Type of organization:

Email: ROGERBROWLAND@GMAIL.COM

Date established:

## STATE OF COLORADO SECRETARY OF STATE



## Annual Financial Statement For Colorado Charitable Organizations

## Renewal

This is estimated	financial i	information	tor a	charitable	organization:	No

Registration Number: 2003300661	13	
<b>Renewal Id:</b> 20173011505		
	rs the fiscal year beginning: 01/01/20 nding: 12/31/2016	<u>16</u> and
Organization Information		
1. Organization's name: SHERIDAN	N HISTORICAL SOCIETY, INC.	
2. Federal Employer Identification	Number (FEIN): 84-1181577	
3. Organization's principal addres	es:	
Street address: 4101 S. FEDI	ERAL BLVD.	
City: SHERIDAN	<b>State:</b> <u>CO</u> <b>Zip:</b> 801105399	Country: United
States		
Fiscal year ends: 12/31		
If incorporated, date incorporated	l: 05/24/1991. State of incorporation	: <u>CO</u>
If not incorporated:		

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State established:

4. Telephone number: (303) 762-0083 Fax number:

**Web site:** <a href="http://www.rootsweb.ancestry.c">http://www.rootsweb.ancestry.c</a> om/~coshs/

5. Has the organization applied for or been granted IRS tax exempt status?  $\underline{\text{Yes}}$ 

If 'Yes', date of determination letter, or of application if determination is

pending: 08/06/1992

If tax-exempt, IRS code: 501 (C) (3)

Are contributions to the organization tax deductible?  $\underline{\text{Yes}}$ 

6. NTEE codes that describe your organization:

ARTS, CULTURE & HUMANITIES

Financial Summary as of most recent fiscal year end (line numbers are from Form 990)

7. Revenue (Amounts Received During the Year):

Contributions (Line 1a + Line 1b): \$236.00

Government Grants (Line 1c): \$0.00

Program Service Revenue (Line 2): \$0.00

Investments (Line 4 + Line 5 + Line 6c + Line 7 + Line 8d): \$11.63

Special Events and Activities (Line 9c): \$0.00

Sales (Line 10c): \$0.00

Other (Line 3 + Line 11): \$0.00

Total Revenue (sum of all revenue items above): \$247.63

8. Expenses (Amounts Paid Out During the Year):

Program Services (Line 13): \$0.00

Administration - Management and general (Line 14): \$166.94

Fundraising (Line 15): \$0.00

Total Expenses (sum of expense items listed above): \$166.94

9. Summary of Balance Sheet as of Fiscal Year End:

Total Assets, End of Year (Line 59B): \$7,947.01

Total Liabilities, End of Year (Line 66B): \$0.00

Net Assets, End of Year (Total Assets - Total Liabilities): \$7,947.01

OPTIONAL CLASSIFICATION OF NET ASSETS

Unrestricted Net Assets, End of Year: \$0.00

Permanently Restricted Net Assets, End of Year: \$0.00

Temporarily Restricted Net Assets, End of Year: \$0.00

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## **Professional Fundraisers**

Other Information	
11. Fundraising Professionals:	
Outside Professional Fundraiser fees: \$0.00	
12. Is your organization related (other than by association with a statew	ide of nationwide
organization) through membership, governing bodies, trustees, office	ers, etc., to
any other exempt or nonexempt organization (Line 80a)?: $No$	
If 'Yes', the name of the related organization(s):	
organization(s): Is this related organization an exempt organization?: No	
13. Did your organization solicit any contributions or gifts that were not	tax
deductible? (Line 84a): No	
If "Yes" did the organization include with every solicitation an expre	ess statement that
such contributions or gifts were not tax deductible?: $\underline{\mathbb{N}/\mathbb{A}}$	
14. List the states with which you are registered to conduct solicitations which	from, or from
you have been granted an exemption:	
Colorado	

15. Name of Authorized Official who signed this Annual Financial Report:

<u>ROWLAND</u>, ROGER B. <u>Date</u>: <u>04/15/2017</u>

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