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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Form 990 (2012)

AF	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and	enaing L	<u>JUN 30, 2013</u>	
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres change	SHERIDAN COMMUNITY EDUCATION FOUNDATION	ON		
	Name _change	Doing Business As		75-3	074684
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Terminated	Z4J BROADWAI, BOX 0		30.7 –	673-0067
	Amend return	ed Crty, town, or post office, state, and ZIP code		G Gross receipts \$	72,253.
	Application	SREKIDAN, WI 02001		H(a) Is this a group re	eturn ·
	pendin	F Name and address of principal officer:MIKE WOOD		for affiliates? ·	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
II	ах-ехе	mpt status X 501(c)(3) 501(c) ()	or 527	If "No," attach a	list. (see instructions)
JV	Vebsit	e:▶ WWW.SCEDFO.ORG		H(c) Group exemptio	n number
K F	orm of	organization X Corporation Trust Association Other	L Year	of formation 2002 N	M State of legal domicile: WY
		Summary			
0	1 1	Briefly describe the organization's mission or most significant activities THE	PURPO	SE OF THE SH	ERIDAN
ĕ		COMMUNITY EDUCATION FOUNDATION IS TO ACQ			
r		Check this box If the organization discontinued its operations or dispose			
Š.		Number of voting members of the governing body (Part VI, line 1a)		3.	
Ğ	i	Number of independent voting members of the governing body (Part VI, line 1b)		4	1,5 * 7 / 1° ·5
φ <u>0</u>	ı	Fotal number of individuals employed in calendar year 2012 (Part V, line 2a)	•	5	0
iţie	1	Fotal number of volunteers (estimate if necessary)	•	6	6
. ģ .	l	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ğ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
#33 HexalveNVOSActivities & Governance			1	Prior Year	Current Year
5	8 (Contributions and grants (Part VIII, line 1h)		174,228.	72,253.
2	l	Program service revenue (Part VIII, line 2g)		0.	0.
図	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0.	0.
Ŧ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,156.	0.
Щ	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		176,384.	72,253.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		14,270.	0.
0	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ىر م	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	-	0.	0.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		; 0.	. 0.
를	1 7	Total fundraising expenses (Part IX, column (A), line 25).	<u>o.</u>	, , ,	
Ň			 -	176,486.	168,215.
		Other expenses (Part IX, column (A), lines 11aRIE (124VE)	-	190,756.	
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	-14,372.	-95,962.
-88				eginning of Current Year	
Net Assets or Fund Balances	<u> </u>		<u> </u>	144,374.	End of Year 48,412.
Salla	20		· -	3,781.	3,781.
life See	21	Fotal liabilities (Part X, line 26)	-	140,593.	44,631.
P	art II	Net assets or fund balances Subtract Ine 21 from line 20	<u> </u>	140,333.	##'00T'
		ties of perjury, I declare that I have examined this return, including accompanying schedule	o and states	ments and to the hest of m	w knowledge and belief it is
		ties of perjury, i declare that i have examined this return, including accompanying schedule t, and complete. Declaration of Afeparer (other than officer) is based on all information of wi			ly knowledge and belief, it is
uue,	COFFEC	t, and complete. Gestal autor of gleparer (other trian officer) is based on an information of wi	men prepare	i ilas ally kilowiegge.	12/ ·
_	1	Signature of officer	<u> </u>	Date Date	~~~
Sıgı	- 1	•	•	7	•
Her	e	MIKE WOOD, PRESIDENT Type or print name and title			
				Date Check	PTIN
D-:-	, 1	Print/Type preparer's name CINEY FOR THE PLICE TO COME TO SHOULD THE PROPERTY OF THE PROPERTY	Co	ا ا	
Paid	- 1	STEVEN W. RUCKI, CPA		01/09/14 self-employ	
-	narer	Firm's name RUCKI, MARSHALL, NEWBROUGH CPA'	5, P.	C Firm's EIN	83-0328254
use	Only	Firm's address 109 SOUTH MAIN STREET	•	. ,	2071 674 6600
	.,	SHERIDAN, WY 82801			307) 674-6609
May	/ the IP	S discuss this return with the preparer shown above? (see instructions)		· · · · · · · · · · · · · · · · · · ·	X Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

1	ARRAY OF EDUCATION	IS TO ACQUIRE FUNDS TO PROVIDE AND PROMOSERVICES TO THE SHERIDAN COMMUNITY, NOT	
2	<u> </u>	R K-12 PUBLIC SCHOOLS PROGRAMMING. Inificant program services during the year which were not listed on	•
	the pnor Form 990 or 990 EZ? If "Yes," describe these new services of	• • • • •	Yes X No
3	If "Yes," describe these changes on S	• • • •	Yes X No
4 .		ervice accomplishments for each of its three largest program services, as measur zations are required to report the amount of grants and allocations to others, the t ice reported	
4a	(Code) (Expenses \$	165,998. including grants of \$) (Revenue \$) (Revenue \$))
°			· · · · · · · · · · · · · · · · · · ·
. "			* * * * * * * * * * * * * * * * * * * *
-			
		.,	
4b	(Code) (Expenses \$	including grants of \$ (Revenue \$))
			1
 	- 1 tr		·
	-	• • • •	
4c	. (Code) (Expenses \$)
	· · · · · · · · · · · · · · · · · · ·		
	Other program services (Describe in S	including grants of \$) {Revenue \$	
4e	Total program service expenses	165,998.	Form 990 (2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
: آب:	tf "Yes," complete Schedule A	1	X	
. 2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		·	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
,	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	•	. X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1.	
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	' *.	: X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	·7		· X ·
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
. 9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	` `		v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments; permanent	40	_41 **;	X.
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	.10		Δ,
11.	as applicable			
٠ -	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l ,		
	Part VI	11a	X	
ь				,
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c		,		,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			_
<i>.</i>	Part X, line 16? If "Yes," complete Schedule D, Part IX	-11d-	1.	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		. .	1
	Schedule D, Parts XI and XII	12a		X
```p	Was the organization included in consolidated, independent audited financial statements for the tax year?		·	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	· -	X
	Is the organization a school described in section 470(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>-</del> -	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		[:]	·
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	۱	}	
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4.5	[	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		^
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	· 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		·X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
	complete Schedule G, Part III	19		X
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	. <b>X</b> ·
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
		_	$\Omega \Omega \Omega$	(0040)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes;" complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	٠.		
	Schedule J	23		X
24a				-
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1.5	
	Schedule K. If "No", go to line 25	24a	•	X
Þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	7-1	- ) r;
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			. ~
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del>                                     </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		,	~ ·
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
, D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l '
٠.	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b	,	x
26	Schedule L, Part I Company of the Co	230	*,,,	<u>A</u>
20	person outstanding as of the end of the organization's tax year? 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	<u></u> ,		
	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		х
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
<b>30</b> .	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?			
٠ ـ	If "Yes," complete Schedule N, Part I	31	,	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			} .
•	Schedule N, Part II	32	`	·X
<b>33</b> .	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		X-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	ļ	X
35a	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	,		,21
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	<del>                                     </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?		-	_ v
	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 .	-	]	v
_	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 Q and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	1 .
	Note. All Form 990 filers are required to complete Schedule O	38 .		(2012)
		OHI	550	(2012)

SHERIDAN COMMUNITY EDUCATION FOUNDATION

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Yes 20 1a 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 Did the organization.comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h 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 b If "Yes," has it filed a Form 990-T for this year? If "No," 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)? X b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с X d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ·7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ·7h · h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under-section 4966? 9a b. Did the organization make a distribution to a donor, donor advisor, or related person? 9b · Section 501(c)(7) organizations.-Enter a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter. Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

Form 990 (2012)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	Check of School of Acceptance a response to any question in this Bort VI			X
Sec	Check if Schedule O contains a response to any question in this Part VI tion A. Governing Body and Management	-	<u> </u>	بمر
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
•	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.		,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2 .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision .			
	of officers, directors, or trustees, or key employees to a management company or other person?	. 3	,-, <b>X</b> ₁	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	. ,,,,,,,	Х
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	ς .		
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		, -	
	persons other than the governing body?	-7b		X
.8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year-by the following:	TL 57.	26. * .	٠.,
, a	The governing body? The transfer was the second of the sec	::8a -	X.	
b	Each committee with authority to act on behalf of the governing body?	- 8b	γ <b>X</b> γ	~-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	٠	~ -	
	organization's mailing address? If "Yes;" provide the names and addresses in Schedule O	9	٠.	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	715	,	
-	A. C. Harris S. C.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	•		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1 .
·12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 co.	12a	,	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	ļ	X
15	Did the process for determining compensation of the following persons include a review and approval by independent		<b>]</b> .	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-		}
а	The organization's CEO, Executive Director, or top management official	_15a	-	X
b	Other officers or key employees of the organization	15b		X
	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 similar 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		}	1
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		١.	1
	exempt status with respect to such arrangements?	16b		,
Sec	tion C. Disclosure			
<b>17</b> .	•	,	,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)	•		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id fina	ncial '	
	statements available to the public during the tax year.		7.4	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion 🖠	<b>-</b>	
•	KATHY COLEMAN - 307-751-9864			
23200	245 BROADWAY, SHERIDAN, WY 82801			•
12-10	12	Forn	n <b>990</b>	(2012

Form	990	(201	2)

#### SHERIDAN COMMUNITY EDUCATION FOUNDATION

75-3074684

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter :0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

- •Lust 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.

Officer this box if flettrer the organization in		Uige 	111120			ijpei	ioat			·
(A)	(B)			)) Pos	زر Ition	1		(D) Reportable	(E)	(F)
Name and Title	Average hours per week	offic	box, unless person is both an compensation compensation			Reportable compensation from related	Estimated amount of other			
ing the state of t	(list any hours for related	or director	8					the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations below line)	Individual trustee or derector	Institutional trustee	Officer .	Key employee	Highest compensated employee	Former 1	(W-2/1099-MISC)		organization and related organizations
(1) MIKE WOOD	0.20	=-	=		<u> </u>	I 45	<u></u>	1 . 15		-
PRESIDENT AND THE TOTAL OF THE STATE OF THE	1250 1- 55	x		X	ļ			0.	. 0.	0.
(2) LAURIEN RAHIMI	0.20							, ;	,	•
SECRETARY .	0.00	X		X		ļ	_	0.	0.	0.
(3) MITCH CRAFT	0.20	X		ات		1		0.	ο.	. 0
DIRECTOR (4) RICH BRIDGER	0.20	^	-	_		<u> </u>			0.	- 0.
DIRECTOR	, , , ,	x				-	,		,o.	0.
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4.5	٠.		٠.				y 2)		
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• . • • • • • • • • • • • • • • • • • •		"	-	-		-				
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,		1								
· · · · · · · · · · · · · · · · · · ·	1	•		Ь—	_		<u> </u>	<del></del>	<del> </del>	5. 000 (2242)

•	•		Check if Schedule O contain			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
mounts	ı	b	Federated campaigns Membership dues Fundraising events	1a 1b					
and Other Similar Amounts		d e f	Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above	ns) 1e and	72,253.		<i>: •</i>		
and O		g	Noncash contributions included in lines 1a  Total. Add lines 1a-1f		<b>—</b>	72,253.	•	7	
}	2				Business Code				
ine in		b					21 .		
Revenue		d					-		
5°		e f	All other program, service revenue	ue				٠, , , ,	
+	3	g	Total. Add lines 2a-2f Investment income (including di	ıvıdends, ıntere	est, and				ş -
	4								
	5		Royalties	,	<b>•</b>				
			Gross rents Less: rental expenses	(i) Real	(II) Personal	- 1			-
	•	C.	Rental income or (loss)  Net rental income or (loss)		<b>•</b>				,
			Gross amount from sales of assets other than inventory	(i) Securities	(II) Other	The T		,	
		b	Less. cost or other basis and sales expenses			2 15 2			
			Gain or (loss)  Net gain or (loss)		<u>, ▶</u>		, , ,		
eune	∵8	а.	Gross income from fundraising including \$	of `	301-	4			- ,
Other Revenue	• · ·	 -	contributions reported on line 1 Part IV, line 18	c) See , a					
Ş			Less. direct expenses  Net income or (loss) from fundra	. b aising events				•	
	9	а	Gross income from gaming active Part IV, line 19						
_			Less direct expenses  Net income or (loss) from gamin	b ng activities	<b>&gt;</b>				
			Gross sales of inventory, less reand allowances	а					
			Less cost of goods sold Net income or (loss) from sales		<b>•</b>				
-	11	а	Miscellaneous Revenue		Business Code				,
	•	b			1				
		d	All other revenue	• • •	, , ,	- 7-,	:		
. :	12	e	Total. Add lines 11a-11d  Total revenue See instructions.	•		72,253.	0.	0.	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) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Program service (D) Fundralsing Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 122,003. 122,003 column (A) amount, list line 11g expenses on Sch O:) Advertising and promotion 12 2.217 2,217 Office expenses 13 Information technology 14 Royalties 15 3,000 3,000 16 Occupancy 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 4,318. 4,318 22 Depreciation, depletion, and amortization 2,395 2,395 Insurance 23 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.) 18,603 18,603 PROGRAM SUPPLIES 15,679 15,679 CURRICULUM All other expenses 165,998. 2,217 168,215. 0. Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2012)

44,631.

31 32

33

140,593

144,374

31

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

orm	1 990 (2012) SHERIDAN COMMUNITY EDUCATION FOUNDATION	75-3074	684	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
	•				
_1 ՝	Total revenue (must equal Part VIII, column (A), line 12)	1	7	2,2	<u>53.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2 .	16	8,2	<u> 15.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-9	5,9	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14	0,5	93.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7 -	Investment expenses	7			
8.	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	4,6	31.
Pa	rt XII Financial Statements and Reporting		1		
	Check if Schedule O contains a response to any question 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," explain in Schedule	• O.	- '	· '	:
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•	2a		<b>X</b>
 	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	dona 👑 🚉	·	-	1 372
	separate basis, consolidated basis, or both:	412	1		
•	Separate basis Consolidated basis Both consolidated and separate basis				
· b	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 audited on a separa	te basis,			
	consolidated basis, or both	1 .		•	
٠.	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			1
-	Act and OMB Circular A-133?	· .	3a ·	,	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt ·		·	,
•	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2012)

12-10-12

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545-0047

Department of the Treasury internal Revenue Service

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. ▶ See separate instructions.

Inspection

Name of the organization

Form 990 or 990-EZ.

**Employer identification number** 

		SHERIDA	N COMMUNITY	<b>EDUCA</b>	TION	FOUND.	ATION	'	75	<u>5-3074</u>	684	-
Part I	Reason		ty Status (All organiza									· .
The organ	zation is not a	a private foundation t	pecause it is (For lines 1	through 1	1. check o	only one b	ox.)					<u>.                                    </u>
1		•	s, or association of churc	_		•	•					
2	•		0(b)(1)(A)(ii). (Attach Scl							• •		,
3												
4.	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and stat	=		. 1		•	1 ^			·	,	,
5	•		penefit of a college or un		vned or op	erated by	a governr	nental unit	describe	ed in	, ,	_
		(b)(1)(A)(iv). (Comple					Ū	ا میری در در	,,,		~, ,	
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 X												
		<b>b)(1)(A)(vi).</b> (Comple						4.	5 - 1 - 1 - 1 ·	-1-		
.в 🔲	-		ection 170(b)(1)(A)(vi). (	Complete	Part II)			, .			٠	
آ و			eives: (1) more than 33 1			rom contri	butions, m	nembershir	fees, an	nd aross rec	ceipts fro	mr
4 1	-	•	ictions - subject to certa									
•			axable income (less sect									
•			Part III)		, .			, <u></u>		1.4		
10			perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).	,		3, 2 21	- !
11	-		perated exclusively for th						out the	purposes c	of one or	
	_		itions described in section									٠.,
			organization and comple					,	,	,		١.
	а 🔲 Туре	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	_		, ,	ј 🔲 Турс	e III - Non	n-functionall	ly integra	ited
е 🗔		-	t the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified p	persons oth	ner than	
			han one or more publicly									. ,
· f			ten determination from t								, -	, ,
	_	rganization, check th					,	1		4 1 7,	• /[	
g			rganization accepted ar	ny gift·or c	ontribution	from any	of the follo	owing pers	ons?	, .	,	~: ~7
			rectly controls, either al								Yes 1	No:
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) abovi	e?			. •		11g(iii)		٠,
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).		•				-	
							-					
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	notify the	(vi) ls		(vii) Amount	t of monet	tarv
	anization	(,	(described on lines 1-9		sted in your		ion in col.	organizatio	71 III COL J		port	•
			above or IRC section	governing	document?	(i) of you	r support?	U.S.	.?			,1
			(see instructions))	Yes	No	Yes	No	Yes	No			
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				1	]	_						
Total		<u> </u>							<u> </u>			
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions f	or				Schedul	e A (Forn	n 990 or 99	30-EZ) 29	012

Schedule A (Form 990 or 990-EZ) 2012 SHERIDAN COMMUNITY EDUCATION FOUNDATION 75-3074684 Page 2

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

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

Section A. Public Support		<del> </del>				
<u>1 </u>	(-) 200B	(h) 2000	(=) 2010	(4) 2011	(-) 2012	(O Total
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	- (c) 2010	· · (d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and .			•			
membership fees received (Do not	474 134	350 707	350 140	17/ 220	72 252	1421560.
include any "unusual grants.")	474,134.	350,797.	350,148.	1/4,220.	72,253.	1441560.
2 Tax revenues levied for the organ-	, ,					
ization's benefit and either paid to					, , ,	, ,
or expended on its behalf	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		····`	<del></del>
3 The value of services or facilities	-	i	est of the	**		• • • •
furnished by a governmental unit to						•
the organization without charge	474 124	250 707	250 140	174 220	70 050	1401560
4 Total. Add lines 1 through 3	474,134.	350,797.	350,148.	174;228.	72,253.	1421560.
5. The portion of total contributions		1				
by each person (other than a		-	•	• •		
governmental unit or publicly			,	٠, -		
supported organization) included			<del>-</del>	•	. •	, ,
on line 1 that exceeds 2% of the	, ,	** *** **		, H -11 \	, , .	• , • •
amount shown on line 11,	· · · · -	3 71 75		- 1 (34 - 4)	west or with win	mustral Land
င့္ çolumn (f)	*****	Carre Con	r 73, 47 , 74			3.
6 Public support. Subtract line 5 from line 4	<u>l·</u>	<u> </u>	` '	, ,	<u> </u>	1421560.
Section B. Total Support	<del>,</del>	.,	·	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	.(d) 2011:	(e) 2012	(f) Total
7 Amounts from line 4	474,134.	350,797.	350,148.	174,228.	72,253	1421560.
8 Gross income from interest,						•
." dividends, payments received on			,		,	, ,
securities loans, rents, royalties			7		-,-	
and income from similar sources	. ,		2,293.	1,395.	1- 1	3,688.
9 Net income from unrelated business	. ,				1 · · · · · · · · · · · · · · · · · · ·	ı
activities, whether or not the			•		• * * * * * * * * * * * * * * * * * * *	,
buşiness is regularly carried on			80.	763:	20 6.5	·· 843.
10 - Other income Do not include gain	-			r ==== .		, ,
or loss from the sale of capital						
assets (Explain in Part IV)				3		
11 Total support. Add lines 7 through 10		·	_ ` -	, -, -, -,		1426091.
12 Gross receipts from related activities	, etc. (see ınstructı	ons)			12	<u> </u>
13 First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check this box and sto					4	
Section C. Computation of Pub	ic Support Pe	rcentage	<u> </u>		* * * * * * * * * * * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
14 Public support percentage for 2012 (	line 6, column (f) d	livided by line 11, o	column (f))		14	99.68 <u>%</u>
15 Public support percentage from 201	1 Schedule A, Part	: II, line 14			15	99.80 %
16a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
stop here. The organization qualifies	as a publicly supp	oorted organization	1	s . '		$\triangleright$ $X$
b 33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check tl	his box
and stop here. The organization qua	lifies as a publicly	supported organiz	ation ,			▶∟
17a 10% -facts-and-circumstances tes	it - 2012. If the org	ganization did not o	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
and if the organization meets the "fac	cts-and-circumstar	nces" test, check ti	his box and stop h	nere. Explain in Pa	rt IV how the organ	nization
meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supported	d organization	- '	. ▶□
b 10% -facts-and-circumstances tes	it - 2011. If the orc	ganization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or .
more, and if the organization meets t		•	-			
organization meets the "facts-and-cir						▶□
18 Private foundation. If the organization		=				ns 🕨
		<u>.</u>			edule A (Form 990	

# Schedule A (Form 990 or 990-EZ) 2012 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization fail	led to qualify under Part II If the organization fails to
gualify under the tests listed below, please complete Part II.)	,

Section A. Public Support	Siow, piodoc comp	i i	1	-	<del></del> .	
Calendar year (or fiscal year beginning in)	·· (a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f)-Total - ·
1 Gifts, grants, contributions, and					,	
membership fees received. (Do not						
ınclude any "unusual grants ") .	1					
2 Gross receipts from admissions,	,		,			
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose		-				
3 Gross receipts from activities that					-,	
are not an unrelated trade or bus-	,					
iness under section 513						· <del>-</del>
4 Tax revenues levied for the organ-					1	
ization's benefit and either paid to						
or expended on its behalf				-		
·		,		<u> </u>	•	
5 The value of services or facilities	_			,	_	
furnished by a governmental unit to						, , , , ,
the organization without charge.		1, m, 4 1	** **		* * * * * * * * * * * * * * * * * * * *	
6 Total. Add lines 1 through 5	· <u> ·       - ·           ·                </u>	· · · · ·		;	1 1 2 . 7	
7a Amounts included on lines 1, 2, and	-		• , .		· ` ` [	:
3 received from disqualified persons	· · · · · · · · · · · · · · · · · · ·		<del>-</del>	, 1	* * * , "	•
Amounts included on lines 2 and 3 received from other than disqualified persons that		, , ,		' ' '	•	· -
exceed the greater of \$5,000 or 1% of the	. 1 ,,,, ,	***	44			
amount on line 13 for the year						
c Add lines 7a and 7b	<del></del>	,				
8 Public support (Subtract line 7c from line 6)			•			
Section B. Total Support		,		· · ·	• ,	
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			• • •			
10a Gross income from interest, dividends, payments réceived on	- '			,		,
securities loans, rents, royalties	• •		•	,		
and income from similar sources						
<b>b</b> Unrelated business taxable income	h		- س			
(less section 511 taxes) from businesses					,	• •
acquired after June 30, 1975			د		•	
c Add lines 10a and 10b		, , ,			-	
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is	_					, <del>-</del>
regularly carried on						
12 Other income. Do not include gain			,		-	
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)		-		,	_	
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here				•		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2012 (I	ine 8, column (f) d	ivided by line 13, o	column (f))		15	. %
16 Public support percentage from 2011	Schedule A, Part	III, line 15		-	16	9/
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13, column (f))		17	9/
18 Investment income percentage from			.,,	_	18	~ 9/
19a.33 1/3% support tests - 2012. If the			on line 14and line	e 15 is more than 3	<b>-</b>	
more than 33 1/3%, check this box a			-			▶ □
b 33 1/3% support tests - 2011. If the	•	_				and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization		•				
zo Private foundation. If the organizatio	<u>лгаја посспеска</u>	00x 011 IIIIE 14, 19	a, or 130, check th	HE DON AND SECTION	STUDINOUS .	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990 ► See separate instructions

2012 Open to Public Inspection

Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

Employer identification number

SHERIDAN COMMUNITY EDUCATION FOUNDATION 75-3074684 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7: Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax-Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part-XIII, describe how the organization reports conservation easements in its revenue-and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(corganization) accession, and other records, check any of the following that are a significant use of its collections and the organization accession, and other records, check any of the following that are a significant use of its collections (check all that apply):  a	or	No No
Check all that apply)   a	or	No No No No S back
a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X; line 21?  b If "Yes," explain the arrangement in Part XIII: Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes", to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Find Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance	unt	No No No S back
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Yes	unt	No No No S back
Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, reported an amount on Form 990, Part X, line 21  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  I Additions during the year  I Ending balance  I If Ending balance  I If Ending balance  I If Endowment Funds. Complete if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Form of Grants or scholarships  Other expenditures for facilities and programs  I Administrative expenses  Grants or scholarships  Other expenditures for facilities and programs  I Administrative expenses  End of year balance	unt	No No No S back
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII  buring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes", to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Form 90 (p) Prior year support to the organization answered and programs  f Administrative expenditures for facilities and programs f Administrative expenses g End of year balance	unt	No No No S back
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV	unt	No No No S back
to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Find Grants or scholarships  c Net investment earnings, gains, and losses of Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance	unt	No No No S back
Part IV	unt	No No No S back
reported an amount on Form 990, Part X, line 21  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X; line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  Grants or scholarships  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance	unt	No s back
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b if "Yes," explain the arrangement in Part XIII and complete the following table:    C	unt	No s back
C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII' Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	cour years	s back
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X; line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	cour years	s back
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X; line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	our years	s back
e Distributions during the year  f Ending balance  2a Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	our years	s back
f Ending balance  2a Did the organization include an amount on Form 990, Part X; line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	our years	s back
Did the organization include an amount on Form 990, Part X, line 21?  b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Find the investment earnings, gains, and losses distributions  c Net investment earnings, gains, and losses distributions  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance	our years	s back
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Find the investment earnings, gains, and losses digrants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses g End of year balance	our years	s back
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance	our years	
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) F  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	our years	
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b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance	<del></del>	
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance		
e Other expenditures for facilities and programs f Administrative expenses g End of year balance		<u> </u>
and programs  f Administrative expenses  g End of year balance		
f Administrative expenses g End of year balance		
g End of year balance		
•		
2. Provide the estimated percentage of the current year end balance (line 1g. column (a)) held as		
	-	•
a Board designated or quasi-endowment ▶%	. `	•
b Permanent endowment ▶%		
c Temporarily restricted endowment ▶%		
The percentages in lines 2a, 2b, and 2c should equal 100%.	,	
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization.	`	<del>т</del>
by: '_ `. ` ´, ~ '. **	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<u> </u>	
4 Describe in Part XIII the intended uses of the organization's endowment funds	<del></del> -	
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10		
Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) E basis (investment) basis (other) depreciation	look val	ue 
1a Land	<u> </u>	
b Buildings		
c Leasehold improvements		
d Equipment		
e Other 128,694. 123,929.		
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))		<u>765.</u> 765.

Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See  (a) Description of security or category (including name of security)	(b) Book value	<del></del>	aluation: Cost or end	d-of-year market value
) Financial derivatives				
Closely-held equity interests	-		•	
Other				
(A)			·· · · · · · · · · · · · · · · · · · ·	
(B)				
(C) ·				
(D)			······································	
(E) ·				· · · · · · · · · · · · · · · · · · ·
(F)		<del>                                     </del>		
	<del></del>	<del></del>		
		<u> </u>		<del></del>
(H) ·				· · · · · · · · · · · · · · · · · · ·
(0)	<u> </u>	<del></del>		
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		1		e con
art VIII Investments - Program Related. See				d af
(a) Description of investment type	(b) Book value	(c) Method of V	aluation. Cost or en	d-of-year market value
(1)		-	<del></del>	
(2)			·	·····
(3)			;	· · · · · · · · · · · · · · · · · · ·
· (4) · · · · , - · · · · · · · · · · · · · · · · · ·		,		*.*; * * * * * * * * * * * * * * * * * *
(5)	1	• •	1	:
(6)		<u>,</u>		, ,,
(7)			-	
(8)	-			
(9)				
(10)			• •	
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		,		
Part IX Other Assets. See Form 990, Part X, line 1	5	•		, ,
	escription			(b) Book value
(1)		· · · · · ·		
(2)			1	
(3)			^	<del>-                                    </del>
(4)				
(5)	**		<u> </u>	
(6)				
* *				10
······································	<u> </u>			
. (0)				
(9)		······	· · · · · · · · · · · · · · · · · · ·	
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Part X Other Liabilities. See Form 990, Part X, III	ne 25.		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability		(b) Book value		
(1) Federal income taxes		· <del>-</del> ···		
(2) DEPOSITS PAYABLE	1 -	3,781.		•
(3)				-
(4)				
(5)				
(6)	_			
(7)			ļ [*] ·	•
(8)			1	• •
(9)			1	
(10)			1 -	
(11)		. =	<del>,</del>	
	25.1	3,781.	<b>†</b> ,	
tal. (Column (b) must equal Form 990, Part X, col. (B) line			<u> </u>	•
FIN 48 (ASC 740) Footnote In Part XIII, provide the text		ranniant.an'a E		

chedule D (Form 990) 2012 SHERIDAN COMMUNITY EDUC Part XI Reconciliation of Revenue per Audited Financial Sta	ATION FOUNDATION TEMPORATION FOUNDATION		74684 Page
	Itements with Devenue		
1 Total revenue, gains, and other support per audited financial statements		·   1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			• ••
a Net unrealized gains on investments	2a		
<b>b</b> Donated services and use of facilities	2b	<del></del>	
c Recoveries of prior year grants	2c		•
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	
Amounts included on Form 990, Part VIII, line 12, but not on line 1.			• • • •
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b Other (Describe in Part XIII )	4b		
c Add lines 4a and 4b		4c	
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	. 5	
art XII Reconciliation of Expenses per Audited Financial St	atements With Expens	es per Return	, ,
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities		1 - 1.	1
b Pnor year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	· · · · · · · · ·	,
		2e	
		3	
- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	• • • • • • • • • • • • • • • • • • • •	.   3	
Amounts included on Form 990, Part IX, line 25, but not on line 1		`-	٠ -
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		•
b. Other (Describe in Part XIII )	4b		, ,
c Add lines 4a and 4b		4c	
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
art XIII Supplemental Information		***	<del></del>
mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9 line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this	• •		
	<u> </u>		
· · ·			
	ar are come		
<u> </u>			
· -			<u>.                                    </u>
		Schedu	le D (Form 990) 20

# SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

SHERIDAN COMMUNITY EDUCATION FOUNDATION

Employer identification number 75-3074684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROMOTING A BROAD ARRAY OF EDUCATIONAL SERVIES TO THE SHERIDAN COUNTY
COMMUNITY THAT ARE NOT FORMALLY PROVIDED BY THE REGULAR K-12 PUBLIC
SCHOOLS PROGRAM, INCLUDING PRESCHOOL AND ADULT EDUCATIONAL PROGRAMS, AS
WELL AS ENHANCEMENTS TO THE K-12 PROGRAM.
ADDITIONALLY, THE SHERIDAN COMMUNITY EDUCATION FOUNDATION PROVIDES A
CENTER FOR THE COLLABORATION BETWEEN OTHER NON-PROFIT ORGANIZATIONS
THAT COME TOGETHER TO PROVIDE A STRONGER BASIS TO SERVICE THE SHERIDAN
COMMUNITY.
FORM 990, PART VI, SECTION A, LINE 3: A MANAGEMENT COMPANY SUPERVISES
PROGRAMS, PROVIDES BUDGET PROJECTIONS AND OPTIONS, MONITORS PERFORMANCE,
AND IS ACCOUNTABLE TO FUNDING AGENCIES FOR COMPLIANCE WITH GRANT
REQUITEMENTS

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 TAX RETURN IS PREPARED BY AN INDEPENT CERTIFIED PUBLIC ACCOUNTING FIRM. INFORMATION IS SUPPLIED TO THE ACCOUNTING FIRM BY THE NONPROFIT ENTITY. UPON COMPLETION OF THE TAX RETURN, THE TAX RETURN IS PROVIDED TO THE ACCOUNTING MANAGER OF THE NONPROFIT ENTITY. THE ACCOUNTING MANAGER THEN SUPPLIES THE EXECUTIVE DIRECTOR OF THE ORGANIZATION WITH THE TAX RETURN. THE TAX RETURN IS PROVIDED TO THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE BOARD RECOMMENDS APPROVAL AND/OR CLARIFICATION OF CERTAIN ITEMS. APPROVAL IS THEN GIVEN TO THE ACCOUNTING FIRM TO ELECTRONICALLY SUBMIT THE TAX RETURN TO THE INTERNAL REVENUE SERVICE.

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

Schedule O (Form 990 or 990-EZ) (2012) :