Block	III IC 20		-,,		-,,	
Unde	er pena	ties of perjury, I declare that I have examined this return,	including accompanying schedules	and statem	ents, and to the best	t of mv	knowledge and belief, it is	
		and complete. Declaration of preparer (other than office			•	-		
			,					
Sigr	,	Signature of officer			Date			
Her		ELIZABETH SCHOEPPLER, SR. DIRECTOR, F	INANCE & OPS					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date cr	neck	PTIN	
Paid		WENDY HARDEN, CPA	WENDY HARDEN, CPA	0	2/06/25 se	lf-employ	P00956490	
Prep	arer	Firm's name SDK CPA	e SDK CPA Firm's EIN 41-1680240		41-1680240			
Use	Only	Firm's address 100 WASHINGTON AVE S STE 1600						
		MINNEAPOLIS, MN 55401			Phone n	0.612	-332-5500	
May	the IF	S discuss this return with the preparer shown abo	ve? See instructions				X Yes No	

Form 990 (2023) THE LOFT, INC. 41-1297735 Page **2**

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
	•	
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 X 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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	tal expenses, and
	revenue, if any, for each program service reported.	502 502
4a	(Code:) (Expenses \$1,045,002. including grants of \$) (Revenue \$)	623,699.
	LEARNING FOR WRITERS AND READERS: SEE SCHEDULE O FOR SERVICE	
	ACCOMPLISHMENTS	
4b	(Code:) (Expenses \$ 499,907. including grants of \$ 143,000.) (Revenue \$	69,220.)
	SERVICES FOR WRITERS AND THE LITERARY COMMUNITY: SEE SCHEDULE O FOR	,
	SERVICE ACCOMPLISHMENTS	
4c	(Code:) (Expenses \$344,766. including grants of \$6,000.) (Revenue \$	47,214.
	EVENTS FOR READERS: SEE SCHEDULE O FOR SERVICE ACCOMPLISHMENTS	
	·	
	-	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,889,675.	,
		Form 990 (2023)

332002 12-21-23

41-1297735

Form 990 (2023) THE LOFT, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	١		
U		_		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	110		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Λ	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		_v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

332003 12-21-23

Form		41-1297735	Pa	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's cu	rrent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	,		
	Schedule K. If "No," go to line 25a			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat	se		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	l l		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," comple	ete		
	Schedule L. Part I	0.51		х
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 orbits or formits members of one of those presented.	06		v

	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<u>_</u> 2
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	Ŀ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L. Part IV.	

5	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):	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	

 "
"Yes," complete Schedule L, Part IV
A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV

С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
	"Yes," complete Schedule L, Part IV

	bid the organization receive mere than \$25,000 in hereast continuations. If Tes, complete ochequie in
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation
	contributions? If "Yes." complete Schedule M

31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete	ete Schedule N, Par
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	If "Yes," complete

	Schedule N. Part II
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

•	•	•	•	•	•	
sections 301.7701-2 and 301.7701-3?	If "Yes,"	" comple	te Schedule R, F	Part I		
Was the organization related to any ta						

4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
	Part V, line 1
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b	If "Yes" to line 35a	, did the organization receive	any payment from or	r engage in any tra	nsaction with a controlled ent	ity
	within the meaning	of section 512(b)(13)? If "Ye	s," complete Schedu	le R, Part V, line 2		

36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
	If "Yes," complete Schedule R, Part V, line 2

7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	

38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 1
	Note: All Form 990 filers are required to complete Schedule O

						to contoadio			
Part	V	Stateme	ents Rega	arding C	Other IF	RS Filings	a	nd 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	1a	175			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?			10	х	

Form **990** (2023)

28a

28c 29

30

31

32

33

35b

36

37

Х

Form	990 (2023) THE LOFT, INC. 41-129773	5	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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		Х
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).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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			x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		х
a b	Temperature and the second of	7b		
	Did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O. Fater the amount of reserves the organization is required to maintain by the states in which the			
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			
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c			
	Did the constitution with a second of the back and the second of the back and the second of the back and the second of the secon	14a		х
	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?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

332005 12-21-23

Form **990** (2023)

17

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

Form 990 (2023) THE LOFT, INC. 41-1297735 Page **6**

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			X							
Sec	tion 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 11										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1b										
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?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?	3		х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		Х							
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?	7a		х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
a h	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9									
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No							
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa									
b		10b									
112	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1 Ia									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120									
·		12c	х								
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent	14									
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
_		150	Х								
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X								
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	IJD									
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
10a		16a		х							
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa									
b											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b									
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IOD									
17	Elot the states with which a copy of this form cook is required to be med	م ادامه	ilok								
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	orny) a	avallat	ле							
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O)										
40		£1	ial								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	imano	iai								
00	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										
	ELIZABETH SCHOEPPLER - 612-215-2580 1011 WASHINGTON AVE S. STE 200 MINNEAPOLIS MN 55415										
	1011 WASHINGTON AVE S, STE 200, MINNEAPOLIS, MN 55415										

Form **990** (2023)

14120206 310044 65254.0

Form 990 (2023) THE LOFT, INC. 41-1297735 Page **7**

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 the 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.

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

- 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.

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss per	c) ition more rson i	l than o	one i an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated that I was a seminary and the seminar		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ARLETA LITTLE	32.00	x		x				124 671	0.	4 004
EXEC & ARTISTIC DIR, BOARD PRES (2) ELIZABETH SCHOEPPLER	22.00	X		A				134,671.	0.	4,904.
	32.00	1		x				06 001	0.	4 162
SR. DIR., FINANCE & OPERATIONS (3) KARLYN COLEMAN	1.00			Λ				96,881.	٠.	4,162.
DIRECTOR	1.00	х						324.	0.	_
(4) TY CHAPMAN	1.00	Λ						324.	٠.	0.
DIRECTOR	1.00	x						232.	0.	0.
(5) MELINDA WARD	2.00	Λ						232.	· ·	••
BOARD CHAIR	2.00	х		x				0.	0.	0.
(6) MIKE MEYER	2.00								•	
BOARD VICE CHAIR		х		х				0.	0.	0.
(7) ELLENA SCHOOP	1.00									
BOARD SECRETARY		х		х				0.	0.	0.
(8) JON AUSTIN	1.00									
BOARD TREASURER 8/1/24-8/31/24		х		х				0.	0.	0.
(9) MEENA NATARAJAN	1.00									
DIRECTOR		х						0.	0.	0.
(10) RUTH SHIELDS	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DOROTHY NINS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) NICHOL HIGDON	1.00									
BOARD TREASURER 9/1/23-7/30/24		Х		Х				0.	0.	0.
(13) KRIS PATROW	1.00	1								
DIRECTOR		Х						0.	0.	0.
		-								
		-								
		-								
								I.		

THE LOFT, INC. 41-1297735 Page **8** Form 990 (2023)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					ition nore	than o		(D) Reportable compensation	(E) Reportable compensation		(F) Estimat amount	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	d a di		Highest compensated 14/		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)		other compensi- from the organiza and rela organizat	ation ne tion ted
1b Subtotal c Total from continuation sheets to Part VII								232,108.	0	-	9,066.	
d Total (add lines 1b and 1c)					<u>.</u>			232,108.	0		9	,066.
Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			1
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mpl	oye	e, or	higl	hest compensated emp	oyee on		Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								er compensation from the			3	Х
and related organizations greater than \$150Did any person listed on line 1a receive or a			•								4	Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	•				•			· ·			5	Х
Complete this table for your five highest con										atio	n from	
the organization. Report compensation for t (A) Name and business	_			g w	ith c	or wit	:hin	the organization's tax y (B) Description of s		Con	(C)	
- Name and business	addicas	NO	NE				+	Description of s	CIVIOCS	0011	ропзан	
							+					
							+					
							+					
							\dagger					
2 Total number of independent contractors (in \$100,000 of compensation from the organization)	-	ot lin	nited	to t	thos		ted	above) who received mo	ore than			

Page 9

41-1297735

Form 990 (2023)

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
ල් වූ			Fundraising events	1c					
fts,			Related organizations	1d					
ig je			Government grants (contributions)	1e	30,000.				
Sins			All other contributions, gifts, grants, and		,				
e të		•	similar amounts not included above	1f	830,637.				
흕		~	Noncash contributions included in lines 1a-1f	1g \$	1,690.				
io d		•	Total. Add lines 1a-1f	Igηφ	2,000.	860,637.			
0 10		<u>'''</u>	Total. Add lines 1a-11		Business Code				
	2	а	TUITIONS		611600	583,189.	583,189.		
je	2	a b	COLLABORATION & SERVICES FR	RES	611600	110,317.	110,317.		
Ser		-	MISSION RELATED RENTALS	611600	42,048.	42,048.			
m S		•	OTHER PROGRAM REVENUE		611600	3,340.	3,340.		
gra Re			ADMISSIONS		611600	1,838.	1,838.		
Program Service Revenue		•	All other program service revenue		611600	600.	600.		
_						741,332.	333,		
_	3		Total. Add lines 2a-2f Investment income (including divide			741,332.			
	3					144,313.			144,313.
	4		other similar amounts) Income from investment of tax-exem			111,515.			111,515.
	4								
	5		Royalties) Real	(ii) Personal				
	_	_) i icai	(ii) i ersoriai				
			Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)	ecurities	(ii) Other				
	′	а	ti des annount nom ourse or	243,577.	(ii) Oti lei				
				143,377.					
o o		D	Less: cost or other basis	208,108.					
her Revenue				35,469.					
eve			. ,			35,469.	35,469.		
<u>ج</u> ج			Net gain or (loss)			33,403.	33,403.		
	8	а	Gross income from fundraising events (r						
Ò			including \$	-					
			contributions reported on line 1c). S						
		h	Part IV, line 18 Less: direct expenses						
			Net income or (loss) from fundraising Gross income from gaming activities						
	9	a	Part IV, line 19						
		L	Less: direct expenses						
			Net income or (loss) from gaming ac Gross sales of inventory, less returns						
	10	а	• •	I					
		L	and allowances						
			Less: cost of goods sold						
		Ü	Net income or (loss) from sales of in	veniory	Business Code				
sn	44	_			Business code				
Miscellaneous Revenue	• •								
llar ven		b							
Sce		Ç	All other revenue						
Ξ			All other revenue						
	12		Total Add lines 11a-11d			1,781,751.	776,801.	0.	144,313.
	14		Total revenue. See instructions			-,,,,,,,,,	1 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	۱ ۰	,

332009 12-21-23

 $41\!-\!1297735$

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 respons of include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	140 000	140 000		
_	individuals. See Part IV, line 22	149,000.	149,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors,	240,511.	112 471	76 469	50 571
_	trustees, and key employees	240,511.	113,471.	76,469.	50,571
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	890,644.	722 506	15 460	152 660
	Other salaries and wages	890,044.	722,506.	15,469.	152,669
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	187,755.	138,843.	17,036.	31,876
	Other employee benefits	107,733.	130,043.	17,030.	31,070
0	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
	Legal	21,250.		21 250	
	Accounting	21,230.		21,250.	
	Lobbying	10 500			10 500
	Professional fundraising services. See Part IV, line 17	19,589.			19,589
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	21 151	12 222	270	7 550
	column (A), amount, list line 11g expenses on Sch O.)	21,151.	13,322.	279.	7,550
	Advertising and promotion	57,145.	52,414.	697.	4,731
	Office expenses	33,894.	20,297.		12,900
	Information technology	89,147.	69,377.	5,804.	13,966
15	Royalties	07 272	76 201	2 111	9.060
	Occupancy	87,372.	76,301.	2,111.	8,960 384
17	Travel	18,230.	17,755.	91.	304
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2 547	2 (21	177	7.0
22	Depreciation, depletion, and amortization	3,547.	2,631.	177.	739
23	Insurance	6,513.	4,832.	324.	1,357
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 0.)				
а	ARTIST PAY	445,422.	444,669.	20.	733
b	BANK & TRANSACTION FEES	47,897.	40,442.	252.	7,203
c	HOSPITALITY	21,080.	16,362.	777.	3,941
d	STAFF DEVELOPMENT	3,645.	2,584.	168.	893
	All other expenses	7,033.	4,869.	211.	1,953
25	Total functional expenses. Add lines 1 through 24e	2,350,825.	1,889,675.	141,135.	320,015
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 if following SOP 98-2 (ASC 958-720)				

orm 990 (2023) THE LOFT, INC. 41-1297735 Page **11**

Form 990 (2023)
Part X Balance Sheet

га	rt X	Balance Sneet					
		Check if Schedule O contains a response or	note to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			323,593.	1	211,527
	2	Savings and temporary cash investments			817,367.	2	464,433
	3	Pledges and grants receivable, net			423,649.	3	311,855
	4	Accounts receivable, net			50,326.	4	37,332
	5	Loans and other receivables from any current				-	
	"	trustee, key employee, creator or founder, su		' ' '			
		controlled entity or family member of any of t				5	
	6	Loans and other receivables from other disqu	•				
	•	under section 4958(f)(1)), and persons describ				6	
"	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			25,875.	9	30,014
		Land, buildings, and equipment: cost or othe					,
		basis. Complete Part VI of Schedule D		244,310.			
	b			240,425.	7,432.	10c	3,885
	11	Investments - publicly traded securities		,	3,994,630.	11	4,637,950
	12	Investments - other securities. See Part IV, lir			, ,	12	, ,
	13	Investments - program-related. See Part IV, lii				13	
	14	. •				14	
	15	Intangible assets Other assets. See Part IV, line 11			181,365.	15	277,80
	16	Total assets. Add lines 1 through 15 (must equal line 33)			5,824,237.	16	5,974,800
	17	Accounts payable and accrued expenses			73,350.	17	55,681
	18	Grants payable			50,500.	18	62,500
	19	Deferred revenue			251,724.	19	233,115
	20	Tax-exempt bond liabilities			·	20	·
	21	Escrow or custodial account liability. Comple				21	
,	22	Loans and other payables to any current or fo					
Ĕ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of t				22	
<u></u>	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	•		0.	25	100,660
	26	Total liabilities. Add lines 17 through 25			375,574.	26	451,956
		Organizations that follow FASB ASC 958, o					·
es		and complete lines 27, 28, 32, and 33.					
auc	27				715,257.	27	576,887
Bai	28	Net assets with donor restrictions			4,733,406.	28	4,945,957
5		Organizations that do not follow FASB ASC					
<u>5</u>		and complete lines 29 through 33.	,	_			
ğ	29	Capital stock or trust principal, or current fun	ds			29	
Sets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,448,663.	32	5,522,844
2	33	Total liabilities and net assets/fund balances			5,824,237.	33	5,974,800

Form 990 (2023) THE LOFT, INC. 41-1297735 Page **12**

Pai	rt 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			751.
2	Total expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1				074.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	448,	663.
5	Net unrealized gains (losses) on investments	5		643,	255.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,	522,	844.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Щ.
			\Box	Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Pa Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

THE LOFT INC 41-1297735 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

THE LOFT, INC. 41-1297735 Schedule A (Form 990) 2023 Page 2

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

(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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support	Section A. Public Support						
membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by seach 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. Stematities trenslines. Section B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Cross receipts from related activities, etc. (see instructions) 13 First Syears. If the Form 990 is for the organization of 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 from 2022 Schedule, A Part II, line 14 16a S3 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 10% -facts-and-circumstances test - 2022. If the organization did not check the box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization of did not check this box and s	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") Tax revenues levied for the organization is 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. 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. Supported person lines 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from insiliar sources. 9. Net income from unrelated business activities, whether or not the business is regularly carried on to 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11. Total support. Add lines? Through 10. 12. Gross receipts from related activities, etc. (see instructions). 12. Gross receipts from related activities, etc. (see instructions). 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)(8) organization, check this box and stop here. 8. Section S. Computation of Public Support Percentage 14. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). 15. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). 16. Public support percentage for 2023 (line 6, column f), divided by line 11, column (f)). 17. Total 10%-facts-and-circumstances test. 2022. If the organization did not check a 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. 18. Total 17. Agos and active as a publicly supported organization of land to the cke a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organizat	1 Gifts, grants, contributions, and						
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. 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) e. Public support. Subtext line 5 term line 4. Section B. Total Support 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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. 12. Gross receipts from related activities, etc. (see instructions) 13. First Syears, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14. Public support percentage from 2022 Schedule, A, Part II, line 14. 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, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. 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. The capitalization meets the facts and circumstances test. The organization meets the facts and circumstances test. The organization organization meets the facts and circumstances test. The organization as a	membership fees received. (Do not	ļ					
it attains'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	include any "unusual grants.")						
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. 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. Suchacil line 5 from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12. Gross receipts from related activities, etc. (see instructions) 13. First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section \$501(c)(3) organization, check this box and stop here. 8. Section C. Computation of Public Support Percentage 14. Public support percentage from 2022 Schedule, A, Part II, line 14. 15. Public support percentage from 2022 Schedule, A, Part II, line 14. 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 17a 10% -facts-and-circumstances test - 1023. 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 be organization meets the facts and circumstances test. 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. The organiza	2 Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subractines from line 4. 8 Public support to Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 assests (Explain in Part VI) 11 Total support, Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 6 years. If the Form 900 is for the organization is 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 from 2022 Schedule A, Part II, line 14 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 meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, 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, check this box and stop here. Explain in Part VI how 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 on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organi	ization's benefit and either paid to						
tunished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract time 6 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividendes, payments received on securities loans, rents, royalties, and income from similar sources 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 sate of capital assets (Explain in Part VI). 11 Total support. Add lines? through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 900 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)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 33 1/3% support test - 2022. If the organization did not check hos 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 17a 10% -facts-and-circumstances test - 2022. 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, check this box on son support organization 18 port facts and circumstances test. Programization dualifies as a publicly supported organization 19 port facts and circumstances tes	or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subheal time 6 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Cgross receipts from related activities, etc. (see instructions) 12 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)) 15 Public support percentage from 2022 Schedule A, Part III, line 14 16 Public support percentage from 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 17a 10% -facts-and-circumstances test - 2023. If the organization meets the facts-and-circumstances test, check this box on dine 13, 16a, or 16b, and line 14 in 10 or 1	3 The value of services or facilities						
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtractives 6 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 a 33 1/3% support test - 2022. If the organization did not check he 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 17a 10% -facts-and-circumstances test. The organization id 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, check this box on stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this 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 on line 13, 16a, 16b, or 17a, and line 15 is 10% or more,	furnished by a governmental unit to						
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. Subset live 3 from line 4. 8ection B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 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. 8 Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 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 17 a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, fia, 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, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this bo	the organization without charge						
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. Subsect line 5 from line 4. Section B. Total Support Callendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 assests (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 17a 10% -facts-and-circumstances test. The organization did not check a box on line 13, fisa, or 15b, 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the fact	4 Total. Add lines 1 through 3						
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. Subract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from similar sources. 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 12 Gross receipts from related activities, etc. (see instructions) 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 from 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 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 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. The organization dualifies as a publicly supported organization b 10 Total support percentage for 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. The organization dualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organizat	5 The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 111, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 9 Net income from similar sources. 9 Net income from inerlated 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 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization is 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 from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 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. 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. 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. The organization of undiffes as a publicly supported organization of 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, the organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organiz	by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. 8 Gection B. Total Support 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 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. 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 16 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 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, the organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, the organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization where Explain in Part VI how the organization meets the facts-and-circumstances test, the organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, the organization did not	governmental unit or publicly						
amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 Public support percentage for 2023 (line 6, column (f), divided by 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 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. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 18a 19a 19a 19a 19a 19a 19a 19a 19a 19a 19	supported organization) included						
column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public 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 17a 10% -facts-and-circumstances test - 2023. If the organization qualifies as a publicly supported organization heat the facts-and-circumstances test. The organization dualifies as a publicly supported organization 1 b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 1 b 10% -facts-and-circumstances test. The organization qualifies as a publicly supported organization 1 b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 2 b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 2 b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 3 b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 3 b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization	on line 1 that exceeds 2% of the						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources and 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 12 Gross receipts from related activities, etc. (see instructions) 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 from 2022 Schedule A, Part II, line 14 15 Public 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 b 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization	amount shown on line 11,						
Section B. Total Support Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 12 Gross receipts from related activities, etc. (see instructions) 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 from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 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 17a 10% -facts-and-circumstances test - 2023. If the organization dualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization q	column (f)						
Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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 from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 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 1 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 1 2 business from fish organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 a 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 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, check this box on to the stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization 15 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 16 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization	Section B. Total Support						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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 2 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 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 from 2022 Schedule A, Part II, line 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 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, check this box and stop here. Explain in Part VI how the organization more than the organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported organization b 10% -facts-and-circumstances test. The organization dualifies as a publicly supported organization	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
dividends, payments received on securities loans, rents, royalties, and income from similar sources. 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.)	7 Amounts from line 4						
securities loans, rents, royalties, and income from similar sources. 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)	8 Gross income from interest,						
and income from similar sources 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 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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, 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, check this box and stop here. Explain in Part VI how 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, 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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported 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	dividends, payments received on						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	securities loans, rents, royalties,						
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.)	and income from similar sources						
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 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 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 17 a 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 more, and if the organization meets the facts-and-circumstances test. 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 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 in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	9 Net income from unrelated business						
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	activities, whether or not the						
or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 15a 31/3% 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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 10 % -facts-and-circumstances test - 2022. If the organization qualifies as a publicly supported organization	business is regularly carried on						
assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 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	10 Other income. Do not include gain						
11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 16 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 16 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 17 a 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions) 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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 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 more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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	assets (Explain in Part VI.)						
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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 15 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 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, check this box and stop here. Explain in Part VI how 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, 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	11 Total support. Add lines 7 through 10						
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)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 17a 10% -facts-and-circumstances test - 2023. 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 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, 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.	12 Gross receipts from related activities,	etc. (see instruction	ons)			12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 15 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 16a 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 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 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.	13 First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 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 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 - 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 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, 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.							
 Public support percentage from 2022 Schedule A, Part II, line 14 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 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, 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 							
 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 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, 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 				column (f))			<u>%</u>
 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 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 	· · · · · · · · · · · · · · · · · · ·						%
 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. 		-					
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			•				
 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 							
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							
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							
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	· ·		•	-		· ·	
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		-		• • •			
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							10% 01
TO FINALE TOURISMENT. IT THE OTYMETATION OF THE TOURISMENT TOU, TOU, TOU, TOU, TOU, OTHER THIS DUX AND SEE INSTRUCTIONS	_						 ,
Schedule A (Form 990)	r i vate i ou i u au organizatio	n did not check a	DON OF THE 13, 10	a, 100, 17a, 01 17k	o, check this box a		<u> </u>

Schedule A (Form 990) 2023 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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	967,818.	1,501,186.	1,704,154.	1,464,302.	860,637.	6,498,097.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	786,643.	879,176.	758,802.	849,533.	741,332.	4,015,486.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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	1,754,461.	2,380,362.	2,462,956.	2,313,835.	1,601,969.	10,513,583.
	Amounts included on lines 1, 2, and	_,,51,101.	_,555,552.	_,102,550.	_,010,000.	_,001,505.	
	3 received from disqualified persons	101,369.	101,279.	182,020.	79,280.	374,345.	838,293.
k	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						0.
	Add lines 7a and 7b	101,369.	101,279.	182,020.	79,280.	374,345.	838,293.
	Public support. (Subtract line 7c from line 6.)						9,675,290.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	1,754,461.	2,380,362.	2,462,956.	2,313,835.	1,601,969.	10,513,583.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	228,483.	206,727.	152,417.	113,013.	144,313.	844,953.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	228,483.	206,727.	152,417.	113,013.	144,313.	844,953.
	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.)	1,982,944.	2,587,089.	2,615,373.	2,426,848.	1,746,282.	11,358,536.
14	First 5 years. If the Form 990 is for the	e organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	01(c)(3) organizatio	n,
	check this box and stop here						
	ction C. Computation of Publi						05 10
	Public support percentage for 2023 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	85.18 %
_	Public support percentage from 2022					16	88.16 %
	ction D. Computation of Inves			12 ook : /5\\		47	7.44 %
	Investment income percentage for 20					17	
	Investment income percentage from 2 a 33 1/3% support tests - 2023. If the			n line 1/1 and line		18 3 1/3% and line 17	
198	more than 33 1/3%, check this box ar						x is not
k	33 1/3% support tests - 2022. If the						·····
	line 18 is not more than 33 1/3%, chec						
20	Private foundation If the organization	n did not chack a h	ov on line 1/ 10a	or 10h chock this	e hav and eac inc	tructions	

332023 12-21-23

Schedule A (Form 990) 2023

Page 3

Schedule A (Form 990) 2023 THE LOFT, INC. 41-1297735 Page 4

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? 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.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1	l		
2	2		
3	а		
3	h		
<u> </u>			
3	_		
4:	9		
	ч		
41	h		
1	_		
4	C		
_	_		
5	a		
5	h		
5			_
3			
6	,		
	,		
7			
8	,		
9:	a .		
3	u		
91	h		
9	,		
9	^		
9	ن		
10)a		
	·u		
10	b		
10	'n		L

	cupper and organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		I I	
			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? 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	4		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. stion 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		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3b		

332025 12-21-23

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 THE LOFT, INC. 41-1297735 Page 6

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	g			
1	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.						
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion 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-functionall	y integra	ted Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

SCITE	ddie A (Form 990) 2025		rage I
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continu	ed)	
Sect	ion 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 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	
	(i) (ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions) Excess Distributions Underdistribution	s	Distributable

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 (reason-			
able 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			

Schedule A (Form 990) 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

TI	IE LOFT, INC.	41-1297735
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a general than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fee 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, and requirements of Schedule B (Form 990).	• •
For Paperwork Reduction Ac	et Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

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		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d)		
No. 2	Name, address, and ZIP + 4	\$ \$ 9,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$\$5,470.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	Total contributions \$\$ 10,280.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	Humo, audi 655, and Zif T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990) (2023) Page **2**

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	nal space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$95,250.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9		\$5,000.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$16,700.	Person X Payroll			

Schedule B (Form 990) (2023) Page **2**

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			
13		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$	Person X Payroll			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions \$\$	Person Payroll Complete Part II for noncash contributions.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
			Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

Partii	Noticasti Property (see instructions). Use duplicate copies of Part	ii if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2023) Page 4

Name of or	rganization			Employer identification number		
HE LOFT	Exclusively religious, charitable, etc., contribution	s to organizations described in se	ection 501(c)(7), (8), or (10) t	41-1297735 hat total more than \$1,000 for the year		
	from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, cha	rough (e) and the following line ent	try. For organizations			
(a) Na	Use duplicate copies of Part III if additional sp	ace is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer of git	ft			
	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I						
	,	(e) Transfer of git	ft			
	Transferee's name, address, and	1 7 ID ± 1	Relationship of transferor to transferee			
	Transieree's name, address, and		Helationship of the			
	-					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I				<u> </u>		
			<u> </u>			
		(e) Transfer of git	ft			
	Tunnafaura la manura addusara and	17ID . 4	Dalatianahin at tua			
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
Part I	(4,1 3,123 3,13	(-,	(-,	-		
}	(e) Transfer of gift					
-	Transferee's name, address, and	I ZIP + 4	Relationship of tra	ansferor to transferee		

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 Inspection

Name of the organization

THE LOFT, INC.

Employer identification number

41-1297735

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts		
_	Tatal accepts as at and of case	(a) Donor advised funds	(b) Fullus and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3 4	Aggregate value of grants from (during year) Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	L. L	ed funds		
J	are the organization's property, subject to the organization's	_			
6	Did the organization inform all grantees, donors, and donor a				
•	for charitable purposes and not for the benefit of the donor or				
Pa	rt II Conservation Easements. Complete if the org				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		l l		
b					
C	Number of conservation easements on a certified historic stru		2c		
d	1				
•	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
4	year Number of states where property subject to conservation eas	amont is located			
5	Does the organization have a written policy regarding the per	•			
J	violations, and enforcement of the conservation easements it		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,				
•	g,pg,				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easements during the year		
			Ç ,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)	(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes No		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement and		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the		
_	organization's accounting for conservation easements.		0: 1: 4		
Ра	rt III Organizations Maintaining Collections of		ner Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	•			
	of art, historical treasures, or other similar assets held for pub	, ,	•		
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 95	· ·			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,		
	provide the following amounts relating to these items.		•		
	(i) Revenue included on Form 990, Part VIII, line 1				
^			·		
2	If the organization received or held works of art, historical treating the following amounts required to be reported under EASP A		gairi, provide		
_	the following amounts required to be reported under FASB A	_	¢		
a h	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023		

THE LOFT, INC. 41-1297735 Page 2 Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets 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). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d 1e Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back 3,449,254 3,304,450, 3,957,620 3,239,496 2,928,103. **1a** Beginning of year balance 10,000 25 Contributions 662,234. 304,564. -560,761. 817,731, 440,048. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities 243,577. 169,760. 87,619 116,797. 92,409 and programs 12,013, 11,858. Administrative expenses 3,867,911. 3,449,254. 3,957,620, 3,239,496. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment 37.8300 % 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 Yes No organization by: X 3a(i) (i) Unrelated organizations? Х (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation

Schedule D (Form 990) 2023

35,074.

205,351.

e Other

b Buildings

d Equipment

Leasehold improvements

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

39,032,

205,278,

3,958,

3,885.

-73

Schedule	e D (Form 990) 2023 THE LOFT, INC.			41-1297735	Page 3
Part V	II Investments - Other Securities				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Desi	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	t value
	ncial derivatives			·	
` '	ely held equity interests				
(3) Othe					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Co	ol. (b) must equal Form 990, Part X, line 12, col. (B))				
Part V	IIII 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	r end-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(6)</u>					
(7)					
(8)					
(9)					
Total. (Co	ol. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX					
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
	(a)	Description		(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	solumn /b) must a gual Form 000 Port V line 15 a	-/ (D))			
Part X	olumn (b) must equal Form 990, Part X, line 15, co Other Liabilities)I. (D))			
i dit A	Complete if the organization answered "Yes"	on Form 000 Part IV line	110 or 11f Soo Form 900 Bart V line	25	
	(a) Description of liability	OITT OITT 990, T art IV, IIIIe	The of Thi. See Form 990, Fart A, link	(b) Book	volue
1.				(b) BOOK	value
	Federal income taxes				
(2)	OPERATING LEASE (OBLIGATION)				100,660.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	olumn (b) must equal Form 990, Part X, line 25, co	ol (R))			100,660.
. o.u. (C	olumin (b) must equal roll 930, rait ∧, line 25, ct	л. (ப <i>))</i>			

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 D (Form 990) 2023

Pa	rt XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lir Total revenue, gains, and other support per audited financial statements			1	2,425,006.
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				2,423,000.
a		2a	643,255.		
b	- · · · · · · · · · · · · · · · · · · ·		,		
c	Recoveries of prior year grants				
d	- · · · · · · · · · · · · · · · · · · ·	1			
e				2e	643,255.
3	Subtract line 2e from line 1			3	1,781,751.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,781,751.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		xpenses per P	leturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
1	Total expenses and losses per audited financial statements			1	2,350,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a					
b	, , , , , , , , , , , , , , , , , , , ,				
С.					
d	, , , , , , , , , , , , , , , , , , , ,			0-	0
e o	• • • • • • • • • • • • • • • • • • • •			2e 3	2,350,825.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	2,000,020.
a		4a			
b					
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	2,350,825.
Pa	rt XIII Supplemental Information	,			
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide all V, LINE 4:			, Part A, III	ez, Fait Ai,
USE	OF ENDOWMENT FUNDS				
THE	LOFT LITERARY CENTER ENDOWMENT FUND (THE ENDOWMENT) IS PE	ERMANENTLY			
REST	TRICTED NET ASSETS INVESTED TO GENERATE TEMPORARILY RESTR	ICTED INCOME			
AND	APPRECIATION TO SUPPORT THE FULFILLMENT OF THE ORGANIZATION	ION'S MISSION			
AND	LONG-TERM FINANCIAL NEEDS.				
PAR!	TX, LINE 2:				
UNCI	ERTAIN TAX POSITION				
THE	ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT RE	EQUIRE			
ADJU	JSTMENT TO THE FINANCIAL STATEMENTS.				

Schedule D (Form 990) 2023 THE LOFT, INC.	41-1297735	Page 5
Schedule D (Form 990) 2023 THE LOFT, INC. Part XIII Supplemental Information (continued)		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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							ntification number
THE LOFT,						41-129773	
Part I Fundraising Activities. required to complete this par	 Complete if the organization answet. 	ered "Y	es" or	n Form 990, Part IV, li	ine 17	'. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	rities. (Check all that apply.			
a Mail solicitations				overnment grants			
b Internet and email solicitations				nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,		
	art VII) or entity in connection with p					X Yes	
b If "Yes," list the 10 highest paid indi-		ant to	agreei	ments under which th	ne fun	draiser is to be	•
compensated at least \$5,000 by the	organization.						
		(iii) fundr	Did		(v) /	Amount paid	(vi) Amount paid
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	ustody	(iv) Gross receipts from activity		r retained by) undraiser	to (or retained by)
or entity (idildraiser)		or cor contrib	utions?	Hom activity		ed in col. (i)	organization
DON SOMMERS - 210 W GRANT ST		Yes	No				
#626, MINNEAPOLIS, MN 55403	GRANT WRITING		х	396,123.		19,589.	376,534.
	_						
-							
]		l				
Total				396,123.		19,589.	376,534.
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from reg	gistration
MN							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

(a) Event #1 (b) Event #2 (c) Other events (dd col. (a) through oct. (c) (event type) (event type) (inclai number) 1 Gross receipts (event type) (event type) (inclai number) 2 Less: Contributions (income (line 1 minus line 2) 4 Cash prizes (a) Gross income (line 1 minus line 2) 5 Noncash prizes (b) Noncash prizes (c) Other devents (c) Pull labs/mislant (c) Other gaming (c)	Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
Gevent type Gev			or iditionaling event contributions and gre		· ·		(d) Total events (add col. (a) through				
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) PartIII] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990, EZ, line 6a. (a) Bingo (b) Pull tabs/instant lingu/grogressive bingo (c) Other gaming (col. (a) through col. lingu/grogressive bingo (c) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. linguistic linguisti	a)			(event type)	(event type)	(total number)	col. (c))				
2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) PartIII] Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990, EZ, line 6a. (a) Bingo (b) Pull tabs/instant lingu/grogressive bingo (c) Other gaming (col. (a) through col. lingu/grogressive bingo (c) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. lingu/grogressive bingo (e) Other gaming (d) Total gaming (a) Col. (a) through col. linguistic linguisti	enne										
3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Gross revenue (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive bingo (c) Other gaming	Rev	1	Gross receipts								
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) thr		2	Less: Contributions								
5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 110 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Cross revenue 12 Cash prizes 13 Noncash prizes 14 Rent/facility costs 15 Other direct expenses 15 Other direct expenses 16 Volunteer labor 17 Direct expense summary. Add lines 2 through 5 in column (d) 18 Net gaming income summary. Subtract line 17 from line 1, column (d) 19 Enter the state(s) in which the organization conducts gaming activities: 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization is gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization is gaming licenses revoked, suspended, or terminated during the tax year? 10 Were any of the organization is gaming licenses.		3	Gross income (line 1 minus line 2)								
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. (b) Total gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Total gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Total gaming (col. (a) through col. (b) Total gaming (col. (a) through col. (b) Total gaming (col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (b) Total gaming (col. (a) through col. (c) Total gaming (col.		4	Cash prizes								
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes			Noncash prizes								
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	xpenses	6	Rent/facility costs								
8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (col. (a) through col. (a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes	ect E)	7	Food and beverages								
9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Neit income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (a col. (a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes — % Yes — % Yes — % Yes — % Other direct expenses 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? — Yes	Ę		Entertainment								
10 Direct expense summary. Add lines 4 through 9 in column (d) Part III Saming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col.		_									
Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a col. (a) through col.		10									
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a col. (a) through col. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 1 Yes % Yes % Yes % Yes % Yes % No		11 Net income summary. Subtract line 10 from line 3, column (d)									
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. 1 Gross revenue	Pa	irt i		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than					
1 Gross revenue bingo bingo/progressive bingo col. (a) through col. 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses			\$15,500 OH 1 OHH 990-LZ, line oa.	1 () 5:	(b) Pull tabs/instant		(d) Total gaming (add				
2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes	une			(a) Bingo		(c) Other gaming	col. (a) through col. (c)				
2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes	Reve										
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes		1	Gross revenue								
5 Other direct expenses	ses	2	Cash prizes								
5 Other direct expenses	xpen	3	Noncash prizes								
5 Other direct expenses	Direct E	4	Rent/facility costs								
Yes	_	5	Other direct expenses								
7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes			,	Yes %	Yes %	Yes %					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes											
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		7 Direct expense summary. Add lines 2 through 5 in column (d)									
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes		8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes Yes				, , ,							
b f "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes											
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes							Yes No				
	L										
DITTYES, EXPLAIN:				•			Yes No				
b If "Yes," explain:		_	,								
		_									

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 THE LOFT, INC.	1-129//35	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Y	es No
13	Indicate the percentage of gaming activity conducted in:		
	ı The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$	t	
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Y	es No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Э	
Pa	organization's own exempt activities during the tax year \$ IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III lines	s 9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ir ar iii, iirioc	3 0, 05, 105,
	,,,,		
-			

Schedule G	(Form 990) Supplemental Infor	THE LOFT, INC.		41-12	97735	Page 4
Part IV	Supplemental Infor	mation (continued)				
-						
r-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2023

Name of the organization	Employer identification number												
THE LOFT, INC	41-1297735												
Part I General Information on Grants a	nd Assistance												
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection													
criteria used to award the grants or assistance?													
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.													
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.													
(0.14.4)													
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table													
3 Enter total number of other organizations listed in the line 1 table													

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023 THE LOFT, INC. 41-1297735 Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance MCKNIGHT ARTIST FELLOWSHIP AWARDS 0 125,000. MENTOR SERIES FELLOWSHIPS 12 12,000 0. 0. MIRRORS & WINDOWS FELLOWSHIPS 12 6,000 MINNEAPOLIS POET LAUREATE 6,000, 0 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: MONITORING GRANT PROCESS THE ORGANIZATION'S PROGRAM AND FINANCE STAFF ENSURE ALL GRANTS PAID TO INDIVIDUALS AGREE WITH THE TERMS SET FORTH IN THE ORIGINAL GRANT AGREEEMENTS. WHERE APPROPRIATE GRANTEES SUBMIT NARRATIVE REPORTS.

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service

Name of the organization THE LOFT, INC.	Employer identification number 41-1297735
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
CREATE AND CELEBRATE CONNECTIONS, AND TO BUILD JUST, LIFE-SUSTAINING	
COMMUNITIES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE LOFT ADVANCES THE POWER OF WRITERS AND READERS TO CRAFT AND SHARE	
STORIES, TO CREATE AND CELEBRATE CONNECTIONS, AND TO BUILD JUST,	
LIFE-SUSTAINING COMMUNITIES.	
WE ENVISION A WORLD WHERE THE POWER OF THE WORD LIBERATES MINDS,	
DEEPENS RELATIONSHIPS, AND INSPIRES MOVEMENTS FOR PEOPLE AND PLANET.	
AS AN ANTIRACIST ORGANIZATION, THE LOFT DEVELOPS LITERARY EXPERIENCES	
FOR WRITERS, READERS, AND STORYTELLERS BECAUSE RACISM DEHUMANIZES	
PEOPLE, AND POETRY AND STORIES DEEPEN OUR CONNECTION TO OUR SHARED	
HUMANITY. RECOGNIZING THE RELATIONSHIP BETWEEN RACE, POWER, AND	
RESOURCES, WE PRIORITIZE THE ENGAGEMENT OF BIPOC AND MARGINALIZED	
COMMUNITIES AND WORK FOR THE EQUITABLE DISTRIBUTION OF OUR POWER AND	
RESOURCES.	
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:	
THE LOFT DISCONTINUED ITS LARGE-SCALE LITERARY FESTIVAL, WORDPLAY, IN	
FY24. WE LAUNCHED A NEW SUBSCRIPTION BASED ONLINE LEARNING AND	
COMMUNITY BUILDING PLATFORM, LIT!COMMONS, WITH MUCH OF THE YEAR USED TO	
BUILD-OUT THE PROGRAM BEFORE LAUNCH. WE ALSO PUT OUR SUMMER YOUTH	
PROGRAMMING ON HIATUS FOR ONE YEAR DUE TO CAPACITY ISSUES.	
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2023

332211 11-14-23

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization THE LOFT, INC. 41-1297735 FORM 990, PART III, LINE 4A SERVICES FOR WRITERS AND THE LITERARY COMMUNITY - IN FISCAL YEAR 2024, THE ORGANIZATION PROVIDED AND EXPANDED UPON A WIDE RANGE OF SERVICES DESIGNED TO SUPPORT WRITERS AND THE BROADER LITERARY COMMUNITY. LOFT.ORG, THE ORGANIZATION'S WEBSITE, PROVIDED REGULAR ARTICLES AND FOSTERED DISCUSSIONS ABOUT THE WRITERS' LIFE AND CRAFT THROUGH THE WRITERS' BLOCK BLOG. THERE, WRITERS FOUND WRITING EXERCISES, READERS FOUND BOOK AND EVENT RECOMMENDATIONS. AND BOTH FOUND LITERARY REVIEWS. COMMENTARY, NEWS, AND DISCUSSION. THE SITE ALSO INCLUDED INTERVIEWS, A CALENDAR OF READINGS AND EVENTS, AN ONLINE CATALOG OF CLASSES, AND RESOURCES INCLUDING INFORMATION ABOUT WRITING GROUPS, COMPETITIONS GRANTS, AWARDS, PUBLISHERS, AND AGENTS. VISITORS TO OPEN BOOK ACCESSED THE RACHEL ANNE GASCHOTT RITCHIE SMALL PRESS LIBRARY TO RESEARCH JOURNALS THAT MIGHT PUBLISH THEIR WORK AND DEEPEN THEIR UNDERSTANDING OF THE MANUSCRIPTS LOCAL INDEPENDENT PUBLISHERS ARE SEEKING. TWENTY-ONE WRITERS MADE USE OF THE ORGANIZATION'S WRITERS' STUDIOS WHILE THE THREE ORGANIZATION-SPONSORED CULTURALLY DISTINCT WRITING GROUPS MET AT OPEN BOOK. THIRTY-THREE WRITERS RECEIVED INDIVIDUAL MANUSCRIPT CRITIQUE OR COACHING TO PURSUE THEIR WRITING CAREERS. THE MENTOR SERIES FELLOWSHIP IN POETRY AND CREATIVE PROSE AND THE MIRRORS AND WINDOWS FELLOWSHIP SERVED TWELVE COMPETITIVELY SELECTED EMERGING ARTISTS EACH. THESE WRITERS ALSO RECEIVED SMALL MONETARY

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization THE LOFT, INC. 41-1297735 AWARDS. MCKNIGHT ARTIST FELLOWSHIPS FOR WRITERS PROVIDED FIVE MINNESOTA WRITERS OF DEMONSTRATED ABILITY WITH GRANTS OF \$25,000, BUYING THEM TIME TO CONCENTRATE ON THEIR CRAFT. THE WRITERS WERE COMPETITIVELY SELECTED FOR AWARDS IN POETRY/SPOKEN WORD AND CHILDREN'S LITERATURE FOR YOUNGER CHILDREN. THROUGH STRATEGIC PARTNERSHIPS. THE LOFT LEVERAGED ITS RESOURCES AND EXPERTISE IN SUPPORT OF KEY ALLIES IN THE LITERARY ECOSYSTEM INCLUDING GREEN CARD VOICES, IN-NA-PO (INDIGENOUS NATIONS POETS), MIZNA, MORE THAN A SINGLE STORY, THREADS DANCE PROJECT, AND TRUARTSSPEAKS. EACH STRATEGIC PARTNERSHIP FEATURES MULTIPLE TOUCHPOINTS DURING THE YEAR WHICH CAN TAKE THE FORM OF EVENTS AND CLASSES OFFERED IN PARTNERSHIP AS WELL AS THE USE OF SPACE AND PARTICIPATION IN LOFT PROGRAMS. THE ORGANIZATION CONTINUED ITS PARTNERSHIP IN OPEN BOOK, OUR HOME, WITH CO-FOUNDING PARTNERS MILKWEED AND THE MINNESOTA CENTER FOR BOOK ARTS. MAYFLY DESIGN, A BOOK DESIGN FIRM, CONTINUES AS A CO-LOCATING PARTNER. FORM 990, PART III, LINE 4B LEARNING FOR WRITERS AND READERS - THE ORGANIZATION OFFERED A VARIETY OF LEARNING OPPORTUNITIES FOR WRITERS AND READERS DURING FISCAL YEAR 2024. ADULTS AND YOUTH AT ALL LEVELS OF ARTISTIC DEVELOPMENT FURTHERED THEIR SKILLS IN CLASSES FOCUSED ON FICTION, POETRY, CREATIVE NONFICTION, SCREEN/PLAYWRITING, CHILDREN'S LITERATURE, GRAPHIC NOVEL AND OTHER LITERARY FORMS; LEARNED MORE ABOUT DEVELOPING A WRITING

Schedule O (Form 990) 2023

PRACTICE AND CAREER; AND EXPLORED LITERATURE AS READERS. THIS YEAR, THE

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

Employer identification number Name of the organization THE LOFT, INC. 41-1297735 ORGANIZATION LAUNCHED LIT! COMMONS, A NEW SUBSCRIPTION-BASED VIRTUAL LEARNING AND GATHERING SPACE DESIGNED TO HELP WRITERS OVERCOME BARRIERS, SHARPEN SKILLS, DEVELOP HABITS, CONNECT WITH FELLOW WRITERS, AMPLIFY THEIR CREATIVITY, AND EXPLORE PUBLISHING OPTIONS. ALTOGETHER, THE LOFT SERVED AN ESTIMATED 2,000 ADULTS AND 1,000 YOUTH IN 475 CLASSES AND WORKSHOPS AT OPEN BOOK AND ONLINE AS WELL AS SCHOOLS, LIBRARIES, COMMUNITY PROGRAMS, AND LIT! COMMONS. FORM 990, PART III, LINE 4C EVENTS FOR READERS - READINGS AND SPOKEN WORD PERFORMANCES HELPED DEVELOP AUDIENCES FOR LITERATURE WHILE PROMOTING AND ADVANCING THE WORK OF INDIVIDUAL WRITERS. PANELS AND DISCUSSIONS FEATURED WRITERS AND THOUGHT LEADERS USING LITERATURE TO SPUR CONVERSATIONS ON TOPICAL ISSUES AND CURATED LITERARY EVENTS ENGAGED AUDIENCE MEMBERS IN EXPLORATION OF THOUGHT-PROVOKING THEMES. A COMBINED AUDIENCE OF MORE THAN 1,300 PARTICIPATED IN 21 EVENTS, FEATURING A TOTAL OF 120 ARTISTS AND LITERARY PROFESSIONALS. TO MITIGATE FINANCIAL BARRIERS TO PARTICIPATION IN CREATIVE WRITING LEARNING OPPORTUNITIES AND EVENTS, THE ORGANIZATION PROVIDED REDUCED PRICE ACCESS VALUED AT \$91,831 IN DISCOUNTED REGISTRATION AND ADMISSIONS. FORM 990, PART VI, SECTION A, LINE 4: SUMMARY OF CHANGES MADE TO THE ORGANIZATION'S BYLAWS: NO DIRECTOR SHALL SERVE MORE THAN TWO (2) CONSECUTIVE TERMS ON THE BOARD UNLESS THE DIRECTOR

Schodulo

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization THE LOFT, INC. 41-1297735 IS ASSUMING AN OFFICER POSITION. IN THESE CIRCUMSTANCES, THE DIRECTOR MAY BE ELECTED TO SERVE ONE ADDITIONAL YEAR. FORM 990, PART VI, SECTION B, LINE 11B: PROCESS THE ORGANIZATION USES TO REVIEW THE 990 AN INITIAL DRAFT OF THE 990 IS REVIEWED IN DETAIL BY THE FINANCE COMMITTEE OF THE BOARD. AFTER CHANGES OR CORRECTIONS, IF NEEDED, THE NEAR FINAL DRAFT OF THE 990 IS DISTRIBUTED TO THE FULL BOARD IN PRE-READ MATERIAL PRIOR TO THE FIRST BOARD MEETING AFTER FINANCE COMMITTEE REVIEW. TREASURER/FINANCE COMMITTEE CHAIR REVIEWS THE DOCUMENT FOR THE BOARD WITH ASSISTANCE OF REPRESENTATIVES FROM THE INDEPENDENT AUDITORS, IF NEEDED. BOARD MEMBERS ARE INVITED TO ASK QUESTIONS AND SUBMIT ANY FURTHER CORRECTIONS. THE TREASURER RECOMMENDS APPROVAL OF THE 990 (WITH CHANGES, AS NEEDED) AND A FULL VOTE OF THE BOARD IS CALLED. THE BOARD MUST APPROVE THE 990 BEFORE IT IS SUBMITTED. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST POLICY EACH YEAR, TYPICALLY AT THE FIRST MEETING OF THE FISCAL YEAR AS A 'STANDING AGENDA ITEM. ' ALL BOARD MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY FOR THE PURPOSE OF STATING AND/OR UPDATING THEIR DISCLOSURES, AND TO SIGN AND DATE THE FORM. FORM 990, PART VI, SECTION B, LINE 15: PROCEDURE TO MAKE DECISIONS REGARDING EXECUTIVE AND STAFF COMPENSATION RELYING IN SUBSTANTIAL PART ON THE BI-ANNUAL SURVEY OF NON-PROFIT SALARIES CONDUCTED AND PUBLISHED BY THE MINNESOTA COUNCIL OF NON-PROFITS, THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE ESTABLISHES THE SALARY FOR THE EXECUTIVE

Name of the organization	Employer identification number
Name of the organization THE LOFT, INC.	41-1297735
DIRECTOR, WITHIN THE LIMITS ESTABLISHED BY THE BOARD OF DIRECTORS IN	
APPROVING THE ORGANIZATION'S BUDGET. THE EXECUTIVE DIRECTOR IN TURN, USES	
THE SAME PROCEDURE FOR ESTABLISHING SALARIES FOR ALL OTHER STAFF, INCLUDING	
THE SENIOR DIRECTOR, FINANCE & OPERATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS	
THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND 990 AVAILABLE TO THE	
PUBLIC ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST	
POLICY ARE HELD AT THE ORGANIZATION'S OFFICES AND ARE AVAILABLE UPON	
REQUEST.	

CARRYOVER DATA TO 2024

Name THE LOFT, INC.	Employer Identification Number 41-1297735
Based on the information provided with this return, the following are possible carryover amounts to next year.	
FEDERAL PRE-2018 NET OPERATING LOSS	17,207
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·

Name: THE LOFT, INC. FEIN: 41-1297735

	and Entity: PRE	-2018 NOL FED	Section 382 Carryover		DETAIL CA	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for 08/31/15	Amount Used for 08/31/16	Amount Used for 08/31/17	Amount Used for 08/31/18	Amount Used for 08/31/10	Amount Used for 08/31/11	Amount Used for 08/31/12	Amount Used for 08/31/13	Amount Used for 08/31/14
A 2009 B 2009 C 2009 D 2009	5 931. 6 9,882. 7 14.647.	931. 9,882. 11,076.	2,210.	2,385.	2,505.	2,281.	931. 1,700.	1,425.	3,174.	2,940.	643. 1,695.
(
Detai	E Amount	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Type A B C D E G H	B C —		OSEG IOI	Used IOI	Used IOI	OSEC IOI	OSEG IOI	Used IUI	OSEG IOI	OSEG IOI	OSEG IOI
E G											
M N O Q R R S											
Г / /											

THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning SEP 1 , 2023, and ending AUG 31 2024

OMB No. 1545-0047

Form 8879-TF

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 41-1297735 THE LOFT, INC. ELIZABETH SCHOEPPLER Name and title of officer or person subject to tax SR. DIRECTOR, FINANCE & OPS Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes of financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize SDK CPA 82249 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41415941168 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 02/06/25 ERO's signature Date **ERO Must Retain This Form - See Instructions**

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 41-1297735 THE LOFT, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1011 WASHINGTON AVE S, STE 200 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MINNEAPOLIS, MN 55415 Enter the Return Code for the return that this application is for (file a separate application for each return) 0.7 Application Is For Return Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ELIZABETH SCHOEPPLER 1011 WASHINGTON AVE S, STE 200 - MINNEAPOLIS, MN 55415 Telephone No. 612-215-2580 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box , 20 25 I request an automatic 6-month extension of time until $\ \ ^{JULY}$ 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 SEP 1 , 20 ²³ , and ending AUG 31 , 2024 」 tax year beginning Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс

EXTENDED TO JULY 15, 2025

Form 990-T	Exempt Organization Business Income Tax Return	ıL	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		
	For calendar year 2023 or other tax year beginning SEP 1, 2023 and ending AUG 31, 2024		2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (D Emp	loyer identification number
B Exempt under section	Print THE LOFT, INC.		41-1297735
X 501(c)(3)	Number, street, and room or suite no. If a P.O. box, see instructions.	E Grou	up exemption number instructions)
408(e) 220(e)	Type 1011 WASHINGTON AVE S, STE 200		,
408A 530(a) 529A	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55415	F	Check box if
	C Book value of all assets at end of year 5,974,800.	1	an amended return.
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
	6417(d)(1)(A) Applicable entity		
H Check if filing only	to claim Credit from Form 8941 Refund shown on Form 2439 Elective paymer	nt amou	unt from Form 3800
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>	
J Enter the number o	of attached Schedules A (Form 990-T)		1
-	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	name and identifying number of the parent corporation		
L The books are in ca	i o o priorio na massi	12-21	5-2580
	related Business Taxable Income		
	ed business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
		2	
	2	3	
	ributions (see instructions for limitation rules)	4	0.
	business taxable income before net operating losses. Subtract line 4 from line 3	5	
	et operating loss. See instructions	6	0.
	ed business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 f		7	1 000
	ion (generally \$1,000, but see instructions for exceptions)	8	1,000.
	199A deduction. See instructions	9	1,000.
	ns. Add lines 8 and 9	10	0.
Part II Tax Com	ness taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	<u>. </u>
	taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	at trust rates. See instructions for tax computation. Income tax on the amount on	-	
	'	2	
		3	
	instructions nts. See instructions	4	
	mum tax	5	
	npliant facility income. See instructions	6	
	3 through 6 to line 1 or 2, whichever applies	7	0.
	d Payments		
1a Foreign tax cred	dit (corporations attach Form 1118; trusts attach Form 1116)		
b Other credits (se			
c General busines	ss credit. Attach Form 3800 (see instructions)		
	vear minimum tax (attach Form 8801 or 8827) 1d		
	dd lines 1a through 1d	1e	
2 Subtract line 1e	from Part II, line 7	2	0.
3a Amount due from	m Form 4255 3a		
b Amount due from	m Form 8611 3b		
c Amount due from	m Form 8697 3c		
d Amount due from	m Form 8866 3d		
e Other amounts of	due (see instructions)		
f Total amounts d	due. Add lines 3a through 3e	3f	0.
	ines 2 and 3f (see instructions).		
section 1294.	Enter tax amount here	4	0.
	tax liability paid from Form 965-A, Part II, column (k)	5	0.

LHA For Paperwork Reduction Act Notice, see instructions. 323701 11-20-23

Form **990-T** (2023)

Form 990-T (2023) Page 2 Tax and Payments (continued) Part III Payments: Preceding year's overpayment credited to the current year **b** Current year's estimated tax payments. Check if section 643(g) election applies Tax deposited with Form 8868 6c Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Elective payment election amount from Form 3800 6g Payment from Form 2439 h 6h Credit from Form 4136 Other (see instructions) j 7 Total payments. Add lines 6a through 6j Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2024 estimated tax Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country X 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a Х foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 \$ 17,207. Do not include any post-2017 NOL carryover 4 Enter available pre-2018 NOL carryovers here shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions. **Business Activity Code** Available post-2017 NOL carryover \$ \$ \$ **6 a** Reserved for future use **b** Reserved for future use Part V Supplemental Information Provide any additional information. See instructions. 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,

Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of	which preparer has any knowle	age.		
Here		SR	DIRECTOR, FINANC	T	May the IRS discuss this return with the preparer shown below (see	
	Signature of officer	Date Title			instructions)? X Yes N	0
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	
Paid				self-employed	d	
Prepare	wendy harden, cpa	WENDY HARDEN, CPA	02/06/25		P00956490	
Use Onl	Let 1 CDM CD3			Firm's EIN	41-1680240	
000 0111		IGTON AVE S STE 1600				
	Firm's address MINNEAPOLT	S MN 55401		Dhona no	612-332-5500	

Form 990-T (2023)

THE LOFT, INC. 41-1297735

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
08/31/06	931.	931.	0.	0.
08/31/07	9,882.	9,882.	0.	0.
08/31/08	14,647.	11,076.	3,571.	3,571.
08/31/09	13,636.	0.	13,636.	13,636.
NOL CARRYOV	ER AVAILABLE THIS Y	EAR	17,207.	17,207.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

	ment of the Treasury Il Revenue Service	Do not enter SSN numbers on this form as it is	may be m	ade public i	f your o	organiza	tion is a 501	(c)(3).	Open to Public Inspection 501(c)(3) Organization	
A N	Name of the organizatio						I	loyer identific	cation number	
	1111 2011, 1111						+	1237733		
<u>C (</u>	Inrelated business a	activity code (see instructions) 541800					D Sequ	ience:	1 of 1	
<u>E [</u>		ed trade or business ADVERTISING							Γ	
Pa	rt I Unrelated	Trade or Business Income		(A) Ind	come		(B) Exp	enses	(C) Net	
	Gross receipts or s	ales	T							
b	•	wances c Balance	1c							
2		(Part III, line 8)	2							
3		act line 2 from line 1c	3							
4 a		come (attach Schedule D (Form 1041 or Form								
	1120)). See instruc		4a							
b	Net gain (loss) (For	m 4797) (attach Form 4797). See instructions)	4b							
С	Capital loss deduct	tion for trusts	4c							
5	Income (loss) from	a partnership or an S corporation (attach								
	statement)		5							
6	Rent income (Part	IV)	6							
7	Unrelated debt-fina	nced income (Part V)	7							
8	Interest, annuities,	royalties, and rents from a controlled								
	organization (Part \	/I)	8							
9		of section 501(c)(7), (9), or (17)								
	organizations (Part	VII)	9							
10	Exploited exempt a	activity income (Part VIII)	10							
11	Advertising income	e (Part IX)	11			\perp				
12	Other income (see	instructions; attach statement)	12			_				
<u>13</u>	Total. Combine line	es 3 through 12	13			0.				
	directly cor	s Not Taken Elsewhere. See instruct nnected with the unrelated business in	come						ns must be	
1		fficers, directors, and trustees (Part X)								
2		S								
3	B	enance								
4		toward) Continue time						4		
5		tement). See instructions						···· ——		
6 7		h Form 4562). See instructions		1	7					
8		h Form 4562). See instructions claimed in Part III and elsewhere on return		Г	, 8а			8b		
9										
10		oferred compensation plans								
11		eferred compensation plans								
12		orograms Denses (Part VIII)								
13		costs (Part IX)								
14	Other deductions (
15	,	Add lines 1 through 14						···		0.
16		s income before net operating loss deduction. S								

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2023

16

17 18

Deduction for net operating loss. See instructions

_				
ם	2	~	0	

	ule A (Form 990-T) 2023				Р	age 2
Part		hod of inventory valuat	ion		_	
1	Inventory at beginning of year					
2	Purchases					
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5			<u>6</u>		
7	Inventory at end of year			7		
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	nere and in Part I, line 2	2	8	<u> </u>	
9	Do the rules of section 263A (with respect to property)				Yes	No
Part	IV Rent Income (From Real Property and	l Personal Proper	ty Leased With R	eal Property)		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See instr	uctions.		
	A					
	В 🗌					
	c 🗌					
	D					
		Α	В	С	D	
2	Rent received or accrued					
а	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
С	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
4 _5	Deductions directly connected with the income in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. Educations.	nter here and on Part I,	line 6, column (B)			0.
Part	V Unrelated Debt-Financed Income (se	ee instructions)				
1	Description of debt-financed property (street address, of	city, state, ZIP code). C	heck if a dual-use. See	instructions.		
	A					
	В					
	c					
	D		I		1	
	-	A	В	C	D	
2	Gross income from or allocable to debt-financed					
_	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
a	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
	columns A through D)					
4	Amount of average acquisition debt on or allocable					
	to debt-financed property (attach statement)					
5	Average adjusted basis of or allocable to debt-					
	financed property (attach statement)					
6	Divide line 4 by line 5	%	%		%	%
7	Gross income reportable. Multiply line 2 by line 6					
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	rt I, line 7, column (A)	<u>-</u>		0.
9	Allocable deductions. Multiply line 3c by line 6					
10	Total allocable deductions. Add line 9, columns A thr					0.
11	Total dividends-received deductions included in line	10				0.

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (see in	struction	s)	Page 3
	-	-					Exempt Contro			,	
	Name of controlled organization		tion identification inco				al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		he a-	Deductions directly connected with ncome in column 5
(1)											
(2)											
(3)											
<u>(4)</u>											
					Controlled O	-	1				
1	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc	of column 9 cluded in the organizatio s income	e	cc	eductions directly onnected with me in column 10
(1)											
(2)											
(3)											_
(4)											
							Enter here	nns 5 and 1 and on Par column (A).		Enter h	olumns 6 and 11. nere and on Part I, e 8, column (B).
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instructi	ons)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (atta	. Set-asi ach state		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					Add amou	ınte in					Add amounts in
					column 2						column 5. Enter
					here and o						here and on Part I,
Totals					line 9, colu	0 .					line 9, column (B).
Part		xempt A	Activity Income	. Other 1	han Adve		a Income	see instruc	tions)		
1	Description of exploite			,			9	000 11101140	10110)		
2	Gross unrelated busin	•		iness. Ente	r here and o	n Part I.	line 10. colum	n (A)	— I ;	2	
3	Expenses directly con					,	,	٠,			
	line 10, column (B)		•						;	3	
4	Net income (loss) from										
	lines 5 through 7						-			4	
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	ne				🗔	5	
6	Expenses attributable									3	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12						7	7	

Schedule A (Form 990-T) 2023

_				
Р	a	a	ρ	

Part	IX Advertising Income					1 age 4
1	Name(s) of periodical(s). Check box if reporting	a two or m	ore periodicals on a	consolidated basis	 S	
•	A	g two or 11	iore periodicale on a	CONSONALICA BASIS	J.	
	В 🗌					
	c					
	D					
Enter	amounts for each periodical listed above in the o	correspond F		T		
		F	Α	В	С	D
2	Gross advertising income			1		
	Add columns A through D. Enter here and on	Part I, line	11, column (A)			0.
а		_				
3	Direct advertising costs by periodical	_				
а	Add columns A through D. Enter here and on	Part I, line	11, column (B)			0.
		_				
4	Advertising gain (loss). Subtract line 3 from lin	e				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column in					
	line 4 showing a loss or zero, do not complete	.				
	lines 5 through 7, and enter -0- on line 8	L				
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is les	is				
	than line 6, enter -0-					
8	Excess readership costs allowed as a	Γ				
	deduction. For each column showing a gain o	n				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the gre	_	e line 8a columns to	tal or -0- here and o	on .	•
	Part II, line 13					0.
Part		ectors,	and Trustees (see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
	·					
Total	Enter here and on Part II, line 1					0.
Part		e instructio	ons)			
	11					

Form **4626**

Department of the Treasury Internal Revenue Service **Alternative Minimum Tax-Corporations**

Attach to your tax return.

Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No. 1545-0123

2023

Employer identification number THE LOFT, INC. 41-1297735 Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D). X No Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B). Applicable Corporation Determination (Report all amounts in U.S. dollars.) If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II. (a) First Preceding (c) Third Preceding (b) Second Preceding Year Ended Year Ended Year Ended Net income or loss per applicable financial statement(s) (AFS) (see inst): Consolidated net income or loss per the AFS of the corporation 1a Include AFS net income or loss of other includible entities (add net income and subtract net loss) 1b Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) 1c d Adjustment for certain consolidating entries (see instructions) 1d Specified additional net income or loss item B. Reserved for future use 1e AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d 1f Adjustments: 2 a Financial statements covering different tax years 2a Corporations that are not included on the taxpayer's consolidated return (see instructions) 2b c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-(see instructions for special rules if completing this form for an FPMG) 2c Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) 2d Certain taxes (see instructions) 2е Patronage dividends and per-unit retain allocations (cooperatives only) 2f Alaska native corporations 2g Certain credits (see instructions) 2h Mortgage servicing income 2i Tax-exempt entities (organizations subject to tax under section 511) ... 2i 2k Depreciation Qualified wireless spectrum 21 Covered transactions 2m Adjustments related to bankruptcy and insolvency 2n Certain insurance company adjustments 20 Adjustment P - Reserved for future use 2p Adjustment Q - Reserved for future use 2q Adjustment R - Reserved for future use 2r s Adjustment S - Reserved for future use 2s Other (see instructions) 2z 3 Specified adjustment. Reserved for future use 3 4 Total adjustments. Combine lines 2a through 2z 4 AFSI. Combine lines 1f and 4 6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 6 3-year average annual AFSI (see instructions)

LHA For Paperwork Reduction Act Notice, see separate instructions.

316231 02-12-24

Form 4626 (2023)

Page 2 Form 4626 (2023)

Part	Applicable Corporation Determination (Report all amo	ounts in U.S.	dollars.) (continued	d)	
8	Is line 7 more than \$1 billion?		•	,	
	Yes. Continue to line 9.				
	No. STOP here and attach to your tax return.				
9	Is the corporation a member of an FPMG within the meaning of section	59(k)(2)(B)?			
	Yes. Continue to line 10.				
	No. Continue to Part II.	_			
			(a)	(b)	(c)
			First Preceding	Second Preceding	Third Preceding
			Year Ended	Year Ended	Year Ended
10	AFSI for purposes of the \$100 million test before adjustments:				
а	AFSI from line 5	10a			
b	Aggregation differences (see instructions)	10b			
С	Total AFSI for purposes of the \$100 million test before adjustments.				
	Combine lines 10a and 10b	10c			
11	Adjustments:				
а	Income not effectively connected to a U.S. trade or business	11a			
b	Pro-rata share of CFC net income described in section 56A(c)(3)				
	(attach worksheet) (see instructions)	11b			
С	Reserved for future use - Other adjustments 1	11c			
d	Reserved for future use - Other adjustments 2	11d			
12	Total adjustments. Combine lines 11a and 11b	12			
13	Total AFSI for purposes of the \$100 million test. Combine lines				
	10c and 12	13			
14	AFSI of first, second, and third preceding tax years. Combine columns	(a), (b), and (c) of line 13	14	
15	3-year average annual AFSI for purposes of the \$100 million test			15	
16	Is line 15 \$100 million or more?				
	Yes. Continue to Part II.				
	No. STOP here. Attach to your tax return.				
					Form 4626 (2023)

Page 3

Pai	t II Corporate Alternative Minimum Tax	_	
1	Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
а	Consolidated net income or loss per the AFS of the corporation	1a	-1,000.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
С	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d	Adjustment for certain consolidating entries (see instructions)	1d	
е	Specified additional net income or loss item D. Reserved for future use	1e	
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-1,000.
2	Adjustments:		·
a a	Financial statements covering different tax years	2a	
b	Reserved for future use - Adjustment 2b	2b	
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)		
d		2d	
	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S.	Zu	
е		20	
		2e	
t ~	Amounts that are not effectively connected to a U.S. trade or business	2f	
g	Certain taxes. Enter the amount from Part III, line 7	2g	
h :	Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
. !	Alaska native corporations	2i	
J	Certain credits (see instructions)	2 <u>j</u>	
K	Mortgage servicing income	2k	
ı	Covered benefit plans described in section 56A(c)(11)(B)	21	
m	Tax-exempt entities (organizations subject to tax under section 511)	2m	
n	Depreciation	2n	
0	Qualified wireless spectrum	20	
р	Covered transactions	2 p	
q	Adjustments related to bankruptcy and insolvency	2q	
r	Certain insurance company adjustments	2r	
S	AFSI adjustment S - Reserved for future use	2s	
t	AFSI adjustment T - Reserved for future use	2t	
u	AFSI adjustment U - Reserved for future use	2u	
Z	Other (see instructions)	2z	
3	Total adjustments. Combine lines 2a through 2z	3	
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-1,000.
5	Financial statement net operating loss (FSNOL) (see instructions)	5	
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7	Multiply line 6 by 15% (0.15)	7	
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-)	9	
10	Regular tax liability (see instructions)	10	
11	Base erosion minimum tax (see instructions)	11	
12	Combine lines 10 and 11	12	
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0 Enter here and on Form		
	1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	
Pai	t III Adjustment for Certain Taxes Under Section 56A(c)(5)		_
1	Current income tax provision - Foreign	1	
2	Current income tax provision - Federal	2	
3	Deferred income tax provision - Foreign	3	
4	Deferred income tax provision - Federal	4	
5	Income taxes included in equity method investment income	5	
6 a	Adjustment A - Reserved for future use	6a	
b	Adjustment B - Reserved for future use	6b	
c	Adjustment C - Reserved for future use	6с	
c	Adjustment D - Reserved for future use	6d	
e	Adjustment E - Reserved for future use	6e	
f	Adjustment F - Reserved for future use	6f	
ç	Adjustment G - Reserved for future use	6g	
h	Adjustment H - Reserved for future use	6h	
z	Income taxes in other places	6z	
	Total Combine lines 1 through 67. Enter here and an Dort II line 97		1

Page 4 Form 4626 (2023)

Pai	art IV Alternative Minimum Tax - Corp	orations Foreign Tax Credit			
Sec	ction I - AMT Foreign Tax Credit				
1	Domestic corporation AMT foreign income taxes:				
а	a Total foreign taxes paid or accrued as reported or	ı Form 1118, Schedule B,			
	Part I, column 2(j)		1a		
b	Adjustment		1b		
С	Adjustment		1c		
d	d Adjustment		1d		
е	Adjustment		1e		
f	Adjustment		1f		
g	Adjustment		1g		
2	Total domestic corporation AMT foreign income to	axes. Combine lines 1a through 1g		2	
3	Allowable controlled foreign corporation (CFC) AN	1T foreign income taxes:			
а	Pro-rata share of CFC AMT foreign income taxes to	rom Part IV, Section II, line			
	11, column (n)		3a		
b	Carryover of excess foreign taxes (from Part IV, Se	ection III, line 4, column (vii))	3b		
С	Total CFC AMT foreign income taxes. Add lines 3	a and 3b	I	3c	
d	Percentage specified in section 55(b)(2)(A)(i)		3d 15%	4	
е		1,7,7,1			
	worksheet) (see instructions)		3e		
f		, , , , , , , , , , , , , , , , , , , ,		3f	
g	· ·			3g	
4	CAMT FTC Line 4 - Reserved for future use			4	
5	CAMT FTC Line 5 - Reserved for future use			5	
6	Total AMT foreign income taxes. Combine lines 2	and 3g. Enter this amount on Part II. line	8	6	1

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

August 31, 2024

Duan and Fam			
Prepared For:			
THE LOFT, INC.			
1011 WASHINGTON AVE	S STE 200		
MINNEAPOLIS, MN 5541			
WINVINE W OLIO, WINV OUT IN	3		
Prepared By:			
SDK CPA			
100 Washington Ave S Ste	1600		
Minneapolis, MN 55401			
To be Signed and Dated By:			
The authorized individual(s	s).		
Amount of Tax:			
Total Tax	\$	<u> </u>	
Less: payments and credits	\$	0	
Plus: other amount		0	
Plus: nterest and penalties		0	
No payment required	\$		
Overpayment:			
Credited to your estimated tax	\$	<u>0</u>	
Other amount		0	
Refunded to you	\$	0	
Make Check Payable To:			
Not applicable			
Mail Tax Return and Check (if applicable) То:		
Minnesota Revenue			
Mail Station 1257			
St. Paul, MN 55146-1257			
Return Must be Mailed On or Before:			
August 15, 2025			
Special Instructions:			
oposiai monaciono.			

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

August 31, 2024

Prepared For:

THE LOFT, INC. 1011 WASHINGTON AVE S, STE 200 MINNEAPOLIS, MN 55415

Prepared By:

SDK CPA 100 Washington Ave S Ste 1600 Minneapolis, MN 55401

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Return must be mailed on or before:

March 17, 2025

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2023 Annual Report on the check or money order.

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

STATE OF MINNESOTA

(Pursuant to Minn. Stat. ch. 309)

Website Address:

www.ag.state.mn.us/charity

Legal Name of Organization _ THE LOFT, INC.	
Federal EIN: 41-1297735	Fiscal Year-End:08_31_2024
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: BETH SCHOEPPLER	Physical Address: BETH SCHOEPPLER
Contact Person 1011 WASHINGTON AVE S, STE 200	Contact Person 1011 WASHINGTON AVE S, STE 200
Street Address MINNEAPOLIS, MN 55415	Street Address MINNEAPOLIS, MN 55415
City, State, and ZIP Code 612-215-2575	City, State, and ZIP Code 612-215-2575
Phone Number BSCHOEPPLER@LOFT.ORG	Phone Number BSCHOEPPLER@LOFT.ORG
Email Address	Email Address
Organization's website:	
List all of the organization's alternate and former names ((attach list if more space is needed). Alternate Former Alternate Former
3. List all names under which the organization solicits contraction that LOFT, INC., THE LOFT LITERARY CENTER	ibutions (attach list if more space is needed).
Is the organization incorporated pursuant to Minn. Stat. or	ch. 317A? X Yes No
5. Total amount of contributions the organization received f	from Minnesota donors: \$
6. Has the organization's tax-exempt status with the IRS ch Yes X No If yes, attach explanation.	anged?

Yes

7. Has the organization significantly changed its purpose(s) or program(s)?

If yes, attach explanation.

X No

C2

8.	Has the organization been denied the right to solicit contributions by any court or gove Yes X No If yes, attach explanation.	rnment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? X Yes No If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	DON SOMMERS	19,58	9.
	Name of Professional Fundraiser	Compensation	
	210 W GRANT ST #626	INNEAPOLIS, MN 55403	
	Street Address	City, State, and ZIP Code)
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the fo subsequent distribution at no charge and is not resold.	.PA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:	receive total	
	Name and title	Compensation*	Other compensation
	ARLETA LITTLE	124 671	4 904
	EXEC & ARTISTIC DIR, BOAR	134,671.	4,904.
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10 issued by the organization and its related organizations to the individual. See Minn. St 3(i) and Minn. Stat. § 317A.011 for definitions.		
12.	A full list of the organization's board of directors, including names, addresses, and total each (attach list if more space is needed).	compensation paid to	
	SEE STATEMENT 1		

13.	. A full list of the names of all banks or other financial institutions in which the organization's funds are
	deposited. DO NOT include account numbers. (Attach list if more space is needed.)
	AMERICAN NATIONAL BANK

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue		3
4.	Other Revenue	\$	4
5.	TOTAL INCOME	\$	5
EXPE	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT		10
	(Line 5 minus Line 9)		
ASSE	ETS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	
17.	Other Liabilities	\$	
18.	TOTAL LIABILITIES	\$	18
FUNI	D BALANCE/NET WORTH	\$	
		' <u>'</u>	

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	mns B, C, and D must equal Column A. The amou	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
-	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
<u> </u>	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
-	trustees, and key employees				
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				
8.	Pension plan contributions (include section				
_	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
а.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
е.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
c.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are de	uly constituted offi	cers of this organization, being	g the
SR. DIR., FINANCE & OPS (Title) and	EXEC. & ARTIST	IC DIRECTOR	(Title) respectively, and
that we execute this document on behalf of the organization pu	rsuant to the resol	ution of the	
	(Board of Dire	ctors, Trustees, or Managing (Group) adopted on the
day of, 20, approving the contents of	f the document, ar	nd do hereby certify that the	
	(Board of Dire	ctors, Trustees, or Managing (Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and	have supervised, a	and will continue to supervise,	the operations and finances of the
organization. We further state that the information supplied is tr	ue, correct and co	mplete to the best of our know	wledge.
ELIZABETH SCHOEPPLER	AR	LETA LITTLE	
Name (Print)	Na	me (Print)	
Signature	Sig	gnature	
SR. DIR., FINANCE & OPS	EX	EC. & ARTISTIC DIRECTO	DR.
Title	Tit	e	
		te	

THE LOFT, INC. 41-1297735

ANNUAL REPORT INITIAL REGISTRATION	BOARD OF DIRECTORS	STATEMENT 1
NAME AND ADDRESS		COMPENSATION
ARLETA LITTLE 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	139,575.
MELINDA WARD 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
MIKE MEYER 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
ELLENA SCHOOP 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
JON AUSTIN 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
MEENA NATARAJAN 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
RUTH SHIELDS 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
KARLYN COLEMAN 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	324.
DOROTHY NINS 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
NICHOL HIGDON 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.
TY CHAPMAN 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	232.
KRIS PATROW 1011 WASHINGTON AVE S, S	TE 200, MINNEAPOLIS, MN 55415	0.





2023 M4NP, Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations, and political organizations with unrelated business income. Refer to 2023 Unrelated Business Income Tax Return Instructions on our website at www.revenue.state.mn.us.

Tax	year beginning (MM/DD/YYYY) $09/01/2023$, and ending (MM/I	DD/YYYY) 08 / 31	. / 2024 (requ	ired)
THE	LOFT, INC.	411297735		
	of Organization	FEIN	Mini	nesota Tax ID (required)
101	1 WASHINGTON AVE S, STE 200			
	ig Address Check if New Address	This Organization Files Federa	al Form (Check one)	
MTN	NEAPOLIS MN 55415	X 990-T 1120-	0	1120-POL
City	County State ZIP Code	X 990-T 1120-		1120-POL
Checl		X 501(c)(3)	528	Other:
That	Apply: Return an Extension Enter Close Date:	Enter your NAICS Codes (Refe	r to inst., pg. 4)	
Are y	rou filing a combined income return?	Was any business conducted	outside of Minnesota?	<u> </u>
Checl	c if reporting Tax Position Disclosure (Enclose Form TPD)	Yes (Complete and atta	ach schedule M4NPA)	X No
1	Federal taxable income before net operating loss and specific deduction	Yn	u must round amou	nts to nearest whole dollar.
	(total from all federal Form 990-T Schedule As, Part II line 16; 1120-C, line 25			
	1120-H, line 17; or 1120-POL, line 17c)	•	1	
	· , · · , · · · , · · · · · · · · · · ·			
2	Total additions to federal taxable income (from Form M4NPI, line 1)		2	
3	Federal taxable income after additions (add lines 1 and 2)		3	
4	Total subtractions from federal taxable income (from Form M4NPI, line 2)		4	
5	Federal taxable income (loss) after subtractions (refer to instructions). If you within and outside Minnesota, complete Form M4NPA (refer to instructions activities were conducted in Minnesota, do not complete Form M4NPA. Enter	s, pg. 4). If 100% of you	ır	
6	Minnesota taxable net income (loss) (from Form M4NPA, line 10.) If 100% of were conducted in Minnesota, enter amount from line 5 above.		6	
7	Minnesota net operating loss deduction (from Form M4NP NOL)		7	
8	Subtract line 7 from line 6 (if zero or less, enter zero)		8	0
9	Total deductions from taxable net income (from Form M4NPI, line 3)		9	
10	Taxable income (subtract line 9 from line 8; if zero or less, enter zero)		10	0
11	Regular tax (multiply line 10 by 9.8% [0.098]; if zero or less, enter zero)		11	0
12	Proxy tax (refer to instructions, pg. 4)		12	
13	Tax before credits (add lines 11 and 12)		13	
14	Total credits against tax (from Form M4NPI, line 4)		14	
15	Minnesota tax liability (subtract line 14 from line 13: if zero or less enter zer	o) -	15	

Continued next page

359571 10-03-23 1116

2023 M4NP, UBIT Return Page 2 (continued)

Minnesota Nongame Wildlife Fund donation (refer to instructions, pg. 4) 16	HE LOFT, INC.		411297735	-
Total refundable credits (from Form M4NP), line 5]	me of Organization		FEIN	Minnesota Tax ID
8 Total refundable credits (from Form MANP), line 5)	6 Minnesota Nongame Wildlife Fund	donation (refer to instructions, pg. 4)	16	
8 Total refundable credits (from Form MANP), line 5]	7 Add Specificand 40		47	
9 Amount credited from your 2022 Form M4NP, line 32	Add lines 15 and 16		17	
9 Amount credited from your 2022 Form M4NP, line 32 19 19 10 2023 estimated tax payments 20 11 2023 extension payment 21 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 22 3 Subtract line 22 from line 17. 23 2 3 Subtract line 22 from line 17. 23 4 Penalty (determine from worksheet in the instructions, pg. 5) 24 5 Interest (determine from worksheet in the instructions, pg. 5) 25 6 Additional charge for underpayment of estimated tax (from Form M15NP, line 17) 26 7 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) 27 3 Amount from line 27 28 28 4 Amount from line 28 29 9 Amount from line 28 29 9 Amount from line 29 is more than or equal to line 29, subtract line 29 from 28 30 Payment method: Electronic (Refer to instructions, page 2.) 1 OVERPAYMENT. If line 29 is more than or equal to line 29, subtract line 29 from 28 3 New your refund direct deposited, enter your banking information below. **Cooling** Savings** **Refund (subtract line 32 from line 31) 33 3 3	8 Total refundable credits (from Form	M4NPI. line 5) 18		
20 2023 estimated tax payments	,			
2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Subtract line 22 from line 17 4 Penalty (determine from worksheet in the instructions, pg. 5) 24	9 Amount credited from your 2022 Fo	orm M4NP, line 32 19		
2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 2 Subtract line 22 from line 17 4 Penalty (determine from worksheet in the instructions, pg. 5) 24	O 2022 estimated tax normants	20		
2 Total refundable credits and payments (add lines 18, 19, 20, and 21) 3 Subtract line 22 from line 17. 4 Penalty (determine from worksheet in the instructions, pg. 5) 5 Interest (determine from worksheet in the instructions, pg. 5) 6 Additional charge for underpayment of estimated tax (from Form M15NP, line 17). 6 Additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) 7 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) 8 Amount from line 27 9 Amount from line 22 10 AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28 10 VERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29 2 Amount of line 31 to be credited to your 2024 estimated tax 3 Refund (subtract line 32 from line 31) 3 Anave your refund direct deposited, enter your banking information below. 2 Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) 2 Account Type: 3 Checking Savings Account Number (use an account not associated with any foreign banks) 4 Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number 7 Title 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any foreign banks) 5 Routing Number Account Number (use an account not associated with any fo	o 2023 estimated tax payments			
3 Subtract line 22 from line 17	1 2023 extension payment	21		
3 Subtract line 22 from line 17				
Penalty (determine from worksheet in the instructions, pg. 5) Interest (determine from worksheet in the instructions, pg. 5) Additional charge for underpayment of estimated tax (from Form M15NP, line 17). Additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) Amount from line 27 Amount from line 22 Amount from line 28 is more than or equal to line 29, subtract line 29 from 28 Amount from line 22 Amount from line 29 Amount of line 31 to be credited to your 2024 estimated tax 32 Amount of line 31 to be credited to your 2024 estimated tax 33 Refund (subtract line 32 from line 31) Amount of line 31 to be credited to your 2024 estimated tax 33 Refund (subtract line 32 from line 31) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not assoc	2 Total refundable credits and payment	nts (add lines 18, 19, 20, and 21)	22	
Penalty (determine from worksheet in the instructions, pg. 5) Interest (determine from worksheet in the instructions, pg. 5) Additional charge for underpayment of estimated tax (from Form M15NP, line 17). Additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) Amount from line 27 Amount from line 22 Amount from line 28 is more than or equal to line 29, subtract line 29 from 28 Amount from line 22 Amount from line 29 Amount of line 31 to be credited to your 2024 estimated tax 32 Amount of line 31 to be credited to your 2024 estimated tax 33 Refund (subtract line 32 from line 31) Amount of line 31 to be credited to your 2024 estimated tax 33 Refund (subtract line 32 from line 31) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not associated with any foreign banks) Account Number (use an account not assoc	3 Subtract line 22 from line 17		23	
5 Interest (determine from worksheet in the instructions, pg. 5)	Subtract line 22 from line 17			
Interest (determine from worksheet in the instructions, pg. 5) Additional charge for underpayment of estimated tax (from Form M15NP, line 17) A Additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26) A Amount from line 27 A Amount from line 27 Amount from line 28 is more than or equal to line 29, subtract line 29 from 28 Amount from line 28 is more than or equal to line 29, subtract line 29 from 28 Amount from line 29 A Amount from line 20 A Amount from line 21 Check Amended Return Payment by Check (Refer to instructions, page 2.) OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29 Amount of line 31 to be credited to your 2024 estimated tax Amount of line 31 to be credited to your 2024 estimated tax Checking Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Title Date (MM/DD/YYY) Date (MM/DD/YYY) Date (MM/DD/YYY) Date (MM/DD/YYY) Preparer Dayline Phone SCHOERPLER&LOFT. ORG	4 Penalty (determine from worksheet	in the instructions, pg. 5)	24	
Additional charge for underpayment of estimated tax (from Form M15NP, line 17)				
7 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	5 Interest (determine from worksheet	in the instructions, pg. 5)	25	
Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 17, 24, 25, and 26)	6 Additional charge for underpayment	of estimated tax (from Form M15NP li	no 17) 26	
Amount from line 27 9 Amount from line 22 29 10 AMOUNT DUE. If line 28 is more than or equal to line 29, subtract line 29 from 28 Payment method:		•		
Amount from line 22	charge for underpayment of estimat	ed tax (add lines 17, 24, 25, and 26)	27	
Amount from line 22			00	
Payment method: Electronic Check Amended Return Payment by Check (Refer to instructions, page 2.) OVERPAYMENT. If line 29 is more than line 28, subtract line 29 from 31 Amount of line 31 to be credited to your 2024 estimated tax 32 Refund (subtract line 32 from line 31) 33 Phave your refund direct deposited, enter your banking information below. Cocount Type: Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC / Date (MM/DD/YYYY) SROUTE SIgnature Finance Fi	28 Amount from line 27		28	
Payment method: Electronic Check Amended Return Payment by Check (Refer to instructions, page 2.) OVERPAYMENT. If line 29 is more than line 28, subtract line 29 from 31 Amount of line 31 to be credited to your 2024 estimated tax 32 Refund (subtract line 32 from line 31) 33 Phave your refund direct deposited, enter your banking information below. Cocount Type: Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC / Date (MM/DD/YYYY) SROUTE SIgnature Finance Fi	9 Amount from line 22		29	
Payment method:				_
(Refer to instructions, page 2.) 11 OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	AMOUNT DUE. If line 28 is more th	an or equal to line 29, subtract line 29 fro	om 28 30	
St OVERPAYMENT. If line 29 is more than line 28, subtract line 28 from line 29	Payment method: Electron	ic Check	Amended R	eturn Payment by Check
subtract line 28 from line 29	(Refer to instructions, page 2.)			
subtract line 28 from line 29	OVERDAYMENT William CO. in washing	When the O		
Account Number (use an account not associated with any foreign banks) Section that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Title SR. DIRECTOR, FINANC Title Date (MM/DD/YYYY) SCHOEPPLER@LOFT.ORG SCHOEPPLER@LOFT.ORG SCHOEPPLER@LOFT.ORG SCHOEPPLER@LOFT.ORG This email address for Correspondence it Desired.		•		
Refund (subtract line 32 from line 31)				
count Type: Checking Savings Routing Number Account Number (use an account not associated with any foreign banks)	2 Amount of line 31 to be credited to	your 2024 estimated tax 32		
count Type: Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Juthorized Signature ENDY HARDEN, CPA P00956490 PTIN SCHOEPPLER@LOFT.ORG POUR SCHOEPPLER@LOFT.ORG PRIN This email address for Correspondence if Desired				
Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Title Date (MM/DD/YYYY) Daytime Phone ENDY HARDEN, CPA P00956490 PTIN Date (MM/DD/YYYY) Preparer's Daytime Phone SCHOEPPLER@LOFT.ORG pail Address for Correspondence if Desired	3 Refund (subtract line 32 from line 3	1) 33		
Checking Savings Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Joate (MM/DD/YYYY) ENDY HARDEN, CPA P00956490 PTIN SCHOEPPLER@LOFT.ORG Table Address for Correspondence if Desired This email address belongs to (check one)	o have your refund direct deposited, en	ter your banking information below.		
Routing Number Account Number (use an account not associated with any foreign banks) declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Title Date (MM/DD/YYYY) ENDY HARDEN, CPA gnature of Preparer SCHOEPPLER@LOFT.ORG This email address for Correspondence if Desired This email address belongs to (check one)	ccount Type:			
declare that this return is correct and complete to the best of my knowledge and belief. SR. DIRECTOR, FINANC Title Date (MM/DD/YYYY) Phone ENDY HARDEN, CPA Indicator of Preparer Phone SCHOEPPLER@LOFT.ORG This email address for Correspondence if Desired This email address belongs to (check one)		Number 2		
SR. DIRECTOR, FINANC Title Date (MM/DD/YYYY) ENDY HARDEN, CPA gnature of Preparer PTIN SCHOEPPLER@LOFT.ORG Page Address for Correspondence if Desired This email address belongs to (check one)	-		•	h any foreign banks)
Title Date (MM/DD/YYYY) Daytime Phone ENDY HARDEN, CPA P00956490 02 / 06 / 2025 6123325500 gnature of Preparer PTIN Date (MM/DD/YYYY) Preparer's Daytime Phone SCHOEPPLER@LOFT.ORG and Address for Correspondence if Desired Preserved P			/ /	6122152575
gnature of Preparer PTIN Date (MM/DD/YYYY) Preparer's Daytime Ph SCHOEPPLER@LOFT.ORG pail Address for Correspondence if Desired This email address belongs to (check one)	thorized Signature		Date (MM/DD/YYYY)	
SCHOEPPLER@LOFT.ORG This email address belongs to (check one)	'			
nail Address for Correspondence if Desired This email address helpings to (check one)		PTIN	Date (MM/DD/YYYY)	Preparer's Daytime Pho
DOIS EMAIL AGREENUMENCE IN LIEBURE II LIEBURE III LIEB				

Mail to: Minnesota Department of Revenue, Mail Station 1257, 600 N. Robert St., St. Paul, MN 55146-1257 1116

Department of Revenue to discuss this tax return with the paid preparer listed here.





2023 M4NP NOL, Net Operating Loss Deduction

For tax-exempt organizations and cooperatives that file federal Form 990-T or 1120-C.

THE LOFT, INC.	411297735	
Name of Organization	FEIN	Minnesota Tax ID

STMT 2

Year	Minnesota Taxable Net Income/Loss	Minnesota Losses Used	Minnesota Losses Carried Back	Losses Remaining
Oldest Loss Year				
08 31 2009	-13636			-28283
Subsequent Year 1				
08 31 2010	2631	-2631		-25652
2				
08 31 2011	1425	-1425		-24227
3				
08 31 2012	3174	-3174		-21053
08 31 2013 5	2940	-2940		-18113
08 31 2014	2338	-2338		-15775
6				
08 31 2015	2210	-2210		-13565
7				
08 31 2016 8	2385	-2385		-11180
	2505	-2505		-8675
08 31 2017	2505	-2505		-6675
08 31 2018	2281	-2281		-6394
10				
08 31 2019	0			-6394
11				
08 31 2020	0			-6394
	_			
08 31 2021	0			-6394
08 31 2022	0			-6394
14				
08 31 2023	0			-6394
15				
08 31 2024	0			-6394
	2023 Summary:	Net Operating Loss Deduction	Total Losses Remaining (to be	carried forward)
			-6394	

Enter on Form M4NP, line 7

THE LOFT, INC. 41-1297735

M4NP NOL PR			PRIOR 1	NET OPERATING LOS	SSES	STATEMENT 2
YEAR	TAXABL INCOME	-	LOSSES USED	LOSSES CARRIED BACK	LOSSES EXPIRED	LOSSES REMAINING
06/30/2008		0	. 0.	0.	-13,221.	
08/31	L/2008	-13,221. -1 426	0	. 0.	0.	-13,221.