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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

Open to Public Inspection

_		endar year 2014 or tax year beginning			, 2014,	and ending			, 20
1	Vame	of foundation					A	Employer identifi	cation number
_ '	THE	DAVID S. & JANET R. SHERIDA	N FO	UNDATION				14 -	6205015
	Numb	er and street (or P.O box number if mail is not delivered	to street	address)		Room/suite	В	Telephone number	er (see instructions)
	2.0	. BOX 350						60	9-924-4800
	City or	town, state or province, country, and ZIP or foreign po-	tal code		-				
							C	If exemption application pending, check here	tion is
	ret(ON VILLAGE, WY 83025						pending, check here	
G	Che	ck all that apply: Initial return		Initial return	of a former p	ublic charity	/ L	1 Foreign organizati	ions, check here
		Final return		Amended ref	turn			2 Foreign organizat	
		Address change		Name chang	е		-	85% test, check h	
Н	Che	ck type of organization: X Section 501(c)(3) ex	cempt private f	oundation		٦.	·	
Γ	s	ection 4947(a)(1) nonexempt charitable trust	По	ther taxable pr	ivate foundat	ion		under section 507(b	status was terminated
ī	Fair	market value of all assets at J Account	unting	method: X C	ash Acc	rual	F		n a 60-month termination
	end	of year (from Part II, col. (c), line O	ther (sp	ecify)			_)(1)(B), check here . >
	16)	▶\$ 3,333,098. (Part I, o	olumn (d) must be on ca	sh basis.)				
P	art l	Analysis of Revenue and Expenses (The	(a) F	Revenue and					(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in		penses per	(b) Net inve		(C) /	Adjusted net income	for charitable purposes
_		column (a) (see instructions).)		books					(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule) .		270,000.	<u>1 ′</u>		· j3	- { · · · · · · · · · · · · · · · · · ·	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	2	Check If the foundation is not required to attach Sch. B			2 1 1 2	· K in Jr ·	ş ii		- 13 Ft
	3	Interest on savings and temporary cash investments.							* /
	4	Dividends and interest from securities		79,723.	7	2,235.			STMT-1
	5a	Gross rents			10				
	b	Net rental income or (loss)	, ¥ *, >		60/0	X * *	×.^	'\$,	
e		Net gain or (loss) from sale of assets not on line 10		- (E)		<i>i</i> 0\	(+ +)		
Revenue	b	Gross sales price for all assets on line 6a	· ,		J013	70%/	5" ,		The state of the state of
ě	7	Capital gain net income (from Part IV, line 2) .	<u> </u>		0		<u> </u>	All Sales	
Œ	8	Net short-term capital gain		- July 7					
	9	Income modifications	**************************************	/5/				,	
	10a	Gross sales less returns and allowances • • • •	5,	17/20		(**),	* ^^ *		
į	b	Less: Cost of goods sold .		$\sim 1 \cdot 0$			-		
	C	Gross profit or (loss) (attach schedule)		-	1110				5'7
	11	Other income (attach schedule)		340 500		0 005			- , ,, <u>,</u>
	12	Total. Add lines 1 through 11		349,723.	. 7	2,235.			<u> </u>
G	13	Compensation of officers, directors, trustees, etc							
Se	14	Other employee salaries and wages							
ĕ	15	Pension plans, employee benefits							
Ä	16a	Legal fees (attach schedule)							
9	b	Accounting fees (attach schedule)		17 544	1	7 5//			
許	C	Other professional fees (attach scheduler. 2.		17,544.	 	7,544.			
str	17	Interest		858.					-
Ë	18	Taxes (attach schedule) (see instructions. 3.		036.	 			_	3 ~ N
Ē	19	Depreciation (attach schedule) and depletion.			 			<u></u>	
ĕ	20	Occupancy		····					
pu	14 15 16a b c 17 18 19 20 21	Travel, conferences, and meetings			 				
es Est	22	Printing and publications Other expenses (attach schedule) STMT. 4 .		780.	 	530.			
ij	23	Total operating and administrative expenses.		700.	 				
ra	23 24 25	Add lines 13 through 23		19,182.] 1	8,074.			
ğ	25	Contributions, gifts, grants paid		135,500.		,			135,500
J	25 26	Total expenses and disbursements Add lines 24 and 25		154,682.	1	8,074.			135,500
_	27	Subtract line 26 from line 12:		1547002.		,,,			1337330
		Excess of revenue over expenses and disbursements		195,041.	***		-		
		Net investment income (if negative, enter -0-)		×. ;	5	4,161.			1, 4
		Adjusted net income (if negative, enter -0-).		~	,				. 1

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Part II	Ralance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
raitu		amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-beari	ng	10,317.	23,465.	23,465
2	Savings and temporary	cash investments	311,160.	198,358.	198,358
3	Accounts receivable ▶				
	Less: allowance for doul	btful accounts ▶			,
4	Pledges receivable		, , ,	** ,	
	Less: allowance for doul	btful accounts ▶		MANAGER	Report of the state of the stat
5					
6		officers, directors, trustees, and other	-	······································	
	disqualified persons (att	ach schedule) (see instructions)			
7	Other notes and loans re	eceivable (attach schedule)	, , , , , , , , , , , , , , , , , , , ,		
1		btful accounts ▶			التحديث بالمستوال والمستوال والمستول
w 8					
sets	Described averages and d	se	· · - · - · · · · - · · · · · · · ·	<u> </u>	
	Freparu expenses and u	eterred charges	244 563	244 563	252,950
1100	investments-U.S and state	e government obligations (attac STMTul5. stock (attach schedule) STMT 6.	927 984	1,226,716.	1,747,230
		bonds (attach schedule). STMT .7.	1 002 076	1,083,076.	1,111,095
110	Investments - land, building	ation		1,003,070.	
12 13 14	Investments - mortgage Investments - other (atta Land, buildings, and	loans			provide the state of the state
	Less accumulated deprecia (attach schedule)	ation			
15	Other assets (describe	>)			
16		completed by all filers - see the age 1, item l)	2,577,100.	2,776,178.	3,333,098
17	Accounts payable and a	accrued expenses			
18	Grants payable				
န္တ 19	Deferred revenue		<u>.</u>		
達 20	Loans from officers, directo	ors, trustees, and other disqualified persons			
Liabilities 20 21 22	Mortgages and other no	otes payable (attach schedule)			
크 ₂₂	Other liabilities (describ	e ▶)			
			·		
23	Total liabilities (add line	es 17 through 22)		NON	
ses	and complete lines 2	low SFAS 117, check here . ▶ 24 through 26 and lines 30 and 31.			
24 25					
E 25					
Net Assets or Fund Balance	Foundations that do	not follow SFAS 117, ► X plete lines 27 through 31.			
ة 27		cipal, or current funds	2,577,100.	2,776,178	
28 28		r land, bidg , and equipment fund		2,,,0,1,0	¶ * * * · · · · · · · · · · · · · · · ·
ASS 29	• • • •	lated income, endowment, or other funds			1 , 1
5 30	= :	d balances (see instructions)	2,577,100.	2,776,178	1
Ž 31	Total liabilities and	l net assets/fund balances (see			
Dart I			2,577,100.	2,776,178	•
		balances at beginning of year - Part		must agree with	
				- 1	2 577 100
		d on prior year's return)			2,577,100.
2 04	er amount from Part I,	line 27a ded in line 2 (itemize) ►ACC_INT_PAYM		2	195,041.
					5,889.
4 Ad	u lines I, Z, and 3	n line 2 (itemize) ►MUTUAL FUND POSTIN	70 2014 / 2015 357	4	2,778,030.
			·	5 5	1,852. 2,776,178.
0 101	ai net assets or tund b	alances at end of year (line 4 minus l	ille 3) - ran II, column (t	o), line 30 6	Form 990-PF (2014)

Pa	art IV Capital Gains	and Losses for Tax on Inve	estment Income			r age u
		describe the kind(s) of property sold ((b) How acquired	(c) Date	(d) Date sold
	2-story br	rick warehouse; or common stock, 200	shs. MLC Co.)	acquired P - Purchase D - Donation	acquired (mo., day, yr.)	(mo., day, yr.)
<u>1a</u>					·	
<u>b</u>						
<u>C</u>						
<u>d</u>						
<u>e</u>		ID Democratic allowed	(a) Cost or other bosis	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a		<u></u>		-	(0) [5:00 (1)	
_ <u>a</u>						
C		·				
d						
е						
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	ain minus
	(i) F M.V. as of 12/31/69	(j) Adjusted basis	(k) Excess of col. (i)		(k), but not less t	than -0-) or
		as of 12/31/69	over col. (j), if any		Losses (from co	ol (h))
<u>a</u>						
<u>b</u>		· · · · · · · · · · · · · · · · · · ·				
					 	
<u>d</u>						
<u>e</u>	!	/ If	gain, also enter in Part I, line 7		 	<u> </u>
2	Capital gain net income of	or (net capital loss)	(loss), enter -0- in Part I, line 7	2		
3	Net short-term capital gai	in or (loss) as defined in sections 1		-	·	
		art I, line 8, column (c) (see inst				
				3		
Pa	art V Qualification U	nder Section 4940(e) for Red	uced Tax on Net Investment In	ncome		
Wa		the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
If "		not qualify under section 4940(e). I				
_1		ount in each column for each year	; see the instructions before making	g any enti		
_	(a) Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra	
C	alendar year (or tax year beginning in)	150,000.		<u> </u>	(col (b) divided by	
	2013	136,000.	2,733,893. 2,437,224.			0.054867 0.055801
	2011	122,450.	2,356,310.			0.051967
	2010	143,000.	2,059,696.			0.069428
	2009	128,373.	1,691,086.		··	0.075912
	<u> </u>					
2	Total of line 1, column (d	0		2		0.307975
3		for the 5-year base period - divide			•	
	number of years the foun	dation has been in existence if less	s than 5 years	3		0.061595
4	Enter the net value of nor	ncharitable-use assets for 2014 fro	om Part X, line 5	4	3	<u>,079,283.</u>
5	Multiply line 4 by line 3.			5		189,668.
_						F42
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)	• • • • • • • • • • • • • • • • • • • •	6		542.
7	Add lines E and 6			7		190,210.
7	Aud lines 5 and 6	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	-'- 		170,210.
8	Enter qualifying distributi	ons from Part XII. line 4		8		135,500.
_	If line 8 is equal to or gi Part VI instructions.	reater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% ta	

Part	VI - Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstruc	tions	\$)
1a .	Exempt operating foundations described in section 4940(d)(2), check here	ç '		
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		أحمد أ	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1,0	83.
	here and enter 1% of Part I, line 27b	* , .		Ĭ,
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J	<u> </u>	٠٠٠ قصصص	لنت
	Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2		1,0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		1,0	83.
6	Credits/Payments:			. 4 📲
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 820 .			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE		e, i	1.65
d	Backup withholding erroneously withheld		<u>``</u>	الستسا
7	Total credits and payments. Add lines 6a through 6d	 	8	320.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			263.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2015 estimated tax NONE Refunded 11		_	
11 Dos	Enter the amount of line 10 to be: Credited to 2015 estimated tax ► NONE Refunded ► 11 t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1	Yes	No
ıa	participate or intervene in any political campaign?	1a	103	X
ь.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
U	Instructions for the definition)?	1ь		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	. 41. 37	7	78 128
	published or distributed by the foundation in connection with the activities.	l 1**:		
c	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	, ,	1,30	
	(1) On the foundation. ►\$ (2) On foundation managers ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on		\$** 	
	foundation managers. > \$		Žini.	لآء ند
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.		***	È
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	`	ه نشکم	·
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.		4	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			**,
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	6	X	تنسف
_	conflict with the state law remain in the governing instrument?	7	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		,	
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	 		, ,
3	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	,	x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
10	names and addresses	10		Х
		rm 990)-PF	(2014)

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Par	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	N/A			
14	The books are in care of ► RICHARD RUDERMAN Telephone no ► (609) 924	480	0	
	Located at ► PO BOX 350, TETON VILLAGE, WY ZIP+4 ► 83025		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
13	and enter the amount of tax-exempt interest received or accrued during the year		,	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
10		16	163	X
	over a bank, securities, or other financial account in a foreign country?			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			.5
Day	"Yes," enter the name of the foreign country ► t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
Par		-5.	Tv	NI-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	* 5 A.	50.2	31
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	4.)*\$;	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1	,	
	disqualified person?	18		4
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No		<u>.</u>	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1	. ** **	14
	the benefit or use of a disqualified person)?	-	13.0	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		*	1.6.
	foundation agreed to make a grant to or to employ the official for a period after	\ `´.	34.0	
	termination of government service, if terminating within 90 days.)	* * .	14 × 4	12.
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			التتلفد
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	2 8 2 7 . 01	: टेवा
	Organizations relying on a current notice regarding disaster assistance check here			H.A
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	لشمما	الأكنا	الصيا
	were not corrected before the first day of the tax year beginning in 2014?	1c	2 2 2 .	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	` \$.	3.3	133
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		8	2
í	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	7	: "	
	6e, Part XIII) for tax year(s) beginning before 2014? Yes X No	* *^		
	If "Yes," list the years ▶,,,,,	, ,	î.	18 4 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ŀ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	'3		3 8,
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		٠	لند
	all years listed, answer "No" and attach statement - see instructions)	2b	ļ	X
•	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		e*,	.,
	>			1
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	-		4
	at any time during the year?	,	, ,,	. 1
ı	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or	ς.	1.4	>, , >
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	,	* `	"
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u></u>	بشدست	
	foundation had excess business holdings in 2014.)	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		Х

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1 List all officers, directors, trustees, foundation ma	nagers and their	compensation (see	instructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
DAVENE SHERIDAN BROWN	CO-TRUSTEE			
78 SOUTH GRIMES HILL ROAD, GRANVILLE, NY 12832		-0-	-0-	-0-
	·			

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances of explosion (e) Expense account, other allowances (e) Expense account (e) Expense account, other allowances (e) Expense

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3 Five highest-paid independent contractors for professional services (see instru	ctions). If none, enter "NONE	n
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ONE		NO.
		NONE
otal number of others receiving over \$50,000 for professional services	<u></u>	NONI
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	information such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		·····
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	ind 2.	Amount
1 NONE		
2		
All other program-related investments See instructions		
3 NONE		
Total. Add lines 1 through 3		

14-6205015

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn founda	itions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	* = 1	
а		1a	3,105,402.
b		1b	20,774.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	3,126,176.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	336	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	3,126,176.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	46,893.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,079,283.
6	Minimum investment return. Enter 5% of line 5	6	153,964.
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations check here and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	153,964.
2a	Tax on investment income for 2014 from Part VI, line 5	4.4	
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,083.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	152,881.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	152,881.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	152,881.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	-32	
а		1a	135,500.
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а		3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	135,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1 1	
	Enter 1% of Part I, line 27b (see instructions)		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	135,500.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years.	alculating	whether the foundation

Form **990-PF** (2014)

Page 9

Part XIII Undistributed Income (see instru	uctions)			Page 3
Tall Alli Gildistributed income (ecc ment	(a)	(b)	(c)	(d)
1 Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	2014
line 7				152,881.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			NONE	
b Total for prior years: 20 12 ,20,20	-	NONE		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 45,073.		,		- !
b From 2010	ž.	÷'		
c From 2011	,	* • •	* *	* * *
d From 2012 14,913.				
e From 2013	, , , , , , , , , , , , , , , , , , , ,	*	• ` `	* *
f Total of lines 3a through e	120,214.	-	* **	* ',
4 Qualifying distributions for 2014 from Part XII,			, ,	
line 4: ▶ \$ 135,500.	*	, , ,		*
a Applied to 2013, but not more than line 2a	, , ,	^ ₂	NONE	
b Applied to undistributed income of prior years				3
(Election required - see instructions)	**	NONE		
c Treated as distributions out of corpus (Election				* *
required - see instructions)	NONE	,	,	*
d Applied to 2014 distributable amount			, ,	135,500.
e Remaining amount distributed out of corpus	NONE	, ,		
5 Excess distributions carryover applied to 2014	17,381.	<	y	17,381.
(If an amount appears in column (d), the same	, , , ,		, , , ,	*
amount must be shown in column (a).) 6 Enter the net total of each column as			* *	_ *
indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	102,833.	* - *, ;	* ' ' '	3
b Prior years' undistributed income. Subtract	* * * * * * * * * * * * * * * * * * * *	NONE	* , ,	
line 4b from line 2b		NONE	· · · · · · · · · · · · · · · · · · ·	······································
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				^
been issued, or on which the section 4942(a)	≠ ‡ € -	NONE	* * * * *	*,
tax has been previously assessed		NONE		, , ' %*
d Subtract line 6c from line 6b Taxable	* , >, .	NONE		•
amount - see instructions		NOINE	<u> </u>	<u> </u>
4a from line 2a. Taxable amount - see			NONE	
instructions		,	NONE	
f Undistributed income for 2014. Subtract lines		* *	^*	
4d and 5 from line 1. This amount must be	*	* * *		NONE
distributed in 2015			>	140141
7 Amounts treated as distributions out of corpus			*	
to satisfy requirements imposed by section			,	
170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	NONE			i.
		-	^	
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	27,692.	,		
9 Excess distributions carryover to 2015.	21,002			<u> </u>
Subtract lines 7 and 8 from line 6a	75,141.			
10 Analysis of line 9:				
a Excess from 2010 40,811.				
b Excess from 2011 5, 294.	1			
c Excess from 2012 14,913.	1		3. 50	
d Excess from 2013 14, 123.			,	
e Excess from 2014	1			
	 	<u> </u>	<u> </u>	Form 990-PF (2014

05015		Page 10
า 9)	TOM	APPLICABLE
ng		

Form	990-PF (2014)			14-6	205015			Page 10
Par	t XIV Private Ope	erating Foundations	(see instructions ar				NOT I	APPLICABL
1a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling	is effective for 2014, en	ter the date of the ruling		▶.			
þ	Check box to indicate v	whether the foundation	is a private operating t	foundation described in	section	4942(j)(3) or	4942(j)(5)
٠.	Example learner of the col	Tax year		Prior 3 years				
Za	Enter the lesser of the ad- justed net income from Part	(a) 2014	(b) 2013	(c) 2012	(d) 20	11	(6	e) Total
	I or the minimum investment							
	return from Part X for each year listed				1			
b	85% of line 2a							
	Qualifying distributions from Part							
٠	XII, line 4 for each year listed .							
d	Amounts included in line 2c not							
	used directly for active conduct of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of					ŀ		
	exempt activities Subtract line 2d from line 2c							_
3	Complete 3a, b, or c for the							
а	alternative test relied upon "Assets" alternative test - enter							
_	(1) Value of all assets				l			
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-				1			
	enter 2/3 of minimum invest- ment return shown in Part X,				1	1		
	line 6 for each year listed							
C	"Support" alternative test - enter				1			
	(1) Total support other than gross investment income	•						
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general public and 5 or more							
	exempt organizations as provided in section 4942							
	(j)(3)(B)(m)							
	(3) Largest amount of sup- port from an exempt							
	organization							
Da	(4) Gross investment income . rt XV Supplemen	tone Information /	Complete this part	only if the found	lotion had	¢ 5 000		in accets
Гa		e during the year - s		only if the lound	iation nau	45,000	or mor	e iii assets
1	Information Regarding					· ·- ·-		
а	List any managers of	the foundation who I	have contributed more				ed by th	ne foundation
	before the close of any	tax year (but only if th	ney have contributed n	nore than \$5,000). (S	ee section 50	7(d)(2).)		
	N/A							
b	List any managers of					n equally	large p	ortion of the
	ownership of a partner	ship or other entity) of	f which the foundation	has a 10% or greater	interest.			
	N/A Information Regarding			<u>.</u>				
2								
	Check here ▶ if t							
	unsolicited requests for other conditions, compared to the conditions of the conditi			ints, etc. (see instruc	tions) to indi	ividuals of	r organiz	zations under
	-				liantiana aba	ما ادار		
a	The name, address, an	a telephone number o	or e-mail address of the	person to whom app	nications sno	uid be add	iressea:	
	N/A The form in which app	lications should be sul	hmitted and information	n and materials they	should includ	٥٠		
	The form in whileh app	ilications snould be sui	omitted and informatio	in and materials they		G.		
	N/A							
C	Any submission deadli	nes:						
	N/A Any restrictions or li	mitations on awards	euch as by sees	nhigal arong sharits	blo fiolds !-	inde ef	notitute	20 05 04-05
đ	factors:	imitations on awards,	, such as by geogra	pincai areas, charita	vie fielas, k	ınus OT II	เรเเนนีเปร	is, or other
	N/A							

Page 11

art XV Supplementary Information (continued)								
	3 Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
a Paid during the year								
		i						
SEE STATEMENT 21				135,500.				
				·				
			1					
			:					
			1					
		1						
				125 500				
Total	 		► 3a	135,500				
b Approved for future payment								
			.					
Tabil	_!	<u> </u>						
Total	<u> </u>		<u>.</u>					

r gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
·					
			<u> </u>		
Fees and contracts from government agencies					
Membership dues and assessments					
nterest on savings and temporary cash investments					
Dividends and interest from securities			14	79,723.	Maria XII. 2004 (A.C.)
Net rental income or (loss) from real estate: Debt-financed property			会:差球を経済ない業業を		
Not debt-financed property					
Net rental income or (loss) from personal property		· - · · · · · · · · · · · · · · · · · ·			
Other investment income					
Gain or (loss) from sales of assets other than inventory	·				
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
; 					
			1		<u> </u>
					-
•			- 生成化物理	79,723.	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculated the substitution of activities.	ulations.) to the Ac	complishment of Exc	empt Purp	oses 13	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcu	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp	oses e) of Part XVI-A contrib	79,723
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Execution income is reported in	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
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Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calculat XVI-B Relationship of Activities Explain below how each activities	ulations.) to the Act ty for which	complishment of Exc n income is reported in t purposes (other than b	empt Purp n column (opy providing	oses e) of Part XVI-A contrib	79,723

Form 99	0-PF (20	14)			_		14-6205015		Page 13
Part >	(VII_	Information R Exempt Organ		ansfers To and	Transacti	ons ar	nd Relationships With None	charita	ble
1 D	id the	organization direct	ly or indirectly	engage in any of	the following	with a	iny other organization described	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
ir		n 501(c) of the Co	•			-	section 527, relating to political		
аT	ransfer	s from the reporting	-						
								1a(1)	X
								1a(2)	X
		ansactions:							
									<u> X</u>
									X
									X
									X
(5	D) LOan	is or loan guarantee	35	in or fundraising on	licitations			10(5)	X
									X
							Column (b) should always show		
							n. If the foundation received less		
							of the goods, other assets, or s		
(a) Line		(b) Amount involved	,	noncharitable exempt or			escription of transfers, transactions, and sha		
				· · · · ·					
									
									
_									
									
	+-		-	·					·
	-			<u> </u>					
		oundation directly d in section 501(c)					ore tax-exempt organizations	Yes	X No
		complete the follow		other than section s	0 1(0)(3)) 01	III Sectio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 63	
		(a) Name of organizatio		(b) Type of	organization	· I	(c) Description of relation	ship	
							 		
		penalties of perjury, I declarance and complete Declaration of					d statements, and to the best of my knowledge any knowledge	ge and beli	ef, it is true
Sign		Quelo a de	1 2 10	بالداجر أحما	_	Ň	May the IR	discuss	this return
Here		y vw vovor	1 / James	1 1 6 1 3, 11 x	<u> </u>		■ · · · · · · · · · · · · · · · · · · ·	eparer sho	woled uwo
	Signa	ture of officer or trustee		Date .		Title	(see instruction	ns)? <u>X</u> \	res No
	·	Print/Type preparer's na	me	Prepa e 's signatu	re 1		Date Check if	PTIN	
Paid		LOUIS J. DER		TAK'I			Check "		0402
Prepa	rer		NST & YOU	NG U.S. LLP				<u> P0000</u> 56555	
Use C	L		WOOD AVE			<u>-</u>	Firm's EIN ► 34 -	20222	
			.,				1		

Form **990-PF** (2014)

732-767-9100

Phone no

ISELIN, NJ

Schedule B (Form 990, 990-EZ,

Internal Revenue Service

or 990-PF) Department of the Treasury

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization		Employer identification number
ייעד האעדה פ ג .TANET	R. SHERIDAN FOUNDATION	14-6205015
Organization type (check one):	· · · · · · · · · · · · · · · · · · ·	14-0203013
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundat	ion
	501(c)(3) taxable private foundation	
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributi property) from any one contributor. Complete Parts I and II. See instruction	
Special Rules		
regulations under sec 13, 16a, or 16b, and \$5,000 or (2) 2% of t	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1, ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Collescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that relie year, total contributions of more than \$1,000 exclusively for religious, ch	or 990-EZ), Part II, line of the greater of (1) omplete Parts I and II. eceived from any one
_	al purposes, or the prevention of cruelty to children or animals. Complete P	
contributor, during the contributions totaled during the year for an General Rule applies	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that relie year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions in exclusively religious, charitable, etc., purpose. Do not complete any of the total to this organization because it received nonexclusively religious, charitable ore during the year	t no such s that were received parts unless the , etc., contributions
	s not covered by the General Rule and/or the Special Rules does not file So answer "No" on Part IV, line 2, of its Form 990; or check the box on line H	

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) (2014)

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE DAVID S. & JANET R. SHERIDAN FOUNDATION

Employer identification number 14-6205015

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	DAVID S. SHERIDAN CHARITABLE LEAD ANNUITY TRUST C/O TETON CLUB BOX 350 TETON VILLAGE, WY 83025	\$ <u>270,000.</u>	Person Payroli 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 Payroli 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.)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	1,920.	10,674. 28,125.	7,875. 2,875.	3,632.	16,676.	458.	72,235.
REVENUE AND EXPENSES PER BOOKS	1,920.	10,674. 28,125.	7,875.	3,632.	16,676.	458.	79,723.
DESCRIPTION	AVON PRODS INC COM FLORIDA HUR 2.995	FORD MTR CO DEL DEB 6.625% 2/15/28 GENERAL ELECTRIC CAP NOTES 5.625% DUE 05	JP MORGAN CHASE MICROSOFT CORP COM	POWER SHARES QQQ TR UNIT 1 S ER	S & P 500 DEPOSITARY	VANGUARD SPECIALIZED FUNDS DIVIDEND APPR	TOTAL

STATEMENT

NET INVESTMENT INCOME	17,544. 17,544. ===========
REVENUE AND EXPENSES PER BOOKS	17,544. 17,544. 17,544.
	TOTALS
DESCRIPTION	INVESTMENT FEES

FORM 990PF, PART I - TAXES

REVENUE
AND
EXPENSES
PER BOOKS

DESCRIPTION

PER BOOKS

FED EXCISE TAX EST FED EXCISE TAX

38. 820.

TOTALS

858.

=========

	NET	TNAESTMENT	INCOME	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	
REVENUE	AND	はるではいるもの	PER BOOKS	1 1 1 1 1 1	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

INCOME	1 1 1 1	530.
PER BOOKS	1 1 1 1 1 1	250.
DESCRIPTION		STATE FILING FEE BANK SERVICE CHARGES

530.	
780.	
TOTALS	

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

BEGINNING ENDING ENDING BOOK VALUE BOOK VALUE FMV	244,563. 244,563. 252,950. 252,950. 252,950. 254,563. 252,950. 252,950. 252,950.
	- TOTALS =
DESCRIPTION	FLORIDA HUR 2.995

STATEMENT

FORM 990PF, PART II - CORPORATE STOCK

THE DAVID S. & JANET R. SHERIDAN FOUNDATION

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
AVON PRODUCTS POWERSHARES QQQ S & P 500 DEPOSITARY POLYCOM INC MICROSOFT CORP VANGUARD SPECIAL FDS DIVIDEND		44,460. 209,800. 557,144. 49,280. 67,300.	44,460. 209,800. 774,683. 49,280. 67,300. 81,193.	75,120. 258,125. 1,027,700. 189,000. 116,125. 81,160.
	TOTALS ===	927,984.	1,226,716.	1,747,230.

FORM 990PF, PART II - CORPORATE BONDS

ENDING FMV 	562,615. 256,985. 291,495.
ENDING BOOK VALUE	549,750. 259,788. 273,538. 1,083,076. ====================================
BEGINNING BOOK VALUE	549,750. 259,788. 273,538. 1,083,076.
	TOTALS
DESCRIPTION	GE CAP 5.625% 5-1-18 JPM 3.15 DUE 7-5-16 FORD MOTOR 2-15-28

RECIPIENT NAME:
GLENS FALLS HOSPITAL FOUNDATION
ADDRESS:
126 SOUTH STREET
GLENS FALLS, NY 12801
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
UNRESTRICTED CHARITABLE USE
FOUNDATION STATUS OF RECIPIENT:
501 (C)(3)

RECIPIENT NAME:
ARGYLE UNITED METHODIST CHURCH
ATTN: PAULA PENDERGRASS, FIN SEC
ADDRESS:
12 SHERIDAN STREET
ARGYLE, NY 12809
RELATIONSHIP:
NONE
PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

RECIPIENT NAME:
ARGYLE PRESBYTERIAN CHURCH
ATTN: TONYA
ADDRESS:
PO BOX 66
ARGYLE, NY 12809
RELATIONSHIP:
NONE

PURPOSE OF GRANT:
UNRESTRICTED CHARITABLE USE
FOUNDATION STATUS OF RECIPIENT:
501 (C) (3)

RECIPIENT NAME:

J A BARKLEY HOSE CO., # 1, INC
ATTN: GARY EVANS, TREASURER

ADDRESS:

PO BOX 263
ARGYLE, NY 12809

RELATIONSHIP:
NONE
PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

ARGYLE EMERGENCY SQUAD ATTN: ANNA BRISTOL, TREASURER

ADDRESS:

15 SHERIDAN STREET ARGYLE, NY 12809

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

ARGYLE FREE LIBRARY

ATTN: ROBERT STRODE, PRESIDENT

ADDRESS:

PO BOX 72

ARGYLE, NY 12809

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: ARGYLE SENIOR CITIZENS ADDRESS: ATTN: JANET OSBORNE ARGYLE, NY 12809 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) 1,000. RECIPIENT NAME: TWIN RIVERS COUNCIL, INC BSA ATTN: JERRY VORSE, CEO ADDRESS: 253 WASHINGTON AVE, EXT. ALBANY, NY 12205-5504 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME:

YWAM

ADDRESS:

NONE

ATTN: EMILY SINKE

GARDEN VALLEY, TX 75771-3000

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

AMOUNT OF GRANT PAID

PO BOX 3000

PURPOSE OF GRANT:

RELATIONSHIP:

501 (C)(3)

1,000.

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ARGYLE YOUTH COMMISSION ATTN: GIANNA CROSS, TREASURER ADDRESS: 41 MAIN STREET, PO BOX 38 ARGYLE, NY 12809 **RELATIONSHIP:** NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) 1,000. RECIPIENT NAME: AMERICAN CANCER SOC, EAST DIV WASHINGTON COUNTY ADDRESS: 959 RT9 MT. ROYAL PLAZA QUEENSBURY, NY 12804 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) 2,000. RECIPIENT NAME: ARGYLE PTSA ATTN: PAULA PHILLIPS, TREASURER ADDRESS: 382 COUNTY RTE 46 FORT EDWARD, NY 12809 RELATIONSHIP: NONE PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

1,000.

RECIPIENT NAME:

ARGYLE COMMUNITY SCHOLARSHIP

ATTN: SHELLY MCKERNON

ADDRESS:

10 WICKS LANE

ARGYLE, NY 12809

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

SALVATION ARMY GLENS FALLS

CITIDEL CORPS.

ADDRESS:

PO BOX 326

GLENS FALLS, NY 12801-0296

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

SPCA OF UPSTATE NEW YORK

ATTN: CATHY CLOUTIER

ADDRESS:

PO BOX 171

HUDSON FALLS, NY 12839

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

WORLD AWARENESS CHILDREN'S

MUSEUM

ADDRESS:

89 WARREN STREET

GLENS FALLS, NY 12801-3526

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

WASHINGTON COUNTY CHILDREN'S

COMMITTEE

ADDRESS:

176 COOT HILL ROAD

ARGYLE, NY 12809

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

AMERICAN LUNG ASSOCIATION

OF NORTHEASTERN NEW YORK

ADDRESS:

1595 ELMWOOD AVENUE

ROCHESTER, NY 14620

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

HAYNES HOUSE OF HOPE

ADDRESS:

7187 STATE ROUTE 149 GRANVILLE, NY 12832

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

WASHINGTON COUNTY HISTORICAL

SOCIETY

ADDRESS:

167 BROADWAY

FORT EDWARD, NY 12828-1709

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

CHRISTMAS PROJECT, INC

ADDRESS:

PO BOX 707

HUDSON FALLS, NY 12839

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME: ADDRESS:

SLATE VALLEY MUSEUM FOUNDATION

17 WATER STREET GRANVILLE, NY 12832

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3)

AMOUNT OF GRANT PAID

4,000.

RECIPIENT NAME:

FORT HUDSON FOUNDATION, INC ATTN: DAVID KISSELBACK, PRE

ADDRESS:

319 BROADWAY

FORT EDWARD, NY 12828

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

2,000. AMOUNT OF GRANT PAID

RECIPIENT NAME:

FORT EDWARD HISTORICAL ASSOC, INC

ATTN: PAUL MCCARTY, EX DIRECTOR

ADDRESS:

PO BOX 106

FORT EDWARD, NY 12828

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

1,000. AMOUNT OF GRANT PAID

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: DOUBLE ''H'' RANCH ATTN: MAX YUNENDA, CEO ADDRESS: 97 HIDDEN VALLEY ROAD LAKE LUZERNE, NY 12846-3318 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C) (3) AMOUNT OF GRANT PAID 18,000. RECIPIENT NAME: PEMBER LIBRARY AND MUSEUM ATTN: PATRICIA WESNER ADDRESS: 33 WEST MAIN STREET GRANVILLE, NY 12832 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 10,000.

R. STILES COMMITTEE

RECIPIENT NAME:

NONE

PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3)

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: GREATER ADIRONDACK HOME AIDES ATTN: JULIE SMITH ADDRESS: 25 WILLOWBROOK RD SUITE 4 QUEENSBURY, NY 12804 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: AMERICAN RED CROSS ADDRESS: P.O. BOX 655, 74 WARREN STREET GLENS FALLS, NY 12801-0655 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 2,000.

RECIPIENT NAME:

18 CHURCH STREET GRANVILLE, NY 12832

ATTN:

RELATIONSHIP:

PURPOSE OF GRANT:

ADDRESS:

NONE

UNITED CHURCH OF GRANVILLE

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

EARL DAVIES

RECIPIENT NAME:
LONGTRAIL SCHOOL
ATTN: JOHN SUITT

ATTN: JOHN SUITIR, HEADMASTER

ADDRESS:

1045 KIRBY HOLLOW ROAD

DORSET, VT 05251

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

ALZHEIMER'S ASSOCIATION

OF N. EASTERN NY

ADDRESS:

PINE WEST PLZ BLDG 4 WASHINGTON AV

ALBANY, NY 12205

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

THE GREENWOOD SCHOOL

ATTN: STUART MILLER

ADDRESS:

14 GREENWOOD LANE

PUTNEY, VT 05346

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: S. ADIRONDACK INDEPENDENT LIVING CENTER ADDRESS: 71 GLENWOOD AVENUE QUEENSBURY, NY 12804 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) 1,000. RECIPIENT NAME: **TSFRE** ADDRESS: 633 N. SAINT CLAIR STREET, FL 23 CHICAGO, IL 60611 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: ADAMSVILLE BAPTIST COMMUNITY CHURCH ADDRESS: 2091 COUNTY ROUTE 43 FT. EDWARD, NY 12828 RELATIONSHIP: NONE

AMOUNT OF GRANT PAID

PURPOSE OF GRANT:

501 (C)(3)

UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

1,000.

THE DAVID S. & JANET R. SHERIDAN FOUNDATION 14-6205015 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: LIVE STRONG FOUNDATION ADDRESS: P O BOX 6003 ALBERT LEA, MN 56007 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3) AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: FAIR HAVEN CONCERNED, INC. 19 WASHINGTON STREET FAIR HAVEN, NY 05743 RELATIONSHIP: NONE PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT:

RECIPIENT NAME:
GIRL SCOUTS OF NENY
FUND DEV, PROCESSING OFFICE
ADDRESS:

501 (C)(3)

107 HAMMOND LANE, SUITE 1 PLATTSBURGH, NY 12901 RELATIONSHIP: NONE

PURPOSE OF GRANT: UNRESTRICTED CHARITABLE USE FOUNDATION STATUS OF RECIPIENT: 501 (C)(3)

AMOUNT OF GRANT PAID

1,000.

RECIPIENT NAME:

OPEN DOOR MISSION

ADDRESS:

P O BOX 3306

GLENS FALLS, NY 12801

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

RECIPIENT NAME:

PARTNERS IN HEALTH

ADDRESS:

P O BOX 996

FREDERICK, MD 21705-9942

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

UNRESTRICTED CHARITABLE USE

FOUNDATION STATUS OF RECIPIENT:

501 (C)(3)

TOTAL GRANTS PAID:

135,500.

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