Return of Organization Exempt From Income Tax

Form **990**

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

| 2018

OMB No. 1545-0047

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2018 calendar year, or tax year beginning 09/01, 2018, and ending 08/31, 20 19 D Employer identification number C Name of organization B Check if applicable: THE LOFT, INC. Doing Business As THE LOFT LITERARY CENTER 41-1297735 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 1011 WASHINGTON AVE S. 200 (612) 215-2575 Initial return City or town, state or province, country, and ZIP or foreign postal code Amended MINNEAPOLIS, MN 55415 G Gross receipts \$ 2,896,500. return Application pending F Name and address of principal officer: BRITT UDESEN H(a) Is this a group return for Yes Х Nο subordinates' 1011 WASHINGTON AVE S, STE 200, MINNEAPOLIS, MN 5541 Yes No H(b) Are all subordinates included? X | 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) (insert no.) Website: ► WWW.LOFT.ORG H(c) Group exemption number L Year of formation: 1975 M State of legal domicile: Form of organization: X Corporation MN Other > Summary 1 Briefly describe the organization's mission or most significant activities: THE LOFT'S MISSION IS TO ADVANCE THE ARTISTIC DEVELOPMENT OF WRITERS, TO FOSTER A THRIVING WRITING Governance COMMUNITY, AND TO INSPIRE A PASSION FOR LITERATURE. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 18. Activities & Number of independent voting members of the governing body (Part VI, line 1b) 18. 21. 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 508. 6 0. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,091,466. 1,596,636. **COPY FOR** 915,745 1,005,635. Program service revenue (Part VIII, line 2g) PUBLIC INSPECTION 190,751. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 339,897. 10 2,281 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,349,389. 2,793,022. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 169,000. 143,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 0 14 1,042,240. 1,045,224. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e)

(C) line 25) 315, 445. 15,780. 43,460. **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ _ _ _ _ _ 1,085,208. 1,460,168. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,312,228. 2,691,852. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 101,170. 37,161. Revenue less expenses. Subtract line 18 from line 12 s or **End of Year Beginning of Current Year** 5,014,747. 4,956,159. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 324,115. 333,382. 21 4,632,044. 4,681,365. 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 02/17/2020 Sign Signature of officer Date Here BRITT UDESEN EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date PTIN Preparer's signature Check Paid JOHN LAWSON CPA JOHN LAWSON 02/11/2020 self-employed P00437001 Preparer Firm's name ► SCHECHTER DOKKEN KANTER Firm's EIN ▶ **Use Only** 612-332-5500 Firm's address ▶ 100 WASHINGTON AVE SO #1600 MINNEAPOLIS, MN 55401 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

Page 2 Form 990 (2018)

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
	-	lescribe the organization's mission:	
2		organization undertake any significant program services during the year which were not listed on the rm 990 or 990-EZ?	X Yes No
	If "Yes,"	describe these new services on Schedule O.	103 110
3	services'	organization cease conducting, or make significant changes in how it conducts, any program?describe these changes on Schedule O.	X Yes No
	Describe expense	e the organization's program service accomplishments for each of its three largest program service is. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported.	
) (Expenses \$ 454,176. including grants of \$ 143,000.) (Revenue \$ CES FOR WRITERS AND THE LITERARY COMMUNITY: SEE SCHEDULE O ERVICE ACCOMPLISHMENTS	38,210.
) (Expenses \$ 1,014,555. including grants of \$) (Revenue \$	753,481.
	(Code: _) (Expenses \$ 752,274. including grants of \$) (Revenue \$ 5 FOR READERS: SEE SCHEUDLE O FOR SERVICE ACCOMPLISHMENTS	189,991.
	(Expens	rogram services (Describe in Schedule O.) es \$ including grants of \$) (Revenue \$)	

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," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	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 current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
- 7u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
		240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	0.4=		
	to defease any tax-exempt bonds?	24c		-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$oxed{oxed}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 21			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	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			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 25
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		
	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		Х
		13		
	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	ii 165, complete i 0iiii 4720, ochedule O.		000	

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

Sect	ion 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	1a 1	3		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	ationship with			
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or ur	der the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to el	ect or appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) members,			3.5
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:			3.7	
а	The governing body?		8a	X	
b	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			Х
2004	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9 Code	. 1	Λ
secu	on B. Policies (This Section B requests information about policies not required by the Inte	illai Kevellue	Code	.) Yes	No
			10a		X
	Did the organization have local chapters, branches, or affiliates?		IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of		10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	11a	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?	IIa		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		120		
b	rise to conflicts?	nat could give	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Voc."			
C	describe in Schedule O how this was done	=	12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	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 ar				
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arrangement			
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Sect	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN,				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable),		Γ (Sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that ap				
	X Own website Another's website X Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's lelizabeth schoeppler 1011 washington ave s, ste 200 minneapolis, mn 55415 612-215-2580	books and recor	ds 🕨		

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)ERIC ROBERTS	3.00									
DIRECTOR, TREASURER	0.	Х		Х				0.	0.	0.
(2)MARGE BARRETT	3.00									
DIRECTOR	0.	Х						338.	0.	0.
(3)JEFF ONDICH	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(4)ANIKA FAJARDO	3.00									
DIRECTOR, SECRETARY	0.	Х		Х				3,533.	0.	0.
(5)JACK EL-HAI	3.00									
DIRECTOR, CHAIR	0.	Х		Х				0.	0.	0.
(6)CYNTHIA GEHRIG	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(7)KATHY HADDAD	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(8)MARLON JAMES	3.00									
DIRECTOR	0.	Х						375.	0.	0.
(9)SARAH OLSON	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(10)JOHN SCHENK	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(11)ELIZABETH SCHOTT	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(12)ROSEMARIE NDUPUECHI	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)JON AUSTIN	3.00									
DIRECTOR	0.	Х						0.	0.	0.
(14)KARLYN COLEMAN	3.00									
DIRECTOR	0.	X			L_			0.	0.	0.

Form **990** (2018)

.ISA

Page 8 Form 990 (2018)

Part VII Section A. Officers, Directors, Tr		y En	plo			and I	ııg		ed ⊨mployees (d		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	1
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
15) DAWN FREDERICK DIRECTOR	3.00	X						0.	0.		0.
16) MIKE MEYER DIRECTOR	3.00	Х						0.	0.		0.
17) NATHAN PEREZ DIRECTOR, VICE CHAIR	3.00	Х		Х				0.	0.		0.
18) TONG PHAM DIRECTOR	3.00	Х						0.	0.		0.
19) ELIZABETH SCHOEPPLER MANAGING DIRECTOR/OFFICER	40.00			Х				79,954.	0.	9,99)1.
20) BRITT UDESEN EXECUTIVE & ARTISTIC DIRECTOR	40.00			Х				93,873.	0.	2,70	0.
	<u> </u>										
1b Sub-total c Total from continuation sheets to Part VII, S	Section A						>	4,246. 173,827.	0.	12,69	
d Total (add lines 1b and 1c)	limited to t		liste			e) who	o re	178,073. eceived more than	\$100,000 of	12,69	<u> </u>
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											No X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. It	"Yes	s,"	complete Schedu		4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on 1	fron	n any	un	related organization		5	Х
Section B. Independent Contractors Complete this table for your five highest component compensation from the organization. Report of year.											
(A)								(B)		(C)	

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

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

Part VIII Statement of Revenue

		Check if Schedule O con	anio a respui	ioo oi note to ally				X (D)
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
si .	1a	Federated campaigns	1a					
	b	Membership dues	1b					
AII	С	Fundraising events	1c	6,000.				
a	d	Related organizations	1d					
	е	Government grants (contribution	ons) 1e	145,017.				
ē	f	All other contributions, gifts, gr	ants,					
5		and similar amounts not included a	bove . 1f	1,445,619.				
and Otner Similar Amounts	g	Noncash contributions included in I						
- 1	h	Total. Add lines 1a-1f			1,596,636.			
				Business Code	144.005	144.005		
	2a	ADMISSIONS		611600	144,906.	144,906.		
3	b	TUITION, COACHING & WORKSHO		611600	742,275.	742,275.		
	С	COLLABORATION & SERVICE FEE	<u> </u>	611600	27,438.	27,438.		
	d	RENTAL INCOME		611600	35,973.	35,973. 27,377.		
	е	EXHIBITOR FEES		611600	27,377.	-		
<u>"</u>	f	All other program service reven			27,666. 1,005,635.	27,666.		
	<u>g</u>	Total. Add lines 2a-2f			1,003,033.	T		
'	3	Investment income (inclu	0	·	147,019.			147,019
1,	4	and other similar amounts) Income from investment of ta			0.			117,012
	* 5	Royalties	•		0.			
`		Noyanies IIIIIIII	(i) Real	(ii) Personal				
١.	. .	C						
'	6a L	Gross rents						
	b	Less: rental expenses						
	c d	Net rental income or (loss)			0.			
;		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	147,210.	0.				
	b	Less: cost or other basis						
	~	and sales expenses	90,505.	12,973.				
	С	Gain or (loss)	56,705.	-12,973.				
	d	Net gain or (loss)			43,732.			43,732
, ,	Ва	Gross income from fundrais	ina					
		events (not including \$	•					
		of contributions reported on lin						
-		See Part IV, line 18		0.				
5	b	Less: direct expenses	b	0.				
	С	Net income or (loss) from fund	draising events	▶	0.			
9	9a	Gross income from gaming a	ctivities.					
		See Part IV, line 19	a	0.				
	b	Less: direct expenses	b	0.				
	С	Net income or (loss) from gan	-	▶	0.			
10)a	Gross sales of inventory						
		returns and allowances	а	0.				
		Less: cost of goods sold						
-	С	Net income or (loss) from sales	s of inventory		0.			
-		Miscellaneous Revenue		Business Code				
11	1 a							
	b							
	С							
								i
	d	All other revenue Total. Add lines 11a-11d			0.			

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).

000	Check if Schedule O contains a resp	•		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,		(B)		
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		ехрепзез	general expenses	елрепзез
•	and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22	143,000.	143,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
_	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	904,125.	667,565.	72,504.	164,056.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	141,099.	101,907.	16,121.	23,071.
10	Payroll taxes	0.			
11	Fees for services (non-employees):				
а	Management	0.			
b	Legal	0.		27.22	
C	Accounting	94,974.	39,646.	37,206.	18,122.
d	Lobbying	0.			42.460
	Professional fundraising services. See Part IV, line 17.	43,460.		10.700	43,460.
1	f Investment management fees	12,708.		12,708.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	104,913.	103,428.	378.	1,107.
	(A) amount, list line 11g expenses on Schedule O.)	231,735.	230,716.	370.	1,019.
	Advertising and promotion	43,926.	26,611.	1,964.	15,351.
13	Office expenses	79,452.	66,394.	3,003.	10,055.
14 15	Information technology	0.	00,0011	3,0001	10,000.
16	Occupancy	101,827.	85,392.	4,196.	12,239.
17	Travel	58,812.	58,310.	10.	492.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	52,142.	40,259.	3,029.	8,854.
23	Insurance	5,603.	4,739.	220.	644.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	456.050	456 450		F.0.0
_	ARTIST PAY	476,978.	476,478.		500.
-	EVENT AND VIDEO PRODUCTION	119,971.	119,971.		F 060
_	BANK AND TRANSACTION FEES	34,072.	28,746.	66.	5,260. 8,513.
_	HOSPITALITY, RECEPTIONS, MEE	26,000. 17,055.	16,424. 11,419.	1,063.	2,702.
	All other expenses	2,691,852.	2,221,005.	155,402.	315,445.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs	2,001,002.	2,221,003.	133,402.	<u></u>
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
_	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2018)

Form 990 (2018) Part X Balance Sheet

11.0	ILA	01 1 1 0 1 1 1 0				
		Check if Schedule O contains a response or note to	any line in this Pa	art X		X
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		41,472.	1	173,203.
	2	Savings and temporary cash investments		1,090,362.	2	587,349.
	3	Pledges and grants receivable, net		432,778.	3	676,680.
	4	Accounts receivable, net		10,856.	4	40,979.
	5	Loans and other receivables from current and former of	ficers, directors.			
		trustees, key employees, and highest compensat				
		Complete Dort II of Cohedule I	0.	5	0.	
	6	Loans and other receivables from other disqualified persons (as def 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont and sponsoring organizations of section 501(c)(9) voluntary emp organizations (see instructions). Complete Part II of Schedule L	ributing employers loyees' beneficiary	0.	6	0.
ets	7	Notes and loans receivable, net		0.	7	0.
Assets		Inventories for sale or use		0.	8	0.
⋖	8	Inventories for sale or use	атсн 1	17,949.	9	17,715.
	9	Land, buildings, and equipment: cost or		1,1010.	9	1777131
	IVa	other basis. Complete Part VI of Schedule D 10a	559,352.			
	b		454,429.	107,658.	100	104,923.
	11	Investments - publicly traded securities	ATCH 2	3,251,307.	11	3,195,902.
	12	Investments - publicly traded securities		0.		0.
	13	Investments - other securities. See Part IV, line 11		0.	13	0.
	14	Investments - program-related. See Part IV, line 11		0.	14	0.
	15	Intangible assets		3,777.	15	217,996.
		Other assets. See Part IV, line 11		4,956,159.		5,014,747.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		103,566.	16 17	64,234.
	17	Accounts payable and accrued expenses		50,000.		37,500.
	18	Grants payable		170,549.	18	231,648.
	19	Deferred revenue		170,349.	19	231,048.
	20	Tax-exempt bond liabilities		0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of So		0.	21	0.
ies	22	Loans and other payables to current and former off				
Liabilities		trustees, key employees, highest compensated e		0		0
<u>ia</u>		disqualified persons. Complete Part II of Schedule L			22	0.
_	23	Secured mortgages and notes payable to unrelated third pa		0.		0.
	24	Unsecured notes and loans payable to unrelated third partie		0.	24	0.
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24).		0		0
		of Schedule D		0.	25	0.
_	26	Total liabilities. Add lines 17 through 25		324,115.	26	333,382.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check he complete lines 27 through 29, and lines 33 and 34.	ere 🕨 🗓 and			
<u>a</u>	27	Unrestricted net assets		300,924.	27	383,364.
Ba	28	Temporarily restricted net assets		1,786,901.	28	1,753,382.
pu	29	Permanently restricted net assets		2,544,219.	29	2,544,619.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🕨 💹 and			
	30	Capital stock or trust principal, or current funds			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment ful	nd		31	
ĕ	32	Retained earnings, endowment, accumulated income, or or			32	
Net	33	Total net assets or fund balances		4,632,044.	33	4,681,365.
_	34	Total liabilities and net assets/fund balances		4,956,159.	34	5,014,747.
				•		Form 990 (2018)

Page **12** Form 990 (2018)

OIIII J	(2010)				ıα	gc • =
Part						$\overline{}$
	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			93,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2				352.
3	Revenue less expenses. Subtract line 2 from line 1	3				L70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4)44.
5	Net unrealized gains (losses) on investments	5		-1	22,3	311.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8			70,4	162.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,6	81,3	365.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	າ in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:	•				
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	X	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overe	iaht			
·	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	xpiaii	' '''			
2.0	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	, in			
sa		i ioili	' '''	3a		Х
L	the Single Audit Act and OMB Circular A-133?	orac	tho	Ju		
O	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		uie	3b		
	required addit of addits, explain with in ochedule of and describe any steps taken to didengo such ad	uito.			990	(2018)
				1 01111	200	(2010)

SCHEDULE A (Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 41-1297735

THE	E LO	FT,	INC.						41-12977	35
Pa	rt I	Re	eason for Pu	ublic Cha	rity Status (All	organizations must o	complet	e this pa	art.) See instructions	i.
The	orga	niza	tion is not a p	rivate fou	ndation because	it is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	\square	A sc	hool describe	ed in secti	on 170(b)(1)(A)(i	i). (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A ho	spital or a co	operative	hospital service	organization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A m	edical resear	ch organiz	zation operated in	conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hosp	oital's name, o	city, and st	tate:					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		sect	ion 170(b)(1)	(A)(iv). (C	Complete Part II.)					
6		A fe	deral, state, d	or local go	vernment or gove	ernmental unit describe	d in sect	ion 170((b)(1)(A)(v).	
7		An d	organization t	hat norma	ally receives a su	ıbstantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		desc	cribed in sect i	ion 170(b)	(1)(A)(vi). (Comp	olete Part II.)				
8		A co	mmunity trus	t describe	ed in section 170((b)(1)(A)(vi). (Complete	Part II.)			
9		An a	gricultural re	search org	ganization describ	oed in section 170(b)(1)(A)(ix)	operated	d in conjunction with a	land-grant college
			-	non-land-	grant college of a	griculture (see instruc	tions). E	nter the	name, city, and state o	f the college or
			ersity:							
10		rece supp acqu	ipts from acti oort from gros uired by the o	ivities rela ss investm rganizatio	ted to its exempt nent income and on after June 30,	nore than 331/3 % of its functions - subject to unrelated business tax 1975. See section 509	certain e able inco (a)(2). (0	exception ome (les Complete	ns, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 %of its
11	\equiv		•	•	•	clusively to test for publ	•		` ' ' '	1
12			•	•	•	lusively for the benefit				
			-			tions described in sec				
		7			=	describes the type of s			· ·	_
а		-			•	d, supervised, or contr			• , ,	
				-		regularly appoint or e		ajority of	r the directors or truste	es of the
L-		7			-	ete Part IV, Sections A		مدا طداست	. augustad araasi=ati	an(a) by baying
b		-			•	sed or controlled in co				
						organization vested in V, Sections A and C.	ine sam	e persor	is that control of mai	lage the supported
_						ting organization opera	atad in a	onnoctio	n with and functions	lly intograted with
С		-	-			ns). You must comple				ily ilitegrated with,
d				_		pporting organization of				ted organization(s)
u		_	-	-		anization generally mus	-			
				-	•	complete Part IV, Sect	-		•	a an attentiveness
е		7			•	a written determination				I Type III
				_		ctionally integrated sup				, 1)po
f	Ente				l organizations					
g					-	oorted organization(s).				
			f supported organ		(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
						(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						above (see manuchons))	Yes	No	instructions)	matruotiona)
(A)										
(^) ——										
(B)										
(C)										
(D)										
								-		
(E)										
Tota	al									

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	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						
	tion B. Total Support		T	T		T	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 8	Amounts from line 4. 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. (s					12	
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp	oort Percenta	ge			T T	
14	Public support percentage for 2018 (lin	•	•				%
15	Public support percentage from 2017						<u>%</u>
16a	331/3% support test - 2018. If the org						
	box and stop here. The organization qu	-		_			
b	331/3% support test - 2017. If the org						
170	this box and stop here. The organization	-		_			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization						
	Part VI how the organization meets the					-	•
	organization			=	-	· · · · · ·	
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organ		=				
	Explain in Part VI how the organization						-
	supported organization				_	-	
18	Private foundation. If the organization						
	instructions						
						 	<u> </u>

Schedule A (Form 990 or 990-EZ) 2018 Page **3**

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.)

Gross sold furnis organisms organism	panization's benefit and either paid to expended on its behalf	(a) 2014 1,109,099. 800,636.	(b) 2015 1,566,856. 792,488.	(c) 2016 1,028,778. 914,557.	(d) 2017 1,134,403. 881,227.	(e) 2018 1,594,136. 1,005,097.	(f) Total 6,433,272. 4,394,005.
receive receiver recei	eived. (Do not include any "unusual grants.") ses receipts from admissions, merchandise d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose ses receipts from activities that are not an elated trade or business under section 513 or revenues levied for the ganization's benefit and either paid to expended on its behalf evalue of services or facilities nished by a governmental unit to the ganization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3						
general section alendary of the function of the furning of the fur	ss receipts from admissions, merchandise d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose						
sold furnis orgar 3 Gross unrelated furnis or exception allendar y personal furnis source furnis fur	d or services performed, or facilities hished in any activity that is related to the anization's tax-exempt purpose	800,636.	792,488.	914,557.	881,227.	1,005,097.	4,394,005
furnis orgar Gross unrela Tax orgar or ex The furni organ Tota Tota Amo receiv perso or 1% c Add Rubli line 6 ection alendar y More secti acqu c Add Net activ whete carrii C Othee loss (Expl Tota and	nished in any activity that is related to the anization's tax-exempt purpose	800,636.	792,488.	914,557.	881,227.	1,005,097.	4,394,005
orgar Gross unrela Gross unrela Tax orgar or ex The furni orgar Tota Tota Tota Tota Receiv perso or 1% C Add Rection Alendar y Gross paym rents sourc b Unre secti acqu c Add Net activ whete carric C Othee loss (Expl Tota and	anization's tax-exempt purpose	800,636.	792,488.	914,557.	881,227.	1,005,097.	4,394,005
Gross unrela Tax orgal or ex The furni orgal Tota Tota Tota Tota Tota Tota Tota Tota	elated trade or business under section 513 . It revenues levied for the ganization's benefit and either paid to expended on its behalf	800,636.	792,488.	914,557.	881,227.	1,005,097.	4,394,005
unrelated unrela	elated trade or business under section 513 care revenues levied for the panization's benefit and either paid to expended on its behalf care value of services or facilities inished by a governmental unit to the panization without charge call. Add lines 1 through 5 call.						
4 Tax orgal or ex orgal orgal or ex orgal orgal orgal orgal orgal orgal orgal orgal orgal organization or ex orgal organization organ	x revenues levied for the ganization's benefit and either paid to expended on its behalf						
orgal or ex furni orgal furni	panization's benefit and either paid to expended on its behalf						0 .
or exemples of exemples of the furning organical forms of the furning organical forms of the furning of the fur	expended on its behalf e value of services or facilities nished by a governmental unit to the panization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3						
or exemples of exemples of the furning organical forms of the furning organical forms of the furning of the fur	expended on its behalf e value of services or facilities nished by a governmental unit to the panization without charge tal. Add lines 1 through 5 nounts included on lines 1, 2, and 3						
5 The furni organ furni organ furni organ furni organ furni furni organ furni furni organ furni	e value of services or facilities nished by a governmental unit to the panization without charge						0
furni organ for a Amo recei b Amou recei perso or 1% c Add 8 Publi line 6 ection alendar y 9 Amou rents sourc b Unre secti acqu c Add 1 Net activ whet carrii 2 Othe loss (Expl 3 Tota and	nished by a governmental unit to the panization without charge						
orgal Tota	panization without charge						
6 Tota 7a Amo recei b Amot receiv perso or 1% c Add line 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carric 2 Othe loss (Expl 3 Tota and	tal. Add lines 1 through 5						0
7a Amo receive perso or 1% c Add 8 Publi line 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net active whet carric 2 Othe loss (Expl 3 Tota and	nounts included on lines 1, 2, and 3	1,909,735.	2,359,344.	1,943,335.	2,015,630.	2,599,233.	10,827,277
receis b Amou receis perso or 1% c Add 8 Publi line 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whete loss (Expl 3 Tota and		1,909,733.	2,339,344.	1,943,333.	2,013,030.	2,399,233.	10,027,277
b Amourecein perso or 1% c Add 8 Publi line 6 ection alendar y 9 Amoo 0 a Gray paym rents source section c Add 1 Net active whete carrier carrier sections (Explanation of the control of		005 050	106 120	F0 F0F	05 400	100 200	650 500
receive person or 1% c Add 8 Publi line 6 ection alendar y 9 Amo 0 a Gross payments source b Unressecti acque c Add 1 Net active whet carric 2 Other loss (Expl.) 3 Tota and	eived from disqualified persons ounts included on lines 2 and 3	287,978.	106,138.	59,507.	95,490.	109,389.	658,502
or 1% c Add 8 Publi line 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carric 2 Othe loss (Expl 3 Tota and							
c Add 8 Publi line 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carric 2 Othe loss (Expl 3 Tota and	sons that exceed the greater of \$5,000						
8 Publicine 6 ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carric 2 Othe loss (Expl 3 Tota and	1% of the amount on line 13 for the year						0
ection alendar y Amo a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carric 2 Othe loss (Expl 3 Tota and	d lines 7a and 7b	287,978.	106,138.	59,507.	95,490.	109,389.	658,502
ection alendar y 9 Amo 0 a Gross paym rents sourc b Unre secti acqu c Add 1 Net activ whet carrii 2 Othee loss (Expl 3 Tota and	blic support. (Subtract line 7c from						
palendar y page Amo paym rents source b Unre secti acqu c Add Net activ whete carric C Othee loss (Expl Tota and	96.)						10,168,775
9 Amo 10 a Gross paym rents source b Unre secti acqu c Add 1 Net activ whet carrii 2 Othee loss (Expl 3 Tota and	n B. Total Support						
o a Gross paym rents source b Unrecessection acque c Add 1 Net active whet carrice 2 Other loss (Expl.) 3 Tota and	year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
paym rents source b Unrecessection acque c Add 1 Net active whet carrice 2 Other loss (Explanation and	nounts from line 6	1,909,735.	2,359,344.	1,943,335.	2,015,630.	2,599,233.	10,827,277
b Unresection acquired to the control of the contro	oss income from interest, dividends,						
b Unrescentifications source section acquired control of the contr	ments received on securities loans, its, royalties, and income from similar						
b Unre secti acqu c Add 1 Net activ whet carrie 2 Othe loss (Expl 3 Tota and	Irces	116,653.	83,375.	74,627.	57,871.	195,453.	527,979
c Add 1 Net activ whet carrid 2 Other loss (Expl.) 3 Tota and	related business taxable income (less						
c Add 1 Net activ whet carrie 2 Othe loss (Expl 3 Tota and	ction 511 taxes) from businesses						
c Add 1 Net activ whet carrie 2 Othe loss (Expl 3 Tota and	quired after June 30, 1975						0
1 Net activ whet carrie 2 Othe loss (Expl 3 Tota and	d lines 10a and 10b	116,653.	83,375.	74,627.	57,871.	195,453.	527,979
activ whet carrie Othe loss (Expl Tota and	t income from unrelated business			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
whet carrie 2 Othe loss (Expl 3 Tota and	ivities not included in line 10b,						
2 Othe loss (Expl 3 Tota and	ether or not the business is regularly	2 210	2 205	2 721	2 201	E 2.0	10 125
loss (Expl 3 Tota and	ried on	2,210.	2,385.	2,721.	2,281.	538.	10,135
(Expl 3 Tota and	ner income. Do not include gain or						
3 Tota and	s from the sale of capital assets						
and	φlain in Part VI.)						
	tal support. (Add lines 9, 10c, 11,						
4 First	d 12.)	2,028,598.	2,445,104.	2,020,683.	2,075,782.	2,795,224.	11,365,391
	st five years. If the Form 990 is t	for the organizat	ion's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
orga				<u></u>	<u> </u>		▶ 🔃
ection	anization, check this box and stop here	port Percentag	ge				
5 Publ	ganization, check this box and stop here n C. Computation of Public Sup		ed by line 13, colum	ın (f))		. 15	89.47%
6 Publ		s, column (t), alvide			<u> </u>	16	90.13%
ection	n C. Computation of Public Sup	, ,	e 15				
	n C. Computation of Public Sup blic support percentage for 2018 (line 8	edule A, Part III, lin					
	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 Sch n D. Computation of Investmer	edule A, Part III, lin	entage			17	4.65%
	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 Sch n D. Computation of Investmen restment income percentage for 2018 (li	edule A, Part III, lin ot Income Perc ine 10c, column (f	entage f), divided by line 13	3, column (f))			4.65% 3.76%
	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 Schon D. Computation of Investment restment income percentage for 2018 (linestment income percentage from 2017	edule A, Part III, lin at Income Perc ine 10c, column (f Schedule A, Part	entage f), divided by line 13 III, line 17	3, column (f))		18	3.76%
	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 Schon D. Computation of Investment restment income percentage for 2018 (line restment income percentage from 2017 1/3% support tests - 2018. If the or	edule A, Part III, lin at Income Perc ine 10c, column (f Schedule A, Part I ganization did no	entage f), divided by line 13 III, line 17 ot check the box	3, column (f)) on line 14, and	line 15 is more	18 than 331/3%, an	3.76% nd line
	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 School D. Computation of Investment restment income percentage for 2018 (line restment income percentage from 2017 1/3% support tests - 2018. If the or is not more than 331/3%, check the	edule A, Part III, lin Int Income Perc ine 10c, column (f Schedule A, Part I rganization did no nis box and stop	entage f), divided by line 13 III, line 17 ot check the box o here. The organ	3, column (f)) on line 14, and nization qualifies	line 15 is more	than 331/3%, as	3.76 % ation . ► X
iine O Priva	n C. Computation of Public Sup blic support percentage for 2018 (line 8 blic support percentage from 2017 Schon D. Computation of Investment restment income percentage for 2018 (line restment income percentage from 2017 1/3% support tests - 2018. If the or	edule A, Part III, lin at Income Perc ine 10c, column (f Schedule A, Part I ganization did no his box and stop anization did not	entage f), divided by line 13 III, line 17 of check the box of here. The organ check a box on line	3, column (f))	line 15 is more as a publicly sa, and line 16 is	e than 331/3 %, as supported organiz more than 331/3	3.76 % nd line ation . ► X %, and

JSA 8E1221 1.000

Page 4 Schedule A (Form 990 or 990-EZ) 2018

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations		Yes	Nic
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.	1	163	INC
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
С	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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
С	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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

determine whether the organization had excess business holdings.)

supporting organizations)? If "Yes," answer 10b below.

Page 5 Schedule A (Form 990 or 990-EZ) 2018

				- 3
Part l	V Supporting 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 in (b) and (c)	44.		
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7. 2. Type Toupperung et gameatione		Yes	No
	Did the directors twisters or membership of one or more comparted arguminations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Casti		2		
Section	on C. Type II Supporting Organizations		Yes	Na
			162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on 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 in	structi	ons).	
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 government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) holow		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	26		
•	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	 S	1 age C
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Secti	Section D - Distributions				
1	Amounts paid to supported organizations to accomplish ex	kempt purposes			
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
С	From 2015				
d	From 2016				
ее	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
_ <u>i</u> _	Carryover from 2013 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2018 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h				
O	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2019. Add lines 3				
•	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
	Excess from 2016				
d	Excess from 2017				
e	Excess from 2018				

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

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

THE LOFT, INC. 41-1297735 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** $\lfloor exttt{X}
floor$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 41-1297735

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person 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 Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 41-1297735

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$ 8,909.	Person X Payroll Noncash (Complete Part II for

Employer identification number 41-1297735

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$618,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$\$12,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			41-1297735
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(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.)
(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.)
(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.)

Employer identification number

			41-1297735
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	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.)
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 41-1297735

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) (d) Total contributions Type of contr					
31		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
32		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
33		\$\$	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.)				
(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.)				

Name of organization THE LOFT, INC.

Employer identification number 41-1297735

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

. .	Tronousin'i Toponty (550 mondonom). 550 dapinous copies	errare in additional opaco io mod	aca.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
33	ADVERTISING		
		\$	03/19/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	ADVERTISING		
		\$\$	02/26/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
31	FOOD & HOSPITALITY		
		\$\$	02/26/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
30	ADVERTISING		
		\$\$	12/21/2018
(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
		\$	

Employer identification number Name of organization THE LOFT, INC. 41-1297735

Part III		e year from any	one contribut	described in section 501(c)(7), (8), or or. Complete columns (a) through (e) and otal of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	year. (Enter this in	formation onc	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, and a	ZIP + 4	Re	elationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transferee's name, address, and a	ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		(e) Transf	er of gift	
	Transferee's name, address, and a	ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
	Transferee's name, address, and a	(e) Transf ZIP + 4		elationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number

THE	LOFT, INC.		41-1297735
Pa		vised Funds or Other Similar Funds o	r Accounts.
	Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and done	or advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to t	he organization's exclusive legal control? .	Yes No
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the ber		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.	LIDV	
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., re		of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space	hald a market of a common control of the control of	the female of a second of
2	Complete lines 2a through 2d if the organization	neid a qualified conservation contribution if	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		2b 2c
c d	Number of conservation easements on a certifier Number of conservation easements included in		20
u	historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra		
3	tax year >	ansierred, released, extinguished, or termin	nated by the organization during the
4	Number of states where property subject to cons	servation easement is located >	
5	Does the organization have a written policy r		tion, handling of
	violations, and enforcement of the conservation e		-
6	Staff and volunteer hours devoted to monitoring, insp		
	>		Ç ,
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, and enforcing o	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of sect	ion 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization report	s conservation easements in its revenue an	d expense statement, and
	balance sheet, and include, if applicable, the text	•	cial statements that describes the
	organization's accounting for conservation easem		
Pa		ns of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under works of art, historical treasures, or other sim	SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the	footnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under	SFAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other simpublic service, provide the following amounts rela	ating to these items:	
	(i) Revenue included on Form 990, Part VIII, line		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of		_ ·
	following amounts required to be reported under		
a	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		••••••••••••••••••••••••••••••••••••••
_b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Page 2

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, or Othe	er Similar Assets (continued)	
3	Using the organization's acquisition	n, accession, and c	other records, check	k any of the follo	wing that are a sign	nificant use	of its
	collection items (check all that app	ly):					
а	Public exhibition		d Loan	or exchange progr	ams		
b	Scholarly research		e Other				
С	Preservation for future gene	rations					
4	Provide a description of the organ	nization's collections	and explain how	they further the o	organization's exemp	t purpose in	Part
	XIII.						
5	During the year, did the organization	on solicit or receive d	lonations of art, hist	orical treasures, o	r other similar		
	assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organization's coll	ection?	Yes	No
	rt IV Escrow and Custodial A Complete if the organiza 990, Part X, line 21.	ition answered "Ye				nt on Form	
1 a	Is the organization an agent, truste						_
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following tab	ole:			
					Amount	t	
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance						
	Did the organization include an am					Yes	_ No
b	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	has been provide	d on Part XIII		
Pa	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Ye					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance	3,015,136.	2,873,365.	2,665,665	. 2,611,795.	2,815	
b	Contributions	400.	40.	100	. 830.	10	,640
С	Net investment earnings, gains,						
	and losses	70,564.	262,870.	330,334	. 182,913.	-74	,793
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	136,420.	109,005.	107,680	. 106,725.	115	,625
f	Administrative expenses	21,577.	12,134.	15,054	. 23,148.	24	,219
q	End of year balance	2,928,103.	3,015,136.	2,873,365	. 2,665,665.	2,611	,795
2	Provide the estimated percentage	of the current year	end balance (line 1g.	column (a)) held a	ns:		
a	Board designated or quasi-endown		%	(-//			
b	Permanent endowment ▶ 81.7	7700 %	_				
С	Temporarily restricted endowment	18.2300 %					
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.				
3a	Are there endowment funds not in	the possession of th	e organization that	are held and adm	inistered for the		
	organization by:					Yes	No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?		3b	
4	Describe in Part XIII the intended u	uses of the organizat	tion's endowment fu	nds.			
Pa	rt VI Land, Buildings, and Equ	uipment.	! F 000 I	Dant IV / Bra 44 a	O F 000 D	1 V . Lin 4 C	,
	Complete if the organization of property					art X, line 10 d) Book value)
	Description of property	(a) Cost or (invest			ccumulated (epreciation	u) Book value	
1a	Land						
b	Buildings						
С	Leasehold improvements			39,032.	27,606.	11,	426.
d	Equipment			520,320.	426,823.	93,	497.
е	Other						
	II. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10c.)	▶	104,	923.

Schedule D (Form 990) 2018

Schedule D (orm 990) 2018	Page 3	3

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11b. See Form 990. Part	X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	
(1) Financia	al derivatives		*	
	-held equity interests			
	more equity interests [] [] [] [] [] [] []			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
			Cost or end-of-year market valu	le
(1)				
_(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) (5 000 B (1) (10) (10) (10) (10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	Part IV line 11d See Form 990 Part	X line 15
		scription		b) Book value
(1)	(a) Do	Soription		b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.			0, Part X,
1.	(a) Description of liability	(b) Book valu	е	
(1) Feder	ral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)	>		

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

Schedule D (Form 990) 2018 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,621,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Not difficulted gains (10303) of five stiffering 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
b	Bonated Services and use of identities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	1	
C .	Recoveries of prior year grants.	1	
d	outer (Becombe in Fair / air.)	2e	
е	Add lines 2a through 2d	3	2,621,590.
3	Subtract line 2e from line 1	3	270217370.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 12,708.		
a	investment expenses not included out out 150 704	_	
b	Other (Describe iii) art Aiii.)	4c	171,432.
C	Add lines 4a and 4b	5	2,793,022.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_	2,773,022.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		0.600.110
1	Total expenses and losses per audited financial statements	1	2,692,118.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	12,974.
3	Subtract line 2e from line 1	3	2,679,144.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 12,708.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	12,708.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,691,852.
Part			
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2018 Page 5

Part XIII Supplemental Information (continued)

UNCERTAIN TAX POSITION

MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE RELATED TO UNCERTAIN TAX POSITIONS.

USE OF ENDOWMENT FUNDS

THE LOFT LITERARY CENTER ENDOWMENT FUND (THE ENDOWMENT) IS PERMANENTLY RESTRICTED NET ASSETS INVESTED TO GENERATE TEMPORARILY RESTRICTED INCOME AND APPRECIATION TO SUPPORT THE FULFILLMENT OF THE ORGANIZATION'S MISSION AND LONG-TERM FINANCIAL NEEDS.

FORM 990 SCHEDULE D PART XI LINE 4 LOSS ON DISPOSAL OF ASSETS (12,974) DIFFERENCE IN INVESTMENT INCOME 171,698

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

41-1297735

Employer identification number

THE	LOFT, INC.					41-1297735	
Par	Fundraising Activities. Comp Form 990-EZ filers are not re				"Yes" on Form 9	990, Part IV, line	17.
1	Indicate whether the organization raise				activities. Check a	II that apply.	
а	Mail solicitations	е		citation of r	non-government g	rants	
b	Internet and email solicitations	f	X Solid	citation of	government grants	i	
С	Phone solicitations	g	Spec	cial fundrai	ising events		
d	I In-person solicitations						
2 a	Did the organization have a written or o	oral agreement v	vith any ind	dividual (in	cluding officers, di	rectors, trustees, _	
	or key employees listed in Form 990, F	Part VII) or entity	in connec	tion with p	rofessional fundrai	sing services?	X Yes No
b	If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the or		(fundraise	rs) pursua	nt to agreements	under which the t	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1			Yes	No			
'	ATTACHMENT 1						
2	ATTACHMENT T						
3							
4							
5							
6							
7							
8							
9							
10							
Tota	<u> </u>			▶	1,076,043.	14,820.	25,980.
3 MN,	List all states in which the organization registration or licensing.	n is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2018 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 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. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а No If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? 10a

Schedule G (Form 990 or 990-EZ) 2018

If "Yes," explain:

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF		DID FUNDRAISER HAVE		AMOUNT PAID TO	AMOUNT PAID TO
FUNDRAISER	ACTIVITY	CUSTODY OR CONTROL OF CONTRIBUTIONS?	FROM ACTIVITY	(OR RETAINED BY FUNDRAISER	(OR RETAINED BY ORGANIZATION
		YES NO			
DON SOMMERS	GRANT				
FUND DEVELOPMENT CONSULTAN 210 W GRANT ST #626	WRITING	X	929,143.	14,820.	
MINNEAPOLIS					
MN 55403					
JRI PARTNERSHIP MARKETING	SPONSORSHIP				
	SALES	X	146,900.		25,980.
18034 TAMARACK DRIVE					

MINNETONKA

MN 55345

SCHEDULE I (Form 990)

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

2018

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
THE LOFT, INC.						41-129773	5
Part I General Information on Grants an	d Assistanc	е					
 Does the organization maintain records to see the selection criteria used to award the grant Describe in Part IV the organization's process. 	ts or assistan	ce?					X Yes No
Part IV, line 21, for any recipient to		-					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations list 							

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

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 MCKNIGHT ARTIST FELLOWSHIP AWARDS	5.	125,000.			
2 MENTOR SERIES FELLOWSHIP	12.	12,000.			
3 MIRRORS & WINDOWS FELLOWSHIPS	12.	6,000.			
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

MONITORING GRANT PROCESS

THE ORGANIZATION'S PROGRAM AND MANAGING DIRECTORS ENSURE ALL GRANTS PAID

TO INDIVIDUALS AGREE WITH THE TERMS SET FORTH IN THE ORIGINAL GRANT

AGREEMENTS. WHERE APPROPRIATE, GRANTEES SUBMIT NARRATIVE REPORTS.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public

Inspection

Name of the organization
THE LOFT, INC.

Department of the Treasury Internal Revenue Service

Employer identification number

41-1297735

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
• •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶ (MERCHANDISE)	Х	1.	2,375.	FMV			
26	Other ► (ADVERTISING)	Х	5.	147,900.	FMV			
27	Other ►(FOOD)	X	2.	3,562.	FMV			
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F				29			
	Ţ,	·	,				Yes	No
30a	During the year, did the organizat	ion receive	by contribution any proper	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which is	sn't required			
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard							
	contributions?					31		X
32a	Does the organization hire or use							
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

THE LOFT, INC.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

41-1297735

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 FULL BOARD IN PRE-READ

MATERIAL PRIOR TO THE FIRST BOARD MEETING OF THE CALENDAR YEAR. THE

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

CONFLICT OF INTEREST POLICY

THE 990 BEFORE IT IS SUBMITTED.

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.

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 DIRECTOR'S EXECUTIVE COMMITTEE ESTABLISHES THE SALARY FOR
THE EXECUTIVE DIRECTOR, WITHIN THE LIMITS ESTABLISHED BY THE BOARD OF
DIRECTORS IN APPROVING THE ORGANIZATION'S BUDGET. THE EXECUTIVE DIRECTOR

Name of the organization

THE LOFT, INC.

Employer identification number

41–1297735

IN TURN, USES THE SAME PROCEDURE FOR ESTABLISHING SALARIES FOR ALL OTHER STAFF, INCLUDING THE MANAGING DIRECTOR.

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.

MISSION STATEMENT

THE LOFT ADVANCES THE ARTISTIC DEVELOPMENT OF WRITERS, FOSTERS A THRIVING LITERARY COMMUNITY, AND INSPIRES A PASSION FOR LITERATURE. AS AN INTERGENERATIONAL, MULTICULTURAL LITERARY ARTS CENTER, THE LOFT OPERATES AS AN ARTIST SERVICE ORGANIZATION, A GATHERING PLACE FOR READERS AND WRITERS, A COMMUNITY SCHOOL FOR THE ARTS, AND A PRESENTING ORGANIZATION. EACH YEAR THE LOFT NURTURES HUNDREDS OF NOVELISTS, POETS, SPOKEN WORD ARTISTS, AND WRITERS IN EVERY GENRE AND STYLE, AND CONNECTS READERS AND LIVE AUDIENCES IN THE TWIN CITIES AND ACROSS MINNESOTA WITH CONTEMPORARY LITERATURE, REACHING OVER 750,000 PEOPLE ANNUALLY.

PART III LINE 2

THE LOFT LAUNCHED WORDPLAY, A NEW ANNUAL LITERARY FESTIVAL TO CELEBRATE LITERATURE WITH READERS AND WRITERS OF ALL GENRES AND INTERESTS. IN ADDITION, THE MIRRORS AND WINDOWS FELLOWSHIP WAS ADDED TO SERVICES FOR WRITERS AS A MEANS TO ENCOURAGE WRITERS OF COLOR AND INDIGENOUS WRITERS TO DEVELOP BOOKS FOR CHILDREN AND YOUNG ADULTS.

Employer identification number 41-1297735

PART III LINE 3

THE LOFT, INC.

THE LOFT COMBINED ITS PROGRAMS DIFFERENTLY THAN IN THE PAST. PREVIOUSLY, AWARD PROGRAMS WERE GROUPED WITH EVENTS. NOW, AWARD PROGRAMS ARE BEING INCLUDED WITH SERVICES FOR WRITERS AS THAT IS ACTUALLY A MORE INTUITIVE COMBINATION.

THE ORGANIZATION DISCONTINUED THE SPOKEN WORD COMMUNITY IMMERSION FELLOWSHIPS THIS YEAR DUE TO CHANGES IN FUNDING.

PART III LINE 4A

SERVICES FOR WRITERS AND THE LITERARY COMMUNITY - IN FISCAL YEAR 2019,
THE ORGANIZATION PROVIDED 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 ITS DAILY

BLOG, THE WRITERS' BLOCK. THERE, WRITERS FOUND WRITING EXERCISES,

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 PERUSED CURRENT AND BACK ISSUES OF LITERARY MAGAZINES AS WELL AS
BOOKS PUBLISHED BY MINNESOTA PRESSES, BOOKS BY REGIONAL WRITERS INCLUDING
THE ORGANIZATION'S INSTRUCTORS, MEMBERS AND STUDENTS, AND WRITERS'

Name of the organization

THE LOFT, INC.

Employer identification number

41-1297735

REFERENCE BOOKS FROM THE RACHEL ANNE GASCHOTT RITCHIE SMALL PRESS LIBRARY.

SIXTY-ONE WRITERS MADE USE OF THE ORGANIZATION'S WRITERS' STUDIOS, FOUR ORGANIZATION-SPONSORED CULTURALLY DISTINCT WRITING GROUPS MET REGULARLY AT OPEN BOOK AND 27 LITERARY GROUPS USED THE BOOK CLUB ROOM THIS YEAR.

THE LOFT ALSO CO-SPONSORED REGULAR MEETINGS OF THE PICTURE BOOK SALON.

IN ADDITION, THE ORGANIZATION PROVIDED SEVERAL COMPETITIVE OPPORTUNITIES

THAT ASSISTED WRITERS IN ADVANCING THEIR ARTISTIC AND PROFESSIONAL

DEVELOPMENT:

THE MENTOR SERIES IN POETRY AND CREATIVE PROSE OFFERED TWELVE EMERGING MINNESOTA WRITERS OPPORTUNITY TO WORK INTENSIVELY WITH SIX NATIONALLY ACCLAIMED WRITERS IN PROSE AND POETRY. FOUR WRITERS IN EACH GENRE WERE SELECTED FOR THE PROGRAM BY THE MENTORS. MENTORS AND MENTEES SPEND TIME WORKING IN GROUPS AND ONE-ON-ONE AND MENTEES RECEIVE A \$1,000 GRANT. STUDENTS AND MENTORS PRESENT THEIR WORK IN PUBLIC READINGS THROUGHOUT THE YEAR.

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 CREATIVE PROSE AND CHILDREN'S LITERATURE.

Name of the organization

THE LOFT, INC.

Employer identification number
41-1297735

THE MIRRORS AND WINDOWS FELLOWSHIP GAVE TWELVE EMERGING ARTISTS OF COLOR AND INDIGENOUS ARTISTS COACHING, ENCOURAGEMENT, AND CONNECTIONS TO HELP THEM WRITE BOOKS FOR CHILDREN AND YOUNG ADULTS. THE PROGRAM AIMS TO ADDRESS THE CRITICAL ISSUE OF UNDERREPRESENTATION IN THE CHILDREN'S AND YOUNG ADULT LITERARY ECOSYSTEM. THEY ALSO RECEIVED A GRANT OF \$500 EACH.

PART III LINE 4B

LEARNING FOR WRITERS AND READERS - THE ORGANIZATION OFFERED A VARIETY OF LEARNING OPPORTUNITIES FOR WRITERS AND READERS DURING FISCAL YEAR 2019.

CLASSES DURING FISCAL YEAR 2019 TOOK PLACE AT OPEN BOOK, AT LIBRARIES AND COMMUNITY SITES THROUGHOUT THE GREATER TWIN CITIES AREA AND ONLINE.

ADULTS AND YOUTH (AGES 6-90+) 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 PRACTICE AND CAREER; AND EXPLORED LITERATURE AS READERS. ALL CLASSES WERE TAUGHT BY ACCOMPLISHED WRITERS AND LITERARY PROFESSIONALS.

IN ADDITION TO CLASSES, THE LOFT BROUGHT WRITERS INTO SEVEN SCHOOLS AND WORKED WITH COMMUNITY ORGANIZATIONS RANGING FROM GILDA'S CLUB TO THE CITIZEN'S LEAGUE, WOUNDED WARRIORS TO WALKER ART CENTER, TO EXPLORE CREATIVE WRITING AS A WAY TO EFFECTIVELY SHARE AND PROCESS AN EXPERIENCE. THIS YEAR, THE ORGANIZATION SERVED 3,080 ADULTS AND 1,802 YOUTH IN 380 CLASSES AND WORKSHOPS, SCHOOLS AND COMMUNITY PROGRAMS. IN ADDITION,

Name of the organization

THE LOFT, INC.

Employer identification number

41-1297735

POETRY OUT LOUD - A RECITATION COMPETITION, OFFERED 1,628 STUDENTS FROM 22 MINNESOTA SCHOOLS THE OPPORTUNITY TO PARTICIPATE IN LITERARY LEARNING OPPORTUNITIES AND ADVANCE TO A NATIONAL COMPETITION.

TO MITIGATE FINANCIAL BARRIERS TO PARTICIPATION IN CREATIVE WRITING

CLASSES, THE ORGANIZATION PROVIDED 457 LOW INCOME DISCOUNTS, 49

ADDITIONAL SUBSIDIES TO STUDENTS FROM TRADITIONALLY UNDERREPRESENTED

COMMUNITIES AND 127 SCHOLARSHIPS, PLUS A WORK-STUDY PROGRAM, AND 49 FREE

WRITING CLASSES IN PARTNERSHIP WITH EIGHT REGIONAL LIBRARY SYSTEMS ACROSS

THE GREATER TWIN CITIES.

PART III LINE 4C

EVENTS FOR READERS - AUTHORS' BOOK LAUNCH READINGS AND SPOKEN WORD

PERFORMANCES HELPED DEVELOP AUDIENCES FOR LITERATURE WHILE PROMOTING AND

ADVANCING THE WORK OF INDIVIDUAL WRITERS. BIG IDEAS 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. TWENTY EIGHT OF THESE EVENTS

FEATURING 115 WRITERS FOR A COMBINED AUDIENCE OF 1,800 TOOK PLACE

THROUGHOUT THE YEAR AT THE TARGET PERFORMANCE HALL, OPEN BOOK.

IN MAY OF 2019, THE LOFT PRESENTED THE INAUGURAL WORDPLAY LITERARY

FESTIVAL. BRINGING TOGETHER 10,000 PEOPLE IN A FULL WEEKEND OF EVENTS,

WORDPLAY UNIQUELY ADDRESSED THE ORGANIZATION'S MISSION TO FOSTER A

THRIVING LITERARY COMMUNITY AND INSPIRE PASSION FOR LITERATURE. WITH 200+

AUTHORS ON SEVEN STAGES, THE FESTIVAL WELCOMED NOT ONLY DEVOTED READERS,

Name of the organization

THE LOFT, INC.

Employer identification number
41–1297735

BUT ALSO PEOPLE WHO DON'T THINK OF THEMSELVES THAT WAY, BUT WHO WERE

DRAWN BY A SPECIFIC TOPIC OR PRESENTER AND STAYED FOR MORE. PEOPLE WHO

CAME TO SEE STEPHEN KING, MITCH ALBOM, OR AMY TAN TOOK THE OPPORTUNITY TO

DISCOVER AUTHORS THEY'D PREVIOUSLY NEVER READ. WITH THIS NEW, NOW ANNUAL,

FESTIVAL THE LOFT IS PUTTING LITERATURE AT THE CENTER OF CIVIC LIFE,

ENGAGING PARTICIPANTS IN IMPORTANT, TIMELY, AND CHALLENGING CONVERSATIONS

INSPIRED BY BOOKS WHILE ALSO CELEBRATING THE JOY, EMPATHY-BUILDING, AND

TRANSFORMATIVE POWER OF READING AND WRITING.

PART VI LINE 4

THE ORGANIZATION AMENDED THE BYLAWS. THE CHANGE WAS TO CONTRACTING

AUTHORITY, PROVIDING FOR MORE CLARITY ON WHO HAS THE AUTHORITY TO SIGN

CONTRACTS ON BEHALF OF THE LOFT AND WHAT THRESHOLDS OR CRITERIA REQUIRE A

REVIEW BY THE FINANCE COMMITTEE

REVIEW BY THE FINANCE COMMITTEE.	ATTACHMENT 1
FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES	
DESCRIPTION	ENDING BOOK VALUE
PREPAID INSURANCE	6,910.
DEFERRED EXPENSES	10,805.
TOTALS	17,715.

ATTACHMENT 2

Name of the organization
THE LOFT, INC.

Employer identification number
41-1297735

ATTACHMENT 2 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

 DESCRIPTION
 ENDING
 COST

 BOOK VALUE
 OR FMV

MUTUAL FUNDS 3,195,902. FMV

TOTALS 3,195,902.